Play Therapy

The Patterns and Processes of Change in Maltreated Children

By

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ABSTRACT

This qualitative case study research chronicles the process of change during play therapy of two children who experienced maternal loss and maltreatment during the first two years of life. At the outset of this study both children presented with evidence of insecure attachment as well as symptoms and behaviour consistent with maltreatment. Over the course of a year of therapy, both demonstrated profound change and healing.

The study concludes that the children were able to utilize the safety, consistency, and affirmation of the therapeutic relationship to discard old models of relating, and to construct new internal representational models of self and of self in relation to others. Once old models were discarded, the children returned to the earliest stage of damage and reworked attachment salient developmental tasks while in relation with the therapist.

The projective materials of the play therapy space provided the medium through which the children externalized selected trauma and critical incidents that shaped their maladaptive models. As the therapist gave voice to the previously unacknowledged experiences, the child's authentic self was able to disentangle from the trauma. The pattern by which the self emerged and developed over the course of therapy approximated developmental pathways described by prominent self theorists (Bretherton & Beeghly, 1982; Mahler et.al, 1975; Stern, 1985). Change was exhibited in the classroom approximately 10 to 14 weeks after the children were initially seen in therapy.

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Dedication

I would like to dedicate this thesis to my husband John, whose love, support, humour, editing, and computer skills made this journey possible.

It seems to me that as therapists we have been appallingly slow to wake up to the prevalence and far reaching consequences of violent behaviours between members of a family, and especially violence of parents. As a theme in the analytical literature and in training programs, it has been conspicuous by its absence. Yet there is now abundant evidence not only that it is much commoner than we had hitherto supposed, but that it is a major contributory cause of a number of distressing and puzzling psychiatric syndromes. Since moreover, violence breeds violence, violence in families tends to perpetuate itself from one generation to the next. (John Bowlby, 1988, p.77)

CHAPTER I

INTRODUCTION

The maltreatment of children within the family unit is one of the most urgent and alarming of mental health concerns facing North American society today. It is one of the few pathogenic factors consistently confirmed by research to be related to a wide variety of mental health problems (Alexander & Steele, 1981; Browne & Finkelhor, 1986; Friedrich, Urquiza, & Bielke, 1985; Kempe & Helfer, 1987; Steele, 1980; Wolfe, 1984; Zeanah & Zeanah, 1989). The impact of maltreatment upon young children has been shown to affect both short and long term coping, behaviour, and mental health of the individual. Equally alarming is the finding that if this impact is unaltered, there is a significant minority of maltreated individuals who perpetuate the abuse and/or neglect into the next generation (Egeland, Jacobvitz & Sroufe, 1988; Friedrich & Wheeler, 1982; Grossman & Fremmer-Bombik, 1988; Kaufman & Ziegler, 1987; Ney, 1988). It is curious therefore that there is a relative dearth of specific and comprehensive models to guide counsellors and psychotherapists in working with children who have been maltreated.

Despite the fact that early psychoanalytic literature, as well as more recent theories (Bowlby, 1988; Fraiberg, 1975; Winnicott, 1965) emphasize the role of early parenting relationships on later psychological health, the majority of treatment programs designed for abusive parents and their children, follow a social learning model and focus almost entirely upon the parent. Cohn and Daro (1987) conducted a four

year evaluation study of 89 separate demonstration abuse treatment programs, serving 3,253 families in the United States. Collectively the studies included provision of parent education, parent support groups, lay counselling services, and protective child care. The authors found that the demonstration projects were sorely lacking in the ability to prevent further abuse. They report that one third of the parents served, maltreated their children during the treatment program, and another one-half were judged likely to abuse their children following treatment. Furthermore, they found little evidence of any child directed therapy, other than attempts to remove the child from the home. In a more recent review of abuse prevention programs, Cohn (1991) likewise notes that "therapeutic care for victims long recognized as a long-term strategy for breaking the cycle of abuse, has been that prevention strategy slowest to develop" (p.100).

From this author's own review of resources in Vancouver, the situation, except in the cases of sexual abuse, is similar. Treatment programs designed specifically for abusing parents and their children involve preschool situations for the children, while parents are involved in parent support groups, life skills training, and child care and development information. Two therapeutic preschool and treatment centres which include play therapy as an integral part of their treatment, have some maltreated children in their programs, though this is not their sole focus, nor their criteria for admission.

Maltreated children in the Greater Vancouver school system are referred to the child and family branch of Social Services,

but treatment is not routinely provided, even when the abuse is so severe that the child is removed from the home. The exception to this is when the maltreatment involves sexual abuse, wherein funding for treatment is provided by Criminal Injuries Compensation. In an informal survey of school counsellors, this author found a vast majority of children allocated to the "behavioral classrooms" to be victims of either historical or ongoing maltreatment. In an attempt to find preventive play therapy treatment for one particular child victim of abuse, the area mental health teams reported waiting lists so long that only those children who were clearly not functioning in the classroom, were accepted for treatment.

Another disturbing trend in the Vancouver school system is that child counselling support is most often provided by child care workers rather than professional counsellors. Because many maltreated children are first identified, and later supported exclusively within the school system, it is unfortunate that a model of social support (the more common model of child care workers) is likely again to be the only option available to the child.

When the counselling and psychotherapy literature is reviewed, there is a surprising dearth of specific models of intervention with maltreated children. Articles are most often anecdotal, focusing upon specific treatment strategies, rather than on clearly defined treatment goals, or models for intervention and therapeutic change.

It is not that the abuse literature is sparse. A wealth of research provides an ominous and consistent picture of the long

term mental health effects of maltreatment upon the individual. The impact of abuse on the young child reads like a dictionary of psychological disorders of childhood. Victims of maltreatment can clearly be differentiated from their non-maltreated peers attending mental health clinics. A study by Gale, Thompson, and Sach (1988) found victims of maltreatment presenting with significantly higher levels of depression, anxiety, withdrawal, and psychosomatic complaints than their clinic counterparts. Observation of abused children in their homes show them to be depressed, passive, dependent, and anxious; or angry and aggressive (Egeland, Sroufe & Erickson, 1983; Martin & Rodeheffer, 1988). Long term research demonstrates that victims of childhood maltreatment have an increased incidence of depression, suicide, multiple personality disorder, interpersonal and self-esteem problems, aggression, antisocial behaviours, and many others (Finkelhor, 1986; Kempe & Helfer, 1987; Wolfe, 1987). Without appropriate intervention, young abused and neglected children become increasingly characterized by maladaptive forms of behaviour, and their ability to participate in the school environment becomes severely limited (Egeland, Kalkoske, Gottesman & Erickson, 1990; Lynch & Cicchetti, 1991; Manly, Cicchetti, & Barnett 1994). Research that focuses on the treatment of victims of child maltreatment is now needed. Such research will assist the therapist who is working with the victim, and might also convince funding authorities of the short and long term value of psychotherapeutic treatment.

Recent research in the areas of child development, maltreatment, and psychopathology provide potential direction to

therapists working with young abused children. The most provocative studies utilize the theoretical paradigm of attachment to trace the patterns of relationship behaviour, as well as the transmission or interruption of abusive parenting from one generation to the next (Main & George, 1984; Sroufe & Fleeson, 1986; Zeanah & Zeanah, 1989). Research also demonstrates that aggressive, avoidant, and antisocial behaviour, learned from maltreating parents tends, to be replicated by as early as two years of age in both child/peer and child/adult interactions (Main & George, 1985; Sroufe & Fleeson, 1986). Such findings suggest that early intervention with maltreated children is likely to prevent the replication of abuse, as well as the pain of unsatisfying and/or destructive relationships in childhood and adulthood.

Equally important are the studies of parents and older children who broke maladaptive relationship patterns. The exceptions to the abusive cycle were found to have accessed alternate supportive relationships that seemed to have provided an alternate model of positive interaction. In contrast to those who continued the cycle of abuse, they were found to have been involved in: (a)supportive relationships during childhood, with an adult other than the abusing parent, (b) therapeutic relationships of one year or more, or (c) supportive spousal relationships in adult life (DeLozier,1986; Egeland et al., 1988). Such findings suggest that one option for counteracting the impact of early maltreatment, may lie in the fostering of a supportive, consistent, therapeutic relationship, within which

the child can develop alternate working models of self and self in relation to others.

The above research fits with this writer's experience of how maltreated children change within play therapy (Mills & Allan, 1991). When documenting clients' therapeutic change process in my own counselling practice, I found that young maltreated children used the play therapy experience to, amongst other tasks, develop new models of relating to others in intimate interactions. Children utilize the supportive and trusting relationship with the therapist to first test, and then discard old modes of relating. When old models were rejected, the children gradually and painstakingly establish new ways of interacting in what appeared to be a progressive, developmental-like process. Furthermore this change appeared to subsequently improve a child's interaction with peers and teachers as well. This pattern fits Bowlby's description of the process of the reworking of internal models of self and self in relation to others. Though Bowlby's theories of psychotherapy have been in existence for at least two decades, there is no research that documents this phenomenon in play therapy.

The longitudinal attachment research, cited earlier, may for the first time provide clear enough descriptions of observable differences between maltreated and well treated children to allow us to begin to chart this process of change. If indeed a predictable and identifiable pattern is evident, it would be of great assistance to both the beginning and the experienced therapist. Furthermore, by documenting those therapeutic strategies that accompany such change, consistent models of play

therapy could subsequently be developed to guide therapeutic child treatment programs. Because most children who are maltreated remain in the home of the maltreating parent, and because many parents are either unwilling or unable to seek help, the purpose of play therapy would be to strengthen the resilience, as well as the mental and relational health of the child, either in conjunction with, or exclusive of parental treatment.

The purpose of this research study therefore was to document the process and patterns of change and healing during play therapy of children who had been maltreated within the family unit before the age of two years. Special attention was paid to the following aspects: (a)the patterns with which the children related to the therapist; and (b)the interactional, play and developmental behaviours that accompanied the alteration of these relationship patterns.

Overview of Design and Methodology

A multiple case study design, following the principles and methods of naturalistic inquiry, and qualitative analysis were employed. In the tradition of naturalistic research, the therapist took the role of both therapist and researcher (participant/observer). All play therapy sessions were videotaped and transcribed, allowing detailed documentation of the children's process of change within therapy. Periodic, systematic classroom observations, teacher interviews, and school

reports were utilized to track the subsequent impact of therapy upon peer and classroom behaviour.

The anticipated outcome of this research will a general understanding of the stages and patterns of change that are observable as the maltreated child heals as a result of child centered play therapy.

EXPLANATION OF TERMS

Child Maltreatment

Any interaction or lack of interaction between a child and his/her parent which results in the nonaccidental harm to the child's physical and/or developmental state (Helfer, 1991). A general term encompassing the categories of physical, psychological, or sexual abuse, and severe and chronic psychological or physical neglect.

Child Abuse

The application of parenting behaviours that are harsh, punitive, controlling and rejecting in nature (Crittenden, 1992).

Child Neglect

The failure to provide appropriate parenting (Crittenden, 1992)

Self

An internally organized cluster of attitudes, expectations, meanings, and feelings (Cicchetti, 1991).

False self

The false self is a term coined by Winnicott (St. Clair, 1986), and is comparable to the Jungian idea of "persona". The false self develops when mothering (or caretaking) is either not

safe, or is not responsive to the natural and spontaneous core disposition and tendencies for growth and behaviour of the infant. The infant subsequently develops an adapted way of being, or external self that is shaped by, and compliant to parental demands and expectations. "The false self hides the true self and cannot act spontaneously. The presence of a false self results in the person feeling unreal and futile and unable to be genuine in relationships." (St. Clair, 1986, p.71-72).

True or Authentic Self

A variety of theorists use this term (Kalff, 1982; Winnicott as cited in St. Clair, 1986). It implies the core, original self of the individual.

Internal Working (or representational) Models

The expectations, based upon previous experiences with caretakers, that serve the function of enabling the child to organize his or her behaviour around that of the caretaker. The set of behaviours regarding attachment figures constitute the internal working model of others. The set of expectations regarding the self constitute the internal working model of self (Bolby,1988).

Disorganized Attachment

Disorganized attachment is a form of insecure attachment. It is believed to emerge when the caregiver, who evolutionarily serves as a secure base, becomes an elicitor of fear. (Main & Hesse, 1990). Infants who fall into the disorganized attachment category have no consistent way of responding to caretakers. At age six, "disorganized" children's behaviour is characterized by: (a) high anxiety; (b) controlling or manipulative behaviour; or

(c) compliant parentified behaviour, in which they care for the caregiver (Cicchetti, 1991). Most maltreated children fall into the category of disorganized attachment.

Avoidant Attachment

The avoidant attachment classification is a category of insecure attachment. In infancy, it is characterized by avoidance of eye contact, body alignment, and proximity with the caretaker. At age six, children continue to show the above behaviours as well as: (a) an increase in aggression and avoidance; (b) a decrease in initiative, curiosity, and creativity; (c) diminishing I.Q; (d) poor peer relationships. (Sroufe, 1988)

Dyssynchronous Presentation of Self

This is a term coined by Cicchetti (1991). It relates to individuals whose varying aspects of self presentation convey incongruent of conflicting messages.

Dysfluent Speech

This is a term used by Main (1985) in describing the speech seen in children who were insecurely attached to caregivers at age six. Speech was characterized by: (a) short incomplete thoughts and sentences; and (b) verbal responses that were unrelated to the verbalizations of the caregiver.

Internal State Language

Internal state language refers primarily to those words that have explicit reference to internal states, including physiological states, affect, and intention. Internal state words normally first emerge early in the second year of life and increase dramatically during the third. Not only is there an increase in diversity of toddlers internal state lexicons, but

also in the range of social agents (other persons, toys, photographs) to which they attribute these descriptions. By two and one half years of age, words related to sensory perception, physiological states, and emotion are most common (Beeghly & Cicchetti, 1994).

Procedural Memory

Procedural memory is thought to be that memory that encodes information regarding recurrent patterns of sensory stimuli and behavioural responses. This kind of memory operates preconsciously and consist of learned modifications of species specific repertoire of attention and responses with which humans are born (Crittenden, 1992). Procedural memory stores everyday events and "how to's".

Semantic Memory

Semantic memory encodes verbal representations of experience. Words and language memories are stored with both the denotative and connotative meaning given to young children by caregivers.

Episodic Memory

Episodic memory consists of remembered episodes of experience encoded by multiple means including verbal, auditory and visual memeory. Unlike the generalized memory of events stored in procedural memory, episodic memory stores unique total memories. These memories are recalled as sequentially ordered episodes with characters, movement, sound, smells etc. Especially important is recall of the feelings experienced (Bowlby, 1980). Because most events are neither unique nor interesting, most experience is not remembered episodically. The

few events that are, tend to be selected because they are affectively arousing events that are unresolved (Crittenden, 1992).

Model of Change

A model is a representation that mirrors, duplicates, imitates or in some way illustrates a pattern of relationship observed in data or in nature. A model can become a kind of mini-theory, a characterization of a process and, as such its value and usefulness derive from the predictions one can make from it and its role in guiding and developing theory and research (Reber, 1985).

Research Questions

This research design is planned to answer a number of questions related to the therapeutic change process experienced by a child who has been maltreated within a dysfunctional family during his or her first two years of life. It will seek to document the process by which the child changes and develops more adaptive internal models of self, and self in relation to others during the course of 25 weeks of child centered play therapy. It will further relate this process to change in the child's symptoms and relationships outside of the play therapy setting. The research will look at the patterns and process involved in therapeutic change and will ask:

1. Are there predictable and identifiable patterns that a child goes through in the process of healing?

2. Is there an observable process by which the child alters his or her model of self in relation to others, that is apparent in interaction with the therapist?

3. Is there an observable pattern or process by which the child alters his or her internal image of self? Does this change correspond to a change in relationship patterns?

4. Are there identifiable play and relationship behaviours that accompany the above changes?

5. How do the child's patterns of representation of self and self in relationship with the therapist in therapy correspond to changes in the child's self confidence and relationship patterns with teachers and peers in the classroom?

CHAPTER II

REVIEW OF RELATED LITERATURE

It is hard to believe that only 30 years ago, the subject of child maltreatment was still met with disbelief. In this short time, research has proven, beyond the slightest doubt that child maltreatment is indeed far reaching and pervasive in North American society. It is however only in the last decade, that developmental psychopathology has helped us to understand the complex mechanisms by which child abuse and neglect create a multitude of long term sequelae. In recent years, a wide range of excellent research has documented the impact of abusive, neglectful and psychologically unavailable parenting upon the developing child. Much of this research has been fueled by the theories of Bowlby (1988) and the research instruments of Ainsworth et al., (1974) and Main (1985, 1987). The studies that have sprung from these rich conceptual and clinical paradigms have served to illuminate the process and mechanisms behind the sequelae of maltreatment, as well as the transgenerational cycle of abuse.

With each year, the research becomes more informative and relevant to the practicing clinician. Theories relating to internal working models, defensive processes, memory systems, and developmental pathways explain why a significant number of maltreated children have failed relationships, unsuccessful schooling, and maladaptive coping patterns. Other theories explain how the self structure becomes distorted by abuse and neglect, leaving the child's potential essentially unfulfilled.

Still others explain how the abusive cycle is transmitted to the next generation. And yet, despite the fact that attachment theory was created by a clinician, for clinicians (Bowlby, 1988), there is still scant research that applies this elegant paradigm to the actual therapy serving maltreated children.

It is my belief that the recent multifaceted research of trauma, and developmental psychopathology provides the child therapist with much of the necessary information and insights with which to understand and track the process of the maltreated child's healing in therapy. This review will explore a wide variety of literature that has informed my own process of understanding the patterns and mechanisms by which maltreated children heal during play therapy.

The review leans heavily on the literature of attachment, maltreatment, trauma, and developmental psychopathology. Most helpful are the longitudinal studies that differentiate the developmental pathways of maltreated children in comparison to their well treated counterparts. It is from these results, that the research questions arise. It was within the context of seeing the pilot children change from behaviours that were consistent with insecure attachment to ones more consistent with secure attachment that inspired this study, and the subsequent methodology.

Literature explaining the complexities of the self and of memory systems were accessed in the analysis stage and helped me to decipher the many facets of the study findings. Finally the rich theories of healing in psychotherapy provide a link between the inner world of memory and the unconscious; and the more

tangible world of relational behaviours and developmental pathways.

Literature Related to Attachment Theory

Literature Defining Attachment Paradigms

Bowlby turned to the task of researching child development, attachment, and loss out of sheer frustration with the theories that drove child therapy in his day. Out of his research came the beliefs, definitions and paradigms that form present day attachment theory.

The plausibility of attachment theory lies not only in the intuitive appeal of its hypotheses, but also in the fact that it has evolved from real life studies (Ainsworth & Blehar, 1978; Bowlby, 1959, 1969, 1973, 1980, 1988). Attachment theory posits that the early relationship between infant and caregiver provides the template from which all further intimate relationship are modeled. Attachment research demonstrates that the early caretaking relationship has profound and predictable impact on a child's long term interactional patterns and developmental trajectories.

This section of the literature review will therefore begin by exploring a variety of studies that link the quality of early parenting to a multitude of behavioural and relationship outcomes. The review will begin with a brief explanation of the two research instruments that have spawned a wealth of useful studies.

Instruments Measuring Attachment

Pioneering work by Ainsworth (Ainsworth, Blehar & Waters, 1978), and some time later by Main (1984, 1985) has contributed research tools that operationalize attachment concepts. Ainsworth developed the Strange Situation Assessment (SS) which provides a standardized, efficient, and reliable means of measuring attachment security of infants between 12 and 18 months of age. Based upon a structured caregiver / infant separation and reunion series; the instrument classifies the child into one of three categories of insecure attachment, or into a classification of secure attachment to the parent. Original insecure attachment categories included ambivalent and avoidant classifications. Since that time, a number of researchers have also added a category of disorganized attachment that best fits children who have been maltreated in the early years of life (Crittenden & Ainsworth, 1989).

The procedure's ability to operationalize representative attachment behaviours, and to confirm their validity in relation to quality of overall parenting interactions, has allowed a burgeoning of research into the quality of the early parent-child relationship, and its subsequent impact on the child's social and emotional development. Further, this ability to classify early relationship patterns has provided a starting point from which

longitudinal study into the continuity of relationship patterns in childhood could ensue.

The Adult Attachment Questionnaire (AAI) (George, Kaplan & Main, 1985) also classifies adult response into like categories of secure or insecure attachment. This instrument facilitates the comparison of an adult's attachment status to that of his or her children. The combined attachment classification systems provide an important mechanism for the efficient tracking of relational behaviours over time.

Studies fueled by the Strange Situation instrument have generally confirmed the link between the quality of early parenting, and the child's current and ongoing mental health and relationship patterns (Egeland, Sroufe, & Erickson, 1983; George & Main, 1985; Troy & Sroufe, 1987).

Infant Attachment Models in Later Childhood

If as Bowlby suggests, the early parent-infant attachment relationship serves as an internal, perhaps tacit, model for future relationships, one would expect the pattern to repeat itself in childhood relationships as well, as within later parenting relationships. This hypothesis has indeed been tested in a number of studies, using the Strange Situation as the base. This section will highlight studies that track relationship patterns from infancy into early and middle childhood, in the "typical" as well as the maltreated population.

Troy and Sroufe (1987) examined the association between 38 preschool children's attachment histories and their interaction with peers in a preschool setting. The youngsters studied were

part of the larger Minnesota Longitudinal study of an urban poor population of 268 high risk families and children. All children (20 males and 18 females) had been previously assessed using the Strange Situation (SS) procedures at 12 months of age. As part of the ongoing mother-child interaction project, these same children attended a preschool in which they were routinely in contact with each other. For this particular study, the children were assigned to same gender play dyads so that all possible combinations of attachment histories were represented. Seven of the 14 dyads had at least one member with a history of avoidant attachment, and in 5 of 7 cases, both children fit into anxiously attached classifications, (i.e. either avoidant or resistant). After at least six weeks of preschool attendance, each pair was observed playing in a specifically designated playroom for seven different sessions of 15 minutes each, spread over many weeks.

Analysis of the children's play by three different judges showed a significant difference in quality of play and quantity of aggression between dyads containing insecurely attached children and those containing securely attached youngsters. The analysis revealed that the presence of a child with avoidant attachment history was significantly associated with victimization. Five of seven pairs in which at least one child had an avoidant attachment history showed victimization whereas zero of seven pairs without a history of avoidant attachment showed victimization ($p<.01$).

In contrast, the presence of a child with secure attachment history was clearly associated with a non-victimizing play relationship. None of eight such pairs showed victimization,

whereas victimization was found in five of the six pairs containing exclusively insecurely attached children ($p<.005$).

Analyzing the results from a different perspective, all children who were labeled either victims or victimizers had an avoidant attachment history. All children with an anxious resistant attachment history were either not in a victimizing situation or were the victim in a dyad. Further qualitative analysis of the transcripts showed that in the interaction sequences, the child who played victim had as active a role in sustaining the pattern of victimization (sometimes even more), than did the victimizer.

This research sheds light on a number of important findings in the clinical abuse and attachment literature. Continued victimization of maltreated children is a well accepted fact in the clinical literature. This research, however is the first that documents the connection between the quality of the early attachment relationship (rather than the specific abusive act) with child's predisposition toward continuing both the victim and the victimizer role. This finding alone has major implications for early preventive intervention. It is relevant, not only for the prevention of abuse in further generations, but also in relation to the consistent finding in the clinical literature that disturbed peer relationships in childhood are one of the most powerful predictors of pathology in adulthood (Mueller & Silverman, 1989).

In addition, if this data are assessed strictly in relation to the concepts of internal working models (Bowlby, 1988) it

strongly suggests that the child re-enacts not only the model of self, but also the part of the parent in the relationship model.

Though the above study included some abused and neglected children, subjects were selected on the basis of the SS, rather than upon a history of maltreatment. The following study specifically traces relationship patterns of children coming from maltreating homes.

George and Main (1985) were specifically interested in comparing the behaviour of abused toddlers to their disadvantaged, non-maltreated age mates. Ten physically battered children, and ten disadvantaged peers, all between the ages of one and three years of age were observed during four half-hour observations in a familiar daycare setting. Narrative records were collected over a three month period.

Analysis of data showed that the abused youngsters were significantly more likely than their peers to show aggressive and avoidant behaviour. Abused toddlers assaulted both age mates and adults four times as frequently as did their peers. Seven of the ten battered children harassed their caregivers, averaging 3.7 times in a two-hour period. Only two of the ten controls ever harassed caregivers, their average being .4 times in the same time period. Avoidant patterns were also noted. Avoidance was defined as moving the head or body away from the individual when approached. Abused toddlers showed marked avoidance of friendly approaches, four times as often as their age mates. A pattern of approach/avoidance was also noted in response to friendly overtures by adults. This behaviour was noted in all ten maltreated children and none of the controls.

The above behaviour is consistent with observations of insecurely attached infants in Ainsworth's Strange Situation observation. The unexpected behaviour in this particular situation however, was in response to distress in age mates. When age mates were distressed, five of the ten control toddlers showed sadness, concern or empathic responses at least once when they saw distressed children. Empathic behaviour was seen in none of the maltreated toddlers. In fact, three of the abused toddlers responded to distressed children by being physically abusive themselves (slapping, hitting, or kicking the crying child). This study again supports the notion that early parenting models of relating tend to guide interactions, even of very young children with peers.

Egeland, Sroufe and Erickson (1983) identified 80 children, from their longitudinal study of 267 high risk children, whose caretaking experience fit into four different patterns of child maltreatment. The four maltreatment groups were divided into groups characterized by parenting behaviour histories of: (a) physical abuse; (b) hostile/verbally abusive; (c) psychologically unavailable; and (d) physically neglecting. A control group of children and mothers who provided adequate care were selected from the remaining high risk sample. The two groups were assessed in order to compare the children's developmental pathways and behavioral patterns during the first five years of life.

In general the maltreated groups were characterized by patterns of: (a) diminishing IQ scores over time;(b) increasingly hostile and negative affect and interactional patterns; and (c)

lack of self esteem, concentration, creativity, and ego control in comparison to their non-maltreated peers. The authors found some significant differences between the patterns of response, depending upon the type of maltreatment to which the children were subjected. Nonetheless, the most striking generalizable consequence of maltreatment was the ongoing declining level of functioning displayed by all groups of abused and neglected children over time.

When considering the process by which we study the impact of therapy upon maltreated children, this finding is of great use. It gives further credence to the use of a qualitative case study methodology, knowing that without intervention the patterns of behaviour and coping in maltreated children are already shown to be those of negative decline. This data allows us to consider such patterns to be the norm, thus enabling us to look at the pattern of change for each individual child, with less need to compare him or her to a control group.

Egeland, Kalkoske, Gotesman, and Erickson (1990) documented another stage in the Minnesota Longitudinal study. Their analysis of data sought to determine which symptoms and behaviours seen in high risk preschool children were predictive of later demeanor in the early school years. They followed 96 of the preschool children, already followed from birth, and continued to assess them yearly through until the third grade. They found a high degree of continuity between the children's preschool behaviour, and that seen in the first three years of school. Children who had demonstrated relationship problems in preschool, were likely to also have relationship problems in primary school; and

children, who were socially and academically competent in preschool were also found to be competent in their school years. In fact, 80% of the children identified as aggressive in preschool were also identified as aggressive to peers in two of their three years of elementary school. Likewise, 71% of the youngsters labeled withdrawn in preschool were also judged withdrawn in primary school. Furthermore, the children who were classified as aggressive or withdrawn at four years of age scored significantly below the academic achievement levels of the competent children.

Although the continuity of behaviour in this study (Egeland et al., 1990) is striking, the exceptions are of equal interest. There were a number of intervening factors that correlated with a decrease in behavioral problems. Improvement in behaviour corresponded with decreases in: (a) maternal depression; (b) stressful family life events; and (c) and an increase in the quality of stimulation in the child's home environment. The severity of maternal depression appeared to directly affect the quality of relationship the mother had with her child, while indirectly impacting the quality and organization of the home environment.

In the most recent publication from the Minnesota study, Sroufe (1991) summarized the alternate developmental and relational pathways taken by the insecurely attached children. Data was derived from (a) parent child observation sessions; (b) preschool observations; (c) the first three years in grade school, as well as (d) a summer camp experience in their tenth and eleventh years. He concludes that the patterns that each

group takes is reflective of their internal representations of self and self-in-relation to others. In this work, Sroufe argues that the self should be defined as:

> ...an inner organization of attitudes, feelings, expectations and meanings, which arise from an organized caregiving matrix (a dyadic organization that exists prior to the emergence of the self) and which has organizational significance for ongoing adaptation and experience (p.281).

He further argues that through participating in the early parent-child relationship, the child acquires an understanding of self and others in relational terms. This sense is not just of a simple role, but of an entire set of "if-then propositions" that guide his or her functioning and responses in subsequent relationships.

The summarized findings of the longitudinal study to date conclude that children who displayed secure attachment during the 18 month Strange Situation (SS) assessment tended to continue to exhibit higher functioning and healthier relationship patterns during the subsequent ten years of study. As preschoolers they were characterized by greater confidence, resourcefulness, self direction, enthusiasm, positive affect, and problem solving ability than their insecurely attached peers. They were also more likely to be more curious, resourceful, and forceful in pursuing tasks and goals.

In the preschool and school years the secure children were less likely to sit beside the teacher, were more likely to initiate positive contact with peers, and were more likely to greet teachers and peers. When confronted with rejection from

peers, they were more likely to reframe it into a positive message and to continue to seek contact with other children.

As ten and eleven year olds these securely attached children were more likely than their insecure peers to be confident and flexible, and were better able to manage impulses, feelings and desires. As in the earlier years, these preteens were more likely to display positive affect in all relations with others. Additionally they came across as more socially competent, and better able to establish and maintain deeper relationships. Their interaction with peers was generally characterized by reciprocity and fairness.

The contrasting description of the insecurely attached children (encompassing insecurely attached children classified avoidant and resistant) can almost be assumed by contrast to the securely attached age groups. The specifics as described by the author will nonetheless be discussed here. In general, those children who were classified as insecure/avoidant maintained a consistent profile throughout the 11 years of the study. Avoidantly attached children were characterized as more aggressive, avoidant, and sensitive to rebuff at all stages of development. As early as the preschool years, they showed decreased confidence, less curiosity, and were either unable or unwilling to engage in challenging tasks. Though they were more likely to cling to teachers, they were also less likely to ask a counsellor or teacher for assistance when experiencing difficulty.

In the preadolescent years the insecure children's peer relationships were more often marked by hostility and a lack of

commitment. They tended to choose friends who were also insecurely attached, and within those friendships often played either the victim or victimizer role. The interactions tended to be characterized by hostility, teasing, rejection and exploitative behaviour.

The play of insecurely attached children was also distinctive at each age. As early as the preschool years, their play lacked the fantasy and complexity of securely attached children. When make believe themes did occur in later years, any conflict or problems tended to move toward unsuccessful or negative resolution.

The profile of the insecurely attached children certainly fits with previous literature describing some of the characteristics of maltreated children (In & McDermott, 1982; Kempe, 1976; Mann & McDermott, 1984; Wolfe, 1987). Though the profile of the insecurely attached child is certainly discouraging, Sroufe concludes this article by saying that:

> This strong data on the continuity of adaptation over time should not lead to pessimism concerning change. The organizational perspective (on the self) is also useful for conceptualizing intervention and change. The inner organization of self is a derivative of organized vital relationships and, as such most likely will undergo change in the context of other significant relationships (p. 303).

Finally, Parsens (1987) used a single case study approach to trace the impact of severe abuse and neglect on a young infant. He presents a 14 month old infant who was well treated by his family and developed well until 6.5 months of age, after which, due to traumatization and later abandonment of the mother by her boyfriend, the infant experienced extreme neglect and physical abuse. He presented at the treatment facility, after being

apprehended, placed in an institution, and then placed in foster care of a known, loving and supportive aunt. The child presented at 14 months with symptoms of apathy, depression, distrust and hyperalert state.

The case study describes the infant's change in behaviour from a healthy, well infant, to the profile described above subsequent to neglect, abuse and apprehension. It further provides detailed descriptions of the infant's gradual return to trust and health under the guidance of the therapist who primarily helped the aunt regain the trust of the infant. The infant's behaviour during therapy transformed from depression and apathy, to depression and bursts of aggression, to resocialization, and finally to elements of trust and reciprocity with the caretaker over a period of five months.

Though the author interprets the observations in terms of a traditional psychoanalytic paradigm of "excessive unpleasure" unleashed in response to injured narcissism, the data presented are detailed in such a way that it could be useful, no matter what theoretical framework the reader applies. The tracing of the process by which the infant responds to maltreatment, and then moves toward healing, provides a clear picture of damage and repair of early infant caretaker relationships. An example is also provided of the power of early therapeutic intervention. It is further interesting to me that if I analyze the data from an attachment perspective, during the process of healing, the infants behaviour changed from interactions characteristic of avoidant attachment, to ones consistent with resistant attachment, and finally to secure attachment behaviour. The

benefit of detailed case study research is also demonstrated. With this mode of analysis, the reader is provided with sufficient information to arrive at his or her own conclusions, according to a favored theoretical paradigm.

In summary, the research reviewed in this section supports the attachment hypothesis that early internal working models, formed in very early stages of parent-child relationships, provide a clear pattern of interaction which tends to be replicated by the child in subsequent social relationships with both adults and peers. Further demonstrated is the conclusion that children who develop insecure attachment patterns with parents can be clearly distinguished from those who are securely attached. Finally, a single case study of a toddler provides detailed evidence that therapeutic intervention, in conjunction with a supportive caretaker can counteract early maladaptive interaction patterns, and one would also assume internal working models. The important conclusion from these studies is the confirmation that child maltreatment, and subsequent insecure attachments, initiate a chain of maladaptive relationship patterns that, if uninterrupted, place the child at serious risk for ongoing destructive and unsatisfying relationships problems. This further implies that the provision of protection from abuse alone, is insufficient in preventing future patterns of mental health problems and cycles of abuse. The logical next step therefore, would be a case study approach toward the purpose of documenting the patterns of, and response to treatment, of maltreated children at different stages of development.

Maltreatment and Attachment Classification in Later Childhood

A number of investigations have found a relationship between maltreatment and a variety of categories of insecure attachment (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Crittenden, 1985, 1988; Egeland & Sroufe, 1981; Main & Goldwyn, 1984). In their early years the majority of maltreated children were shown to fall into the avoidant or ambivalent categories of insecure anxious attachment. (Crittenden, 1985; Egeland & Sroufe, 1981; Schneider-Rosen & Cicchetti, 1984).

Longitudinal studies show however that as children mature, those labeled as anxious ambivalent in the early years are more often labeled avoidantly attached by the late preschool years (Cicchetti, 1989; Main & Cassidy, 1985).

More recently researchers have coined new attachment categories that better distinguish maltreated children from their peers. Crittenden (1988) first cited an A/C attachment rating, characterized by behaviour that displayed both high avoidance as well as high ambivalence of abused infants in relationship to caretakers. During the same period Carlson, Cicchetti, Barnett, and Braunwald (1989) used the term "Disorganized" attachment behaviour for maltreated youngsters. The disorganized category fit as these children seemed to have no consistent approach for coping with, or relating to parents upon reunion. Children often began interaction using one strategy and were found to change behaviour in midstream. These youngsters seemingly had found no

consistent pattern that worked to maintain a position of safety, as well as to stay in contact with caretakers.

In a follow up study of six year old children, Main and Cassidy (1988) scrutinized 12 children who had been rated as disorganized in attachment at 12 months of age. These children's reunion behaviour with mothers was characterized as controlling, either through punitive or overbright, caregiving behaviour. Compared to their securely attached counterparts, their conversation style was also seen as much more dysfluent. Carlson et.al. (1989) speculate that the "parentification of the maltreated child may be better understood as a specific manifestation of a more general developmental course of an underlying disorganized attachment relationship".

A variety of longitudinal studies have enabled researchers to test the consistency of attachment classifications in children over time. Main and Cassidy (1989) found considerable stability in attachment categories for six year olds originally assessed as infants. Children who were originally classified as disorganized in infancy displayed a variety of unique behaviours at age six. Disorganized six year olds demonstrated controlling, rejecting, punitive or caretaking behaviours during reunion with parents. Cassidy (1986) found the doll stories of six year old children who had been classified as disorganized in infancy paralleled their reunion behaviour with parents at six. These children who fit the disorganized attachment category, created stories depicting bizarre, hostile, disorganized and violent behaviour.

Cicchetti (1994) points out that disorganized attachment is reflective of conflictual working models of relationships and

caretakers. The child experiences such unpredictability of caregiver behaviour, that she is unable to develop a consistent set of response (or defensive) patterns. The child is therefore left with no predictable model of how to behave within relationships. The frequent result is anxiety and hypervigilance when in social situations, and a disorganized response to selected social relational patterns. By six years of age, the "disorganized" children take control of the unpredictability in their relational environment by controlling adults. They do this by developing patterns of cohersiveness, caretaker role reversal, manipulation, or coy behaviour that nets a predictable response from the caregiver.

Literature Related to Trauma

The Impact of Trauma on Cognition and Development

Trauma research has evolved along a path separate from the literature of attachment. Indeed, it is only within the last ten years that trauma theorists have seriously begun to consider the possibility that childhood maltreatment might qualify as a form of trauma (Herman, 1992; Pynoos & Nader, 1993; Terr, 1990; Van der Kolk, 1993). Herman (1992) coined the term "chronic post traumatic stress syndrome" to characterize the montage of symptoms that constitute behaviour of women and children who have been chronically traumatized within the home environment.

Johnson (1990) characterizes trauma as an event so overwhelming that the child does not have the defense mechanisms needed for coping with it. He suggests that it is not the event

that defines the trauma, but instead it is the ability of the child to cope with the event that determines whether it is traumatic to that particular child. Some of the factors that influence a child's response to a potentially traumatic event are his or her age, support systems, temperament, environmental stress factors, and previous life experiences and coping patterns. Some events such as violence or sexual assault would be traumatic to anyone.

In his review article, Green (1993) summarizes the painful reality of a child who is victimized by a parent, from whom nurturing is also expected and needed. Because the paradox is one that cannot be readily bridged, the child must inevitably employ defensive mechanisms of either repression, splitting, or dissociation in order to survive. He further observes that because in the case of ongoing maltreatment, the trauma is chronic, the child is more likely to sustain a "pathological change in character and /or personality structure".

Herman (1993) captures the cognitive dilemma that a child must face:

> The abused child's existential task is quite formidable. Though she perceives herself as abandoned to a power without mercy, she must find a way to preserve hope and meaning. The alternate is utter dispair, something no child can bear. To preserve her faith in her parents, she must reject the first and most obvious conclusion that something is wrong with them. She will go to any lengths to construct an explanation for her fate that absolves her parents of all blame and responsibility. (p. 101)

The necessity of absolving parents of blame and responsibility requires a host of defensive processes, and cognitive distortions. A number of authors cite this process as the reason for the progressive decline in I.Q. and cognitive

abilities commonly seen in maltreated children (Bowlby, 1988; Green, 1993; Van der Kolk, 1987). Bowlby speaks of the dilemma of the child who "knows what he is not allowed to know and sees what he is not allowed to see". Donovan and McIntyre (1990) cite this very dilemma as a major etiologic factor in the high rate of learning disabilities in abused children. They ask how a child can perform effectively at school, when intrinsic to the educational model is the expectation that the child tell adults what he or she knows and has learned, when this is the very thing that is forbidden at home:

> Family secrets can constitute an incredibly noxious, pathogenic, dissociogenic force. .... One of the simplest examples is the effect of secrets on academic performance. Reduced to its barest essential, school is a place where children tell adults what they know - through oral and written work. A family secret represents knowledge of which the child cannot even be aware that he is aware. This bizarre situation engenders "cognitive blinders" which are difficult to isolate to the home situation. Consequently the child ends up not allowing himself to know what he knows or tell what he knows - and academic performance falls, sometimes dramatically.(pp. 74-75)

Greenberg & Van der Kolk (1987) suggest that the cognitive problems also relate to the way in which various kinds of memory are stored. They explain that the process of dissociation creates boundaries between different segments of an individual's experience. The dissociation of traumatic material therefore requires the individual to maintain distinct cognitive structures and activities in order to keep dissociated material separate. If boundaries are fixed and long term, then dissociative functions become independent one from another.

Greenberg and Van der Kolk (1987) likewise hypothesize that dissociated traumatic memories may be encoded exclusively in

sensori motor or iconic form, and therefore not easily translated into symbolic language necessary for linguistic retrieval. They suggest that it is possible that in situations of terror, the experience does not get processed in symbolic/linguistic forms, but tends to be organized on a sensori motor level as horrific images, visceral sensations, or fight/flight reactions.

They further hypothesize that memories are not stored in linguistic form until the individual is between five and eight years of life. They conclude that the processing of trauma memories requires, not only the breaking down of dissociative barriers, but also the connecting of iconic or sensory memory with language and cognition.

Terr (1990) studied the memories and play of children involved in the Chowchilla kidnapping. She found that though the children had suppressed many conscious memories of the incident, they all demonstrated post traumatic kind of play that revealed aspects of their experience. Terr describes post traumatic play as unlike the normal play of childhood. Instead it is repetitive, grim, monotonous, and so literal that you can intuit the source of the child's trauma with few other clues. Therapeutic literature likewise is replete with evidence that abused children who are unable to consciously access maltreatment memories, play them out within the play therapy room (Gil,1991; James,1990).

A quantitative study into differences in the cognitive functioning of abused children was conducted by the Trauma Clinic of the Massachusetts Mental Health center (Lynch & Cicchetti, 1991). The results demonstrated significant difference in the

thought processes of abused children, when compared to matched age mates. Abused children scored lower on scientific and mathematical logic. Their sense of self and of self knowledge was significantly less than that of age mates. Their academic achievement was additionally effected by their inability to utilize resources. The control children were more likely to ask for help and revealed much more about themselves in stories than did the abused children. Finally when abused children saw projective story pictures that reminded them of their history, their trauma memories and responses seemed to take over and hold them captive.

The authors conclude that children's traumatic memories seem eradicable. They suggest that children's traumatic memories significantly alter perceptions, subsequently limiting their capacity to accommodate and self correct. Inability to accommodate was blamed on the child's hyperarousal, while fear and anticipatory frustration was believed to inhibit the children's ability to make plans or find alternative approaches.

Interface Between Maltreatment, Affect, Language and Cognition

Affect and cognition cannot be separated one from the other in the developing child. Van der Kolk (1987) summarizes the interface between maltreatment, psychological mechanisms and adaptation. He notes that many traumatized children live in a continuing state of vigilance, and hypersensitivity to environmental threat. He explains that while in this state, they lose the ability to sublimate, fantasize and symbolize. The children are consequently deprived of the psychological

mechanisms that others use to cope with the small injuries of daily life. The resultant inability to tolerate a variety of affect, limits the capacity to work through normally tolerable events. Without this experience, the child fails to accumulate the positive experiences of coping that commonly bolster self confidence.

Van der Kolk (1987) also suggests that because of the need to "ward off" traumatic memories, victims have an impoverished mental life. When the trauma is not integrated into the persons life experience, the individual remains fixated on the trauma. The result is a robotlike existence that is devoid of fantasy and empathy for others.

Barahal, Waterman and Martin (1981) studied the social cognitive aspects of empathy in matched groups of abused and nonabused children between the ages of six and eight years of age. The children were asked to tell a story and enact a puppet play. Abused subjects were found to be less sensitive and less able to identify appropriate feelings in others. Further the maltreated children were more ego-centric and less able to identify the social and emotional causes of specific emotions.

Gaensbauer, Mrazek and Harmon (1980) observed children who had experienced a variety of forms of maltreatment. They correlated affective retardation with profound neglect and deprivation. Children who were able to perform tasks at an age appropriate developmental level, but appeared withdrawn and depressed were hypothesized to have received initially adequate care followed by a separation from the caretaker.

Erickson, Egeland and Pianta (1989) attempted to compare and contrast the developmental patterns and characteristics of children classified according to history of maltreatment. They documented social, emotional, and cognitive behaviour of children during their first 60 months of life. Characteristics of children who had experienced neglect, physical abuse, sexual abuse, and parental were evaluated. Similarities between all categories of maltreated children were found. All seemed to display some form of anxiety, as well as increased levels of anger, withdrawal, and an inability to function independently. Additionally all were less popular than their securely attached counterparts.

Some behavioural clusters were found to be most characteristic of specific categories of maltreatment. Physically abused children were more likely to act out, be aggressive, impulsive and non-compliant. They further showed the most negative affect. Children whose caretakers were psychologically unavailable showed a dramatic decline in social-emotional functioning during the preschool years. Additionally, they seemed less involved with sensorimotor tasks in kindergarten. This study found that parental unavailability and emotional neglect had the most profound affects if it occurred in infancy. The children who showed the most severe and varied problems were those who were profoundly neglected. In the classroom, they performed least well. In social situations they exhibited both aggressive and withdrawn behaviour. When asked to perform, they were the least attentive, most anxious and relied most heavily on the teacher for help.

Sexually abused children could be distinguished from others by their anxiety, inattentiveness, and failure to comprehend what was expected of them. They displayed a greater dependence upon adults, with s strong need for approval and closeness and frequent help-seeking behaviour.

The maltreated child's internal life is likely to be reflective of the impoverishment of their external caretaking environment. There are a series of caretaking interactions that foster the emergence of the self, cognition, curiosity, and language in the developing child (Bowlby, 1988; Mahler, 1975; Stern, 1985). These include, among other tasks: (a) regulation of the environment; (b) consistent, loving and reliable caretaking; (c) the provision of a secure base; (d) naming and acknowledging the child's affective experience; (e) encouraging exploration and autonomy; and (f) assisting the preschooler to respect the rights of others. When the parent is successful in these caretaking tasks, the child is more likely to evolve into a reasonably positive, articulate social being.

The use of language is a developmental achievement that has been shown to be significantly affected by the presence of maltreatment. In a variety of studies of the language of maltreated children, delays were generally found to be in expressive rather than receptive speech. Coster, Beeghly, Gersten & Cicchetti (1989) described maltreated toddlers as using shorter sentences and less relevant and less descriptive speech. The children were especially delayed in the verbal expression of their inner feelings.

Beeghly & Cicchetti (1994) compared maltreated toddlers use of internal state language to that of their matched controls. The children's language was assessed using four laboratory observations and a maternal interview. They found that maltreated children spoke significantly less about physiological states, negative affect, and motivational speech than did their age mates.

Herman (1992) poignantly summarized the dilemma of the maltreated child:

> Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power is a situation of helplessness. Unable to care for or protect herself, she must compensate for the failure of adult care and protection with the only means at her disposal, an immature system of psychological defenses. (p.96.)

Literature Related to the Resilient Child

There is a fair amount of interest in the literature as to the traits that allow a child to survive, or be resilient in the face of an early destructive or psychopathogenic environment. Mahoney (1991) summarizes the literature identifying the following to be characteristics of "hardy" or resilient individuals:

1. Early awareness that his or her parents were not functioning well. (This seems to be an ability to differentiate self concept from that projected by family.)

2. Identification and frequent use of alternate persons as sources of security, nurturance, and developmental identification.

3. Early identification and refinement of a special talent (academic, artistic, athletic) that opened new developmental paths and social networks.

4. High motivation to develop, often expressed in unusual tenacity and intensity of activity.

5. A tendency to experience frustration and even trauma as challenges and opportunities for development.(p.161- 162)

Maltreated Children and Peer Relationships in the School Years

Achieving and maintaining healthy peer relationships is one of the major developmental tasks of the elementary school years. Positive peer relationships are linked to a variety of favorable mental health outcomes.

Lynch and Cicchetti (1991) evaluated the relationship patterns of 215 economically disadvantaged 7 to 13 year old children during a summer camp experience. Approximately half of these children were maltreated, while the other half had received adequate parenting. They found that the abused children were more likely to show a confused pattern of relatedness, and non-maltreated children more likely to have optimal patterns of relating to both peers and adults.

The children's ability and patterns of relating within a number of different relationships was assessed. The authors found a fair degree of continuity between the children's reports of relatedness with their mothers, their teachers and their best friends. These results were seen as evidence that children form both global and specific models of relationships, but that key relationships are most often modeled after primary attachment bonds. They summarize that maltreated children are at risk for

developing global models of relationships, and of self in relation to others that are predominantly negative. They conclude that the maltreated child is consequently destined to a life of unsatisfactory relationships, if early intervention is not offered.

Dodge, Petit & Bates (1994) also assessed peer relationships in 585 children, 11% of whom were physically abused. They followed the children for a period of five years during elementary school. Assessments were made using yearly parent interviews, teacher rating, and peer sociometric interviews.

Maltreated children were consistently judged to be less popular, more disliked, and more withdrawn than their non maltreated peers. Negative ratings were consistent between all sources. The researchers concluded that their data supported the notion that early maltreatment disrupts attachment relationships with caregivers, and that these disruptions then impair a child's ability to form healthy peer friendships.

Cohn (1990) likewise found similar results when studying 89 children during their first year of school. She found that insecurely attached children were less liked by teachers and peers, more aggressive, and had more behaviour problems than their securely attached counterparts.

In summary, insecure attachment and maltreatment have been highly correlated with unsatisfactory relationships with peers and teachers into the school years. This tends to substantiate the claim that early aberrant attachment relationships, tend to be replicated in a variety of interactions during the school years. There are a number of reasons why this finding is cause

for concern. Recent research emphasizes the crucial role that peer relations play in prepubertal children's school success, mental health, and ongoing development (Asher, 1991; Kupersmidt, Coie & Dodge, 1990). Peer rejection has also been show to be a strong predictor of a broad range of maladaptive outcomes, including juvenile delinquency, crime, psychological pain, and school failure. This finding adds further credence to the need for early childhood intervention when insecure attachment and maltreatment are evident.

Variables Consistent with Interrupting the Cycle of Abuse

If a new and more effective mode of intervention is to be found, in the field of child maltreatment, it is useful to explore the question of variables consistent with interruptions in the abusive cycles. To date, the articles are yet few and far between. Three however were found to be useful, all coming from the data collected in the Minnesota Longitudinal Mother-Child Intervention Project. The chief researchers of this project, Byron Egeland and Alan Sroufe, have appeared elsewhere in this review. Only the most comprehensive of the three articles will be reviewed here.

Egeland, Jacobvitz and Sroufe (1988), were involved in a prospective longitudinal study following 267 lower class mothers from the third trimester of pregnancy through the fifth year of their child's life. A variety of factors, likely to affect the quality of parent-child relationship, were studied including: a) retrospective reports of the quality of care these mothers experienced as children; b) observation of their behaviour with

their own children (at various visits for all study participants; c) as well as yearly scales measuring the degree of life stress experienced by the family. Finally the quality of emotional support, including the quality and consistency of the mother's relationship with her partner and various psychological personality inventories were evaluated on a yearly basis.

The retrospective reports of the mother's childhood experiences, coupled with the observations of the mother's care of her child were combined to identify a) those mothers who had been maltreated as children; and b) those who were currently maltreating their own children. Coders of maternal histories were kept blind to information regarding the mother's behaviour with her own child, and vice versa. Forty-seven mothers were identified as having been either severely neglected or abused as children. Forty-four mothers were identified as currently maltreating their infants based on observations at 3, 6, 9, 12, 18 and 24 months. From this data, the mothers were placed in an "abuse continuity group" (continuing the cycle of abuse) N=18, or the abuse "exception" group (providing adequate care) N=12. Seventeen additional mothers could not be definitively labeled either as adequate care or as maltreating and therefore were not included in the analysis.

Based on the extensive interviews described earlier the following variables were conceived and coded, independent of knowledge of the mother's childhood history or current child care practices: a) availability of an emotionally supportive relationship during childhood; b) mother's participation in therapy (individual or family) of one year or more; and c) stable

or satisfying relationships with a primary partner. The analysis of results show a combination of findings similar to various studies previously described in this chapter. In contrast to the mothers who continued the cycle of abuse, a significantly larger proportion of mothers in the "exception" group reported having had a supportive relationship with some adult in their own childhood ($p<.002$) or having undergone extensive therapy ($p<.02$). Because "yes" answers on these two variables did not overlap, all subjects in the "exception" group experienced one or the other of the emotionally supportive relationships. None of the mothers in the abuse continuity group had been in therapy, and only three reported having had an emotionally supportive adult relationship during their childhood.

In describing adult relationships, significantly more "exception" group mothers characterized their relationship with their partner as intact, satisfying and/or stable ($p<.002$), and significantly fewer reported being physically abused by their mates ($p<.02$) than did the continuity mothers.

In relation to stressful life events the "continuity" group experienced significantly more stressful life events than did the "exception" group ($p<.02$-$.004$) depending upon the age of measurement. It is of interest to note that the majority of the life stressors endorsed were items indicating problems with other family members and/or friends. This is congruent with the results indicating that relationship problems are linked with continuity of abuse across generations.

In summary, in keeping with Bowlby's attachment theory, supportive relationships either in childhood, in the context of

therapy or in a love relationship, not only characterize mothers who give adequate care to their children, but may also provide an alteration of the internal working model of abuse laid down in the child's early maltreatment experience.

In summary, the development of standardized tools for assessment of attachment in both adults and infants has enabled researchers to make great strides in tracking the relationships between parental models and early experience, and their ability to provide quality care and security to their own children. Further, these standardized tools have allowed us to develop a base from which to track patterns of both adaptive and maladaptive behaviour in relation to early parent-child relationships. Indeed the attachment paradigm has been very productive in creating a frame of understanding for this data.

In general, the research studies reviewed for this chapter demonstrate that adults who experienced abusive, neglectful, rejecting, or insecure childhood relationships with parents were significantly more likely to have infants who were also poorly attached at risk for future maladaptive relationships. Infants who showed avoidant attachment in relation to maternal figures showed significantly more frequent patterns of avoidant, aggressive, and victimizing relationships with peers. The resistant classification of the SS was not as consistently predictive of such relationships.

The research also tells us that we can begin to predict which parents are less likely to continue the pattern of maltreatment that they received as children. Parents who were supported by significant adults during childhood, had a year or

more of therapy, had a secure and supportive relationship with a partner, or were able to achieve insight into the detail and impact of maltreatment upon them tended to break this cycle. This information allows us to screen these individuals out for needing less intensive help with parenting or with therapeutic intervention. Perhaps they also provide us with the rationale for early secondary preventive intervention in childhood, not only to minimize the impact of abuse upon the child, but also upon the next generation. The answers seem to lie in the forming of intimate and supportive alternate relationships (therapeutic or otherwise) with people other than the abuser. Insight is also a factor.

A final important finding tracks the impact of early non-supportive parenting on childhood behaviour and relationships. The behaviour of children who have been maltreated or who were insecurely attached is clearly and distinctly different from their secure counterparts. Their behaviour already shows a tendency to replicate avoidant, aggressive, or victim roles as early as the toddler years. Though this behaviour may reflect a necessary strategy for survival, it starts the child upon a trajectory of unsatisfying relationship patterns from early in life.

Although the excellent quantitative research studies reviewed above provide us with important insight, there remains insufficient information to make detailed use of this data in the process of counselling and preventative work. There are many questions still to be answered before we can translate this

information into treatment protocols and intervention strategies for maltreated youngsters.

An important research question is whether play therapy has a role in altering the negative or maladaptive internal models of self and self in relationship to others. Can the play therapy situation provide the child with an opportunity to rework these internal models and thus break free of the destructive cycles.

Literature Related to Models of Self

The Development of the Self in Early Childhood

Philosophers and theorists have long shown an interest in understanding the existence and emergence of the self in the human organism. The attempt to understand the relationship between the mind, soul, and self has captured the interest of ancient and current philosophers alike. Though the study of the self has a history as far back as Aristotle, the literature exploring the development of the self in early childhood is still inconclusive and in the early stages of exploration (Cassidy, 1990).

The last two decades has marked an increasing interest by researchers in developmental psychology and psychopathology (Bowlby, 1973; Cicchetti & Beeghly, 1991; Harter, 1983; Mahler, Pine & Bergman, 1978), and the process by which the self emerges in the individual.

Psychoanalytic theorists were among the first to theorize the emergence of self in relation to others and the environment. Freud (1950) described the process whereby the infant develops an

identity separate from the mother. Mahler and colleagues (1975) employed detailed observations to document the process by which the infant progresses through predictable stages of separation and individuation from the caretaker. They describe the transformation of the child from a state of undifferentiated symbiosis with the mother to a sense of the self as separate and distinct from the caretaking figure

Like the psychoanalytic and object relations schools, attachment theorists view the early caretaking relationship to be key in the pathway that self development takes. The internal working models described by Bowlby (1988) are also similar to the self and object representations of object relations theory. The consistency of early representational models as documented in attachment research has been well documented in this review (Crittenden, 1988; Egeland, Sroufe & Erikson, 1983; George & Main, Sroufe, 1991).

In the theory of attachment then, the model of self is distinguished from the model of self in relation to others. Whereas the self in relation to others is a socialized self, who has adapted to a caregiving environment; the self model reflects a self that is reflective of the original capacities, and authentic experience of the child.

Stern (1985) defines a core sense of self that first becomes apparent at three months of age and is organized around experiences with the body in relationship with a significant other. Bretherton and Beeghly (1982) suggest that in infancy there is a sense of body self that is implicit in behaviour. Stern notes that the subjective sense of self begins to emerge

around nine months of age when the infant develops a capacity to share attentional and affective states. Bretherton and Beeghly further suggest that at 18 - 24 months of age, the self of the child normally becomes increasingly observable within play and language.

Sroufe (1991) describes the self as an inner organization of attitude, expectation, and meaning which arise from an organized caregiving matrix that exists prior to the emergence of the self, and which has organizational significance for ongoing adaptation and experience.

Lynch and Cicchetti (1991) summarize that the representational model of self is developed through relationship with primary caretaker. Internal representational models may be the mechanism for continuity between self-organization and relationships with others. For each model of relationship, there is a complimentary model of self.

Guidano (1987) explains that the infant is born with built in emotional responses, that are by nature diffuse, chaotic and not easy to decode or control. Over time feelings acquire structural connotations with related perceptions, actions, and response patterns, labeled emotional schemata. Emotional schemata are described as the "structural configuration in memory representation that act as a pattern against which the ongoing sensory inflow is compared and made meaningful. In infancy, it is the dynamic interplay between child and caregiver that provides the initial structuring of fundamental emotions and, therefore the initial patterns for self perception. Repetitive

experiences with the caregiver provide the foundations of early emotional schemata.

He further explains that by the early preschool year, children accumulate a number of what he describes as critical affectively laden nuclear scenes that form a child's early rudimentary conceptualization of self. He notes that the experiences that go into making this aspect of self definition tend to be repetitive emotionally laden interactions with primary caretakers.

It appears from a variety of literature that when the early caregiving experience is attentive, responsive, and supportive of the natural gifts, needs, and disposition of the growing infant, the model of self is very similar to the model of self in relation to others. If the caregiver / infant relationship reflects the true needs of the infant, rather than the problems of the caretaker, then the relational model reflects the infant's needs and reality.

There is little doubt that the final word on the development of the self is still to emerge. There is wide support for the import of the role of the early caretaker in significant aspects of self development. There are also notable data to support the view that the perception of self may alter significantly with cognitive development.

The Projected Images of Self

The Stories of maltreated children

A number of studies compare the stories that maltreated children tell to those told by their well cared for peers. Dean, Malik, Richard and Stringer (1986) asked maltreated and non maltreated children to tell stories about kindness and unkindness in a variety of relationship categories. They found that young maltreated children, between the ages of six and eight frequently told stories about parents being justified in hurting their children. In relation to peers, these same maltreated children told more stories depicting physical aggression than did the non maltreated control group.

Hanna (1991) discovered that the stories of sexually abused children could be distinguished from their peers by the presence of sexual content, anger, aggression and depression. Physically abused children's stories were distinctive because of the amount of difficulties in mother-child relationships.

In a more recent study McCrone, Egeland, Kalkoske and Carlson (1994) gave sixth grade children a projective story telling task as part of their longitudinal study of high-risk children. Forty three of these children had been identified as having been maltreated at an earlier time. The study found that maltreated children told distinctively different stories from those who were well treated. Maltreated children's stories tended to have high incidence of victimization, negative relationships, aggression, poor boundary maintenance and preoccupation with troubling themes and emotions.

In general this research demonstrates that stories of maltreated children tend to be qualitatively different from their

sensitively raised counterparts. Further there is beginning evidence that these children's stories at least in part mirror elements of their experiences with family and peers.

Literature Related to Methodological Issues

Currently, the attachment literature has relied primarily upon quantitative research to relate Bowlby's (1986) attachment concepts to the issues surrounding the impact of maltreatment upon the child. Standardized research tools such as the Strange Situation (Ainsworth, 1978) and the Adult Attachment Questionnaire (Main & Goldwyn, 1984) validate that early attachment patterns can persist into childhood and later into parenting relationships, unless other consistent and supportive relationships alter these patterns (George & Main, 1979; Troy & Sroufe, 1987). What is lacking in this research are the details of how and when such relationships alter an individual's pattern of relating. More specifically there is a dearth of research documenting the impact specifically of the therapeutic relationship upon either the insecurely attached individual or the maltreated individual.

Studies Examining Internal Models in Children

A number of studies have sought to test out a variety of external measures for identifying and classifying children's internal working models and/or schemata. Main, Kaplan & Cassidy (1985) sought to determine six year olds attachment classifications by their response to a series of separation pictures. they found that secure children smiled at the picture

and commented on it while insecure children turned away from the photo, dropped it, or handed it to the examiner. Cassidy (1990) used puppet interviews and a story completion task to determine the child's view of self in the attachment relationship. Again, this researcher found a clear difference in how securely attached children represented themselves from those that were insecurely attached. She was also able to find a significant correlation between the child's self concept as measured in the puppet interview and doll story with standardized self concept measures. It appears from these studies that careful or structured observations of children's responses can help to differentiate a variety of ways of viewing self and the world.

Play Therapy Process Research

Despite the fact that play therapy has been the treatment of choice for many prominent theorists and therapists since the 1940's (Axline, 1969; Klein, 1975; Landreth, 1982; Moustakas, 1955), there is still a relative dearth of useful play therapy process research. Tramontana and Sherrets (1983) discuss some of the problems specific to documenting therapeutic impact upon children over time. They note that maturation and development alone may change the manner in which children manifest personality traits and symptom formation. They also cite the profound impact that family, school and environment have upon the functioning of the child. These certainly are important cautions and lend added credence to the need for detailed documentation of the context within which the child lives during the research. I

would also note that the detailed documentation of the Minnesota longitudinal study of high risk children (Sroufe, 1991) gives us fair certainty as to the consistency of behavioral and relationship patterns exhibited by non-treated abused children. Indeed this careful documentation in many ways negates the need for a control group, and allows us to focus, in this study, upon the change within each child over the course of therapy.

Moustakas (1955b) was one of the earliest theorists to attempt to differentiate the play of maladjusted children from that of well adjusted children. He developed ten different categories of negative affect which encompassed various qualities of anxiety, regression and hostility. In observing the two groups containing nine children each, he found that the disturbed children demonstrated a greater frequency and intensity of play that exhibited a) diffuse hostility; b) hostility toward family and home; and c) cleanliness and orderliness anxiety. The disturbed children were also more likely to show regression in development during their play.

Howe and Silvern (1981) developed the Play Therapy Observation Instrument (PTOI) as a generic instrument for following the process of play therapy sessions. An attempt was made to include behaviours which were representative of concepts common to most theoretical schools of play therapy. From an extensive review of play therapy theorists, they chose four broad behavioral dimensions including 31 discrete behaviours. Their broad categories included: a) emotional discomfort, b) social competence, c) maladaptive coping strategies, and d) fantasy play.

They tested the usefulness of their instrument using raters who coded 76 12-minute sessions drawn from 20 different videotaped play therapy sessions. Analysis of their data demonstrated a number of important conclusions concerning the play therapy process. First they found that two categories of behaviours clustered with other indicators of emotional discomfort. These were "frequency of play expressive of conflict" and "frequency of talk about worries and feelings". Secondly they found that there was no correlation between fantasy play and maladjustment, unless this play was "expressive of conflict". In general they concluded that it was indeed possible to operationalize, code and measure theoretically important aspects of children's playroom behaviour.

Perry (1988) also used the Play Therapy Observation Instrument, this time to compare the play behaviour of 15 well adjusted and 15 maladjusted children. Each child was observed during an initial play session lasting 36 minutes. Analysis showed that the items on the subscale of emotional discomfort clearly discriminated adjusted from maladjusted children. This category specifically measures therapist and child interaction and may be helpful in guiding the coding for this particular study.

Without documenting the source of his theory, Moustakas (1955a) also described the stages that the child was going through during the course of therapy. He described six stages of emotional process demonstrated by the child over 24 weeks of therapy. The stages included: a) undifferentiated and ill defined positive and negative feelings; b) the emergence of focused

positive and negative feeling relating to parents, siblings and others; c) ambivalent feelings toward others; d) negative feeling as primary focus; e) ambivalent negative and positive feelings predominating in therapy; and finally toward the end of therapy f) positive feeling predominating in therapy.

Allan (1988) described three stages that children go through when a non-directive approach to serial case drawings is employed. In two case studies he documented the transformation in each child's drawings and affect. Like Moustakas' stages, there was no clear documentation of the change manifested by the children outside of the session. As with much of the play therapy literature, we are still left with questions as to how the progress of the child in therapy translates or corresponds to behaviour and coping outside of therapy.

Play Therapy Outcome Research

Hannah (1986) sought to document the impact of play therapy on behaviour outside of the classroom. His study followed ten children who were referred to play therapy because of acting out behaviour in the classroom. The children received play therapy from graduate students being trained in a client centered approach to therapy. Each of the nine subjects had a single specific behaviour monitored in the classroom setting to determine change over the 11 week time period.

Using a Box-Jenkins technique of data analysis, Hannah concluded that the children demonstrated positive and significant change in their targeted behaviours as a result of play therapy.

Despite this convincing statistical conclusion, teachers agreed with this conclusion of positive change in only 17% of the cases. Parents concurred with positive change in 50% of cases. Such discrepancy in findings may be a result of a number of factors common to therapeutic research. Children's behaviour is complex and often context dependent. It is unlikely that the tracking of one behaviour, without including context, will adequately measure important changes in a child. Secondly, there is considerable risk in utilizing different therapists, with widely divergent approaches and experience to prove efficacy of play therapy in general. Finally, the validity of findings is certainly enhanced when there is agreement between a number of sources of assessment.

Perez (1987) was one of the few researchers who specifically measured therapy outcome for abused children. He divided 55 four to nine year old maltreated children into three treatment groups. Eighteen of the children were involved in individual play therapy, 21 in group play therapy and 16 in the control group remained on the wait list. He administered two tests, one measuring locus of control, the other primary self concept, to the children before and after the 12 weeks of therapy. He found no significant difference between the outcome of children in group therapy and those in individual therapy. He found that both therapy groups showed significant improvement in scores on both scales, in comparison to the control group in which no improvement was demonstrated.

This research is an example of the use of simplistic measures used to analyze complex processes. In looking carefully

at the two measurement scales used, the questions asked have little to do with what the literature and clinical experience supports as the child's response to or experience of abuse.

In conclusion, plotting authentic and credible progress and outcome of a child in play therapy is a complex task requiring attention to great detail in relation to the child's behaviour within and outside of the context of therapy. For findings to be valid, there are a number of safeguards that the researcher might employ. First, having a single therapist, seeing all children within the study, could decrease the likelihood of therapeutic variables (rather than actual change in the child) impacting outcome. Secondly, detailed study of each child's behaviour, both within therapy and within the outer world, would ensure that the measurement of change is real and not just a measure of reductionistic convenience for the researcher. Finally, if the child's progress in the "real world" is assessed by a variety of people or sources of measurement, the resultant conclusions would be more credible. It seems that to obtain the depth and breadth of information that would provide real insight into the change process, qualitative methods in the tradition of field (naturalistic) research are the logical conclusion.

CHAPTER III

METHODOLOGY

I became interested in the research questions posed in this study during my work as a play therapist in one of the inner city elementary schools. A number of the most troubled children who were referred to me had experienced early maltreatment and subsequent separation from their primary caretakers during the first two years of life. Not surprisingly with such histories, their behavioural presentations were similar to those children labeled as insecurely attached in the attachment focused maltreatment literature.

As I provided non directive play therapy to these "original" maltreated children, I noticed a number of patterns of change that were best explained by the attachment literature. Though, like most traumatized children, these youngsters used the play therapy time to externalize and process trauma, a great deal of time was also spent playing out what seemed to be missed developmental experiences. Within the subtle interactional dance between child and therapist, the children also appeared to be testing, and then reworking old attachment models. Additionally there seemed to be a concurrent process of reworking certain developmental tasks. On the surface, these patterns were complex and multifaceted, and I knew that without detailed analysis, would remain tantalizing but unclear. I began searching for a methodology that would facilitate my enquiry. It soon became clear that the more reductionistic methods of quantitative analysis would result in a loss of rich detail. Qualitative case

study methods of research and analysis, with their "thick description", seemed the appropriate method of choice for understanding this intricate emotional and social process of change.

Qualitative analysis and a multiple case study design were purported to be the most appropriate methodology for studying and clarifying complicated human and social processes (Lincoln & Guba, 1985). The case study approach allows for the empirical enquiry into a contemporary phenomenon within the context of the "real life" world of the subject (Yin, 1989). Case study was also deemed most useful when the boundaries between the phenomenon studied and the context therein were not entirely distinguishable. The process of change, over a significant portion of a child's life is just such a phenomenon.

Relevant Literature Review

A number of clinicians and theoretician have called for detailed observation of children's change process during therapy (Crittenden, 1992; Freud, 1957; Parsens, 1979). Freud (1957) pleaded for the legitimacy of direct child observation within the framework of psychoanalytic investigation. She suggested that children's surface behaviours provide clues to the conflicts and concerns hidden within the mind.

Donovan and McIntyre (1990) posit that a child's symptoms and behaviour contain within them the answer to the child's unexpressed needs. Likewise Kohut (1982) stated that the psychic organization of the individual is best explicated from the

position of participant observer. And finally Parsens (1979) suggests that the richest material for theory building has come through the process of direct participant observer observation.

In a metareview of child therapy research, Tramontana and Sherret (1983) criticized the experimental design of most research methodology. They noted that all too frequently, researchers used singular or gross measures as dependent variables, leaving an "all or nothing" quality to the outcome effect. Such measures were felt to be insensitive to both the complexities and subtleties of therapeutic change. These authors concluded that therapeutic change could best be assessed using multiple criteria obtained from varying sources measured over time.

Lazarus (1981) also argued for less emphasis on sheer numbers and more upon the process of therapy and the manner in which individuals interact within their environment. He criticized the traditional psychological trait scales that fragment both the individual as well as the results.

Bowlby himself was saddened by the lack of research relating the concepts of attachment theory to the therapeutic process. He felt that it was:

> a little unexpected that, whereas attachment theory was formulated by a clinician for use in the diagnosis and treatment of emotionally disturbed patients and families, its usage has been mainly to promote research in developmental psychology. While I welcome these findings as enormously extending our understanding of personality development and psychopathology, and thus as of the greatest clinical relevance, it has none the less been disappointing that clinicians have been slow to test the theory's uses. (Bowlby, 1988; pp. ix-x)

From my original observations with the children in the pilot study, I believed attachment theory to be a useful paradigm from which to pose the questions regarding the process of change of young maltreated children. I also believed that the naturalistic method of inquiry would allow the children's actions, pictures, and words to speak for themselves.

Naturalistic Research

Naturalistic research is described as involving time spent in the field with subjects as a participant observer. "The naturalist chooses to carry out research in the natural setting or context of the entity for which study is proposed, because naturalistic ontology suggests that realities are wholes that cannot be understood in isolation from their context" (Lincoln & Guba, 1985, p.35). This paradigm attempts to minimize the suppositions with which the researcher approaches the empirical environment. It encourages the participant observer to be acutely attuned to the natural world of the study context (Lofland & Lofland, 1984).

The naturalistic paradigm considers experience to be subjective, mutually interactive, and holistically complex (Lincoln & Guba, 1985). Part of the research strategy is to understand the human experience through immersion within it. This approach retains the meaning, and context of the subject's reality, thus providing rich insight into human behaviour (Guba & Lincoln, 1994). Extended immersion in the data allows for the natural and eventual emergence of themes and theory (Burgess, 1984), retaining the "discovery dimension of research".

Detailed observations and subsequent data analysis are used to generate new understanding or theory of the phenomenon being studied. Inductive reasoning is used in the analysis of data. As noted by McMillan & Schumaker:

> The researcher reflects on the findings for meaning about humans in general and links findings to more general social science theory. (It) provides an extension of understanding rather than generalizability. An understanding can provide a configuration of reasonable expectation which might be useful in similar situations (McMillan & Schumaker, 1989, p. 105).

The interpretation of data is accomplished through a process of data analysis and reduction. The answers to the study questions are found within the data, with analysis entailing a process of sorting and rearranging until the truth emerges. The final interpretation is a productive process that illuminates the multiple meanings of an event.(Miller & Crabtree, 1994).

Qualitative research values the voice and reality of the subject. The final text is written in a language that is clearly understandable to the general population. The text includes a "thick description" of its subject, enabling the reader to "live their way into the experience that has been described and interpreted" (Denzin, 1994).

Case Study Design

Case study methodology is appropriate when research goals and questions call for an intensity and depth of data collection over time. Baas and Brown (1973) make a distinction between research that is **extensive** and that which is **intensive** in nature. Whereas empirical psychological research has proceeded almost

exclusively along extensive lines (i.e. survey, large sample controlled), case study and qualitative research tends to be intensive in nature. The intensive approach focuses on an in-depth study of more subtle and detailed elements of a small number of subjects over time (Yin, 1989).

In case study research the focus is on the individual unit or entity. The nature of this method allows the study to capitalize and focus on the complexity of the problem or process, within the unique characteristics of each individual context. The full complexity of the process or situation can be studied because the natural situation is not greatly disturbed through artificially controlled conditions, intrusive assessment, or similar constraints of experimentation (Kazdin, 1982). The data is rich and complex, with "each individual case study consisting of a whole study in which convergent evidence is sought regarding facts and conclusions of the case. The conclusions of the case are then considered to be the information needing replication by other individual cases" (Yin, 1989, p.57). Using multiple cases adds to the credibility of theory derived from case study data.

The capacity to examine events over a period of time is an important advantage of this method. Description and analysis of real life detail enables the researcher to find the possible meaning within the elements and pattern of behaviour (Bas & Brown, 1973). The methodology further allows us to probe the specifics of one situation in depth with the hopes of finding illumination into the principals of human behaviour.

An instrumental case study is examined to provide insight into an issue or refinement of a theory. The choice of case is

made in order to advance understanding of that interest. The case researcher analyzes the case and tell the story so that the readers can learn on their own from the case.

> From case reports we learn both prepositional and experiential knowledge. Certain descriptions and assertions are assimilated by the reader into memory. When the researcher's narrative provides opportunity for vicarious experience, readers extend their memory of happenings (Stake, 1994, p.240)

Case study research has, since the time of Freud, been a backbone of psychological research and theory building. Kazdin (1980) notes that it allows the clinician/ researcher to remain in touch with the realities of clinical practice. Within the last three decades however, contemporary psychology has nearly abandoned case study, in favor of quantifiable group research (Rosenwald, 1988). Too often the results leave us with an understanding of the behaviour as related to the "mean" rather than the client.

Multiple case studies allow us, within the rich detail of the study modality, to extend findings and relationships beyond the idiosyncratic findings of one individual (Kazdin, 1980). Theory derived from multiple cases emerges through a process of conceptual refinement as successive cases are considered in relation to each other. Eventually there comes a time when the developing conceptual framework seems complete and the adding of subsequent cases unnecessary (Bromley, 1986).

Participant Observer

The position of researcher as participant observer is common to the naturalistic paradigm. When the objective of the research

is to study relationships there seems no more appropriate perspective than within the client/therapist relationship. This is especially true in therapeutic research. It would be difficult for an external observer to gain the depth of understanding that is possible from within the therapeutic relationship. (Kazdin, 1980).

The naturalistic paradigm sees the human observer as the most important instrument of research. Lincoln and Guba (1985) suggest that "there are compelling reasons for conducting inquiries in ways that maximize rather then minimize the investigators interactions. The quality of interaction must be good if an appropriate balance between factual theory ladenness and theoretical undetermination is to be found and maintained".

Overview of the Research Design

In this research, a multiple case study design was utilized to examine the process by which two children, who had been maltreated in the first two years of their life, changed and healed during twenty-five to twenty eight weeks of play therapy. The researcher functioned as a participant observer acting in the role of play therapist to both children. The role of therapist included the broad role of assessment, treatment and consultation with significant others. To these usual therapeutic functions, the task of collecting detailed school observations and teacher interviews was added. These provided the data from which generalization of change from therapy to the classroom setting were determined.

A naturalistic, field research model of data collection was utilized. Exhaustive data from the playroom, as well as the school setting was collected, transcribed, coded and analyzed to determine the patterns and processes by which each child healed. Each child's story and progress during therapy was analyzed as a single case. The patterns and processes by which both children changed were then compared in order to document the commonalties across cases. The commonalties amongst themes, patterns, and processes then lead to a connection of this process of change with literature from the theoretical areas: of (a) self; (b) attachment; (c) therapeutic theory; and (d) developmental psychopathology; (e) memory; and (f) trauma.

Description of Subjects

Three children were chosen to participate in the 25 weeks of play therapy. Two are presented in this document. Criteria for selection stipulated that:

1. The child's age was 5.0 to 7.5 years at the start of therapy
2. There was a history of maltreatment during the first two years of life, with maltreatment verified by either the parent, guardian, or the Ministry of Social Services.
3. The child attended the designated inner city school.
4. The child's parent or guardian was willing for the child to receive play therapy, to be videotaped, and to participate in the research.
5. There was no recent known acute trauma to the child that would dictate the use of a more directive therapy.

6. The child's teacher and parents were willing to complete essential forms and participate in 2-4 hours of interviewing during the course of the study.
7. The teacher would allow researcher or designate to observe periodically in the classroom.

The three children who met the above criteria were originally selected, treated, and observed within the classroom setting. All three showed significant change as determined by therapist assessment, classroom observations, and teacher interview. Only two of the children are actually presented in this thesis. This choice was made during the data analysis stage. There were a number of reasons for this decision. An important factor lay in the age and attachment differences of the three children. The two boys fell into the category of avoidant attachment, and the girl fell into the category of disorganized attachment. I believed that the analysis would be "cleaner" if there were even numbers in any given category. I had not expected that the type of insecure attachment classification would make a significant difference in the child's process of change. As it happened, although their overall patterns were similar, the process of change for the child with disorganized attachment was much more complex than that of the avoidantly attached child. In addition the choice to present only two children allowed for a more concise process of comparing and contrasting according to the two different attachment types.

Further, the two children who are described in this final document are both five years old, while the other child was seven and one half at the start of the study. In the initial design, I

believed this age range would be reasonable, and indeed it was. But with two children at one age, and the other being two years different, I believe it would have created an unnecessary point of confusion. And finally, the depth and volume of data that was relevant to the original question, even with just two children, was such that to study an additional child, would have necessarily resulted in a more shallow analysis and presentation of the data. I, and my advisors, opted for a greater depth of data presentation.

The two children presented in this multiple case study met all study criteria, were both five years old, and in their first year of kindergarten at the start of the study. Both attended the same inner city school and received play therapy over similar periods of the school year. The therapy spanned a period from the middle of the kindergarten year to the middle of the first grade year. Both saw the therapist for two sessions during the summer, in order to minimally sustain the therapeutic connection. In addition to the study criteria, both had lost their mother during their second year of life; one because of death, and the other because of permanent foster placement. Neither had received any therapy. Indeed the third child had also been removed from his mother's care at an early age. Though parental loss was not part of the criteria, it coincided with all children who met the study criteria in other ways.

Rationale for Subject Definition and Selection

The subject selection criteria fit the profile of the "pilot" children with whom I worked when I first began

contemplating the questions posed in this research study. These pilot children experienced maltreatment, and often subsequent separation from their primary caretaker during their first two years of life. Their histories were ones of chronic and early maltreatment, and their behaviour fit with those described in the attachment/maltreatment developmental research of insecurely attached children (Egeland, Sroufe and Erickson, 1983; Main and George, 1985; Main and Kaplan, 1985; Sroufe, 1991).

Classroom behavioural change for the two pilot children were significant. Teachers described an increase in self esteem, a greater concentration on school tasks, and an increase in social skills and contact with teachers and peers. On the surface the children seemed to move along a continuum from behaviour that fit Egeland, Sroufe, and colleagues' (1983, 1985, 1990, 1991) descriptions of insecurely attached children to behaviour closer to those of securely attached children. My intent in choosing the above criteria for selection was to replicate the basic characteristics displayed by the children with whom I first noted these patterns. My intent was to utilize a methodology that would allow me to explore the details of the above mentioned patterns.

Process of Subject Selection

The children selected for this research study were enrolled in kindergarten within the designated inner city school. Referral to therapy came from the area counsellor, in conjunction with the teacher and the school based team. I had initially notified the teachers and school based team of my research

criteria. Once potential children were suggested, the following steps were taken:

1. I observed the child within the classroom setting for the purpose of excluding any children with obvious sensory deficits, major psychiatric disorders, neurological, organic, or chromosomal disorders.
2. I briefly interviewed the teacher to confirm the child's history, presentation, and likelihood of remaining in the school during the study period.
3. The area counsellor then made the initial contact with the child's parents, providing general information about the proposed therapy and research opportunity.
4. I met with the parents, explained the research study, provided written information (Appendix A), obtained permission, and conducted the first interview.

Setting

The setting was an inner city elementary school that houses grades K through 5. The teachers and staff of this school were committed to creating an environment for the children that was supportive and safe for the children of the school. It is my belief that this outer world sense of safety was an important component to the kind of healing seen in this study. The teachers in this school were open to working cooperatively with me to create an optimal interpersonal atmosphere for the children.

The play therapy room is a small permanent room set up within the school. The small room doubles as the office of the

school's child care worker, who also offers play therapy. The walls are painted a warm white and the trim is painted a mellow turquoise which gives the room a lively fresh look. The ceiling is covered with a variety of decorations that create a look of playfulness and optimism. In the northeast corner, a parasol conceals much of the exit door. In the southeast corner hangs a butterfly kite, and the northwesterly corner holds a rainbow mobile. The childcare workers desk occupies the eastern end of the room and faces into the room. The video camera is mounted upon a tripod atop this desk. The room is fully equipped to meet the basic goals of play therapy.

The room contains six activity centers: (a) a cozy corner with dolls and puppets, (b) a sand tray with hundreds of symbolic miniatures, (c) a fully equipped doll house, (d) dress up clothes, (e) a snack table where crystals, and art material lie, and (f) a shelf with a variety of books, play food, cooking items, and medical equipment. The photographs below provide the reader with a glimpse of the play therapy space.

Figure 3.1 Playroom

Philosophy and Approach to Play Therapy

The play therapy approach used for this research can be described as child centered, attachment sensitive play therapy. The basic premise of the therapy is a belief in the health and healing power of the child's psyche. It is based on the premise that given a safe, consistent, and protected space, the child's psyche will know what he or she needs to do, within the room and relationship, to heal. This philosophical approach recognizes the importance of the relationship in the healing process. Through reflection, acceptance, and affirmation of the children's play and communication within the play therapy room, validation of their authentic affect, experience, and reality is given. The therapeutic atmosphere and therapist's attitude is planned to encourage the child to utilize his or her own skills, creativity, and intelligence. Neither an agenda, nor a preconceived direction are set by the therapist. In keeping with encouraging the strengths, and natural abilities of the child, the therapist does not offer help, nor participate in play unless it is at the specific request of the child. If such a request is made, the child's guidance is sought as to how to fill this role. Limits are few but consistent. The rules are that no one is allowed to hurt anyone or anything within the room. Children are also not allowed to take toys from the playroom.

The underlying philosophy is that the child will make optimal progress if important figures in his or her outer world are supported, and also supportive of the child. If the parent(s) are willing and able, consultation occurs on a monthly

basis, if not more frequently. If this is not possible, then another important adult in the child's life is sought as a support for them during the healing process. During the grade school years, communication with the school teacher facilitates additional support during a significant part of the child's waking hours.

With the children in this study, contact with the parents was generally via the telephone. I usually consulted with the teacher at least biweekly. My goals with the teachers included: (a) helping them understand which behaviour had an unconscious, internal origin; (b) giving them a language for naming the child's feelings and setting limits in a way that was not traumatizing to the child; and (c) helping the teacher see progress in the child, beneath the ongoing problems. Appendix C is a handout I give to teachers and child care workers who help traumatized children.

Ethical Considerations

The UBC Ethics Committee gave approval to this study in accordance with university guidelines for research using human subjects. The Vancouver School Board also gave permission for this study.

Informed consent (Appendix B) was obtained from the parent or legal guardian of each child. The consent was obtained after the research was explained to the guardian verbally and after they had read the consent form. Any questions or concerns were answered, before the parent was asked to sign the form.

All notes, videotapes, and observations of the children have remained confidential. They have been stored in a locked filing cabinet. The anonymity of the children and their families is maintained within this document by the use of pseudonyms and by masking any details that would in any way identify the child or family. Copies of the letter and consent form are in Appendix B.

Research Procedure

Each child received between 25 and 28 weeks of child centered play therapy from the researcher/play therapist. The therapist functioned as participant observer in the tradition of field research. The broad role of therapist included: (a) pre-therapy assessment of the child; (b) ongoing assessment of the child during therapy; (c) weekly play therapy while school was in progress; (d) ongoing consultation with parents and school personnel; and (e) post therapy evaluation of the child's progress and degree of change.

Data Collection

Data collection can be divided into two major categories. Specific data was collected from sources documenting the children's changes in the "outer world", such as the classroom and home. Sources for this outer world data collection included: (a) unstructured observations in the school setting; (b) teacher's completion of school observation forms; and (c) interviews with parents and school personnel. This "outer world" data collection occurred pretherapy, mid therapy, and post therapy. The second source of data came from the actual therapy

sessions. "In therapy" data sources included: (a) video recordings of all therapy sessions (with audio back up); (b) therapist field notes completed at the end of each session; and (c) the child's drawings, stories, and sandtray pictures from therapy.

Pretherapy and Post therapy Assessment Data

In order to document each individual child's observable change during the 25 weeks of play therapy the following data was collected both pre and post therapy. Selected categories were also assessed after 12 weeks as noted individually.

Interviews

Interviews with teachers, and relevant other school personnel documented the child's functioning in the interpersonal and learning environment of the classroom. These were semistructured interviews following the guidelines of Mishler (1987) in order to obtain a picture of the child and his or her behaviour, coping and concerns from the viewpoint of school personnel.

Parents or legal guardians were interviewed initially to obtain the child's history.

The School Observation Rating Scale

The School Observation Rating Scale Form (See Appendix B) was completed by the teacher pretreatment, at 12 weeks into treatment, and post treatment. This rating form allowed the teacher to describe the typical behaviour of the designated child

in eight different areas. For each area, the teacher chose one category that best described the child as he or she presented in the classroom. The teacher chose from six potential detailed descriptions of behaviour. The descriptors are numbered from one to six, with one representing the least adaptive behaviour and six the most adaptive. The scale was developed by Byron Egeland and colleagues and used in the Minnesota Longitudinal Study of High Risk Families (cited in Egeland, Kalkoske, Gottesman & Erickson, 1990).

Classroom Observations

Classroom observations by the researcher were carried out pre and mid therapy. A post therapy observation was made by a trained colleague, who debriefed the observation data immediately following with this author. This decision was made, because both children had evolved to the point of attachment with me by the post therapy session, and it was believed that my presence would have altered their behaviour within the classroom. The observations involved a running commentary of the child's behaviour, interactions with teachers and peers, self representation, ability to attend to classroom activities, affect, mood, and enthusiasm. Observations occurred during structured class activities as well as time spent in the less structured centre time. Observation periods were 20 to 40 minutes in length.

Projective Drawings

Projective drawings were requested at the beginning and end of therapy included a) the House-Tree-Person (Buck, 1959); b) Draw your Family (Main, 1986); and a Human Figure Drawing (Koppitz, 1968). These projective drawings have been found to be revealing of the child's perceptions and feelings about self, family, relationship with others, unresolved trauma, and health of the inner psyche (Allan, 1988; Buck, 1966; Furth, 1988; Main, 1985). These drawings add an intrapsychic component to the assessment process, supplying a multilayered picture of the child's changes. Other projective drawings were used periodically as a natural element of play therapy, and will be discussed and analyzed in the course of therapy.

Data Collection During Therapy

Transcription of Videotapes

The transcription of video tapes was an arduous, and at first confusing process. I initially viewed and reviewed the whole 25 to 28 tapes in order to determine which categories of verbalizations, play, and behaviours were important, and also changed over time. I discovered that minute detail to body alignment, facial expression, body posture, and voice tone were as important as the child's play and verbalizations.
All verbalizations were transcribed, along with the child's body position, play station, movement and context. Detailed

description of play actions were necessary in order to understand the holistic meaning of the play themes.

Case Notes and Memos

It is traditional for therapists to make notes after each play therapy session. My notes during this research project contained: (a) the child's behaviour and conversation on the way to therapy; (b) subjective overall changes seen in the child; (c) a general description of the key themes and interactions seen in therapy; (d) subjective notes on the child therapist relationship; and (e) any major changes in the child's life either at home or at school. Additionally, I used the top right hand corner of the page to record ongoing hunches, hypotheses and thoughts on the child's pattern of change. The left hand upper corner was reserved for comments from teachers, parents and other school personnel.

Children's Drawings

Like their play, children's projective drawings often speak of their inner fears, feelings, and traumas. Drawings were dated, transcribed, and analyzed as an integral part of the data. As mentioned above certain drawings were solicited at the beginning and again at the end of therapy in order to note changes in the children's representation of their inner and outer worlds.

The Research Diary

The research diary chronicled issues affecting the research, and decisions made along the way in regard to methodology and

data analysis. With each step taken, the rationale for adopting the step was also recorded. The research diary was only minimally used during the data collection stage (during therapy). Most memos were recorded in the therapeutic records. It was during the transcription, coding and analysis stages that the diary was an invaluable tool. The data for this study was so voluminous that I often felt overwhelmed by it. As each case was analyzed and written separately, spanning up to a year of time for the full scrutinization of each case, the research diary was essential for recording insights, thoughts and patterns, in an easily accessible location. As it was, I filled three research diaries, with the result that I had to create an index for each of these!!

Assuring Validity, Credibility and Truthfulness

Use of the naturalistic paradigm requires that the participant researcher be convinced both of the appropriateness of this approach to the research question, as well as be scrupulous in ensuring the credibility of the data and methodology used (Lincoln and Guba, 1985).

The naturalistic paradigm fits the research questions proposed for this study for a number of reasons. I was asking "what" and "how" questions. What is the process by which the child heals and changes during the process of play therapy? How does the change in therapy affect the child's functioning in his or her outer world?

I had no doubt that the methodology was appropriate for these questions when I began. I believed that only through

examination of the child's detailed work within play therapy could I find the answers. Though I had seen the connection between the pilot children's patterns, and the results of attachment research, I entered data coding and analysis with an open and curious mind. This attitude is the necessary stance from which to conduct qualitative analysis. It allows the data to speak for itself and for theory to emerge naturally from the data. I found however that when this stance is taken seriously, there are some serious drawbacks. When assuming this attitude I found that the truth, as demonstrated by the details of the child's words and pictures became so meaningful and important, that it was hard to move to the next step of data reduction and case "write up". With each examination and reordering of the data to examine patterns and processes, it seemed that yet another insight was made.

Triangulation

Validity and credibility were further ensured in a number of ways. First and perhaps most importantly, data was collected in a variety of ways and from a variety of sources (Triangulation). Since one of the questions asked whether positive change occurred in the child as a result of the therapy, it was essential that sources in addition to the therapist were used. Documentation of change was assessed through interviews with teachers and parents, as well as through school observation forms and projective drawings.

Peer Debriefing

During the process of coding and analysis of the actual play therapy sessions, I also utilized a number of impartial knowledgeable colleagues with whom I shared the data, my choice of codes, and ultimately my interpretations of the processes of change.

Confirming Accuracy of Portrayal With the Source

Because I was in frequent contact with teachers, I had the opportunity to confirm the accuracy of both my written summaries of interviews, as well as my observations regarding change within the classroom setting. This was especially important in the final stages when summarizing the overall changes exhibited by the child.

Ensuring Confirmability

Finally raw written data will be retained for future Confirmability and reference. This is not possible with the videotapes, as confidentiality requires that the videotapes be erased when the study is complete. But transcripts, field notes, research diary, and session notes can be retained and be available for examination.

Qualitative Data Analysis

Qualitative data analysis consisted of a process of reduction and transformation of massive amounts of data into meaningful units that could be simplified, processed, combined, compared, and ultimately understood. A number of methodological tools were used in this process of data analysis. Most have been

alluded to earlier, but will be briefly described in this section.

Overview of Data Reduction and Analysis

All data was transcribed into a word processing program, and then converted into files compatible with the Ethnograph computer program. This program created a system for coding, and later sorting data according to single or multiple codes. Once data was transcribed, the hard copies were read and reread to determine, those behaviours and themes that not only persisted, but transformed over time. Each piece of data was then coded using codes that were child specific. Lea's data was much more complex than Gunther's, initially containing 93 different codes. In contrast, Gunther's data was coded with 42 different code words.

As each therapy session was transcribed and coded, the videotape of that session was then reviewed to determine accuracy of the coding, and of the transcription. This was especially necessary in the areas of non verbal, and affective descriptors. Upon completion of coding, a summary of each session and its codes was added to the hard copy. A similar synopsis was also made on a sticky "post it" note and attached to a flow chart on the wall. Eventually, photographs of each child's art work and sand trays were also added to this wall time line, so that a visual picture of the images of change over this lengthy time period could be achieved without sorting through the transcripts of 25 to 28 therapy sessions.

This visual time line was an essential tool for maintaining a sense of the "larger picture" while being necessarily immersed in the details. The general process of data analysis involved a movement from:

1. The initial intuitive sense of each session, and the gestalt of the therapeutic change process to;
2. A focus on data codes and how the details within each showed patterns of change over time, to;
3. A general understanding of the patterns by which behaviour, grouped within broader categories, changed over time, to;
4. Reconstructing this detailed knowledge into a more holistic understanding of the stages within the process of change for each child, and
5. Finally relating these patterns to the relevant theory and research in order to understand the internal process of change.

Coding of Data

Coding was the primary mode of data reduction and analysis. A code is an "abbreviation or symbol applied to a segment of words - often a sentence or paragraph of field notes - in order to classify the words" (Miles & Huberman, 1989, p.56). Most codes were obvious, once the transcriptions were read and areas of change over time were determined. In addition, codes also arose from a relationship between elements of transformation and the key concepts, questions, attachment categories of the research questions. By applying codes to given behaviour, interaction, dialogue, and interpretations of art or play, I was able to ultimately recognize, retrieve, and cluster segments of the data

as they related to given hypotheses, concepts or themes. The separation and clustering of data units created the essential foundation for data analysis. Displaying or organizing each cluster along a time continuum allowed me to relate changes to the process of therapy and other events in the child's life.

Marginal Reflective Comments

As segments of data, derived from transcripts or field notes, were coded using the left hand margin, ongoing reflective remarks were noted in the right hand margin. These remarks were a way for me to document fleeting thoughts, insights, and preanalytic connections. They also allowed me to in the beginning, recognize major changes in any broad category, initially noting tentative movement into the next stage of therapy.

Summary

The questions asked in this research study naturally lead to the selection of a multiple case study design. The complexity of the research questions dictated a complex mode of data collection spanning many weeks of therapy. The naturalistic method of inquiry allowed the researcher to enter the detailed and complex world of the maltreated child, in order to document the process and impact of treatment, without creating artificial constraints upon the child's reality.

Because the researcher acted as therapist/ participant/ observer, the need to ensure validity and truthfulness of the data was essential. Triangulation of data collection and peer

consultation and review were a number of methods for ensuring credibility of the protocol and results.

Data collected through interview, observation, and a school rating form provided mechanisms for documenting change in the child's world outside of therapy. Videotapes of therapy sessions, case notes, and the children's drawings provided the data for documenting the process of change within the play therapy sessions. Methods of coding, memoing, time line wall charts, and marginal remarks facilitated data reduction. Once data was reduced into meaningful clusters, placing such data along natural continua, and analyzing how changes occurred over time for each child assisted in the final case analysis process. Each child's change process was initially analyzed as an isolated case. Once each case was examined separately, commonalties across cases were noted, and related to relevant theory, research and my own clinical practice. The ultimate conclusions of the case analysis and reconstruction result in a more detailed understanding of the patterns of change during therapy of children who were maltreated, and experienced maternal loss during the first two years of their lives. The process by which the children changed also provides the beginnings of a more cohesive theory into the impact of play therapy upon: (a) the structure of a child's internal working models; (b) the child's developmental pathway; (c) the child's memory and defensive structures; and (d) the structure of the self of the child.

CHAPTER IV

CASE 1: GUNTHER

Overview and History

Gunther was a five year old boy who demonstrated significant changes over the course of his 26 sessions of play therapy. These changes were evident both in his ability to present and graphically portray a more coherent and cohesive self to the world, as well as in his ability to tolerate and participate in the complex social milieu of school. Changes during therapy were subtle, complex and yet over time significant.

Reasons for Referral and School Concerns

Gunther was referred for play therapy by the school based team of his elementary school three months after starting kindergarten. His family was well known to school personnel as an older sister Ilse had attended the same school for the last two years. Concerns for this young boy included: a) his emotional fragility; b) an inability to comply with simple rules of the classroom; c) a profound inability to focus and attend within class; and d) a pervasive expression of sadness and anxiety.

Research observation of Gunther in both the classroom and the playground settings corroborated the school's concern. The initial impression was one of hypervigilance, anxiety, and dissociation, both from parts of himself as well as from the animate and inanimate environment of the school. His eyes consistently appeared to be blank and unfocused, or at least focused inward. Though his facial expression was not unpleasant,

it was generally unresponsive to the activities and people around him. Even during non-demanding activities such as attending a Valentines party and playing on the jungle gym, Gunther showed no ability to interact with other children. He also showed a marked avoidance of adults, approaching them with eyes lowered, body aligned obliquely, and with no evidence of spontaneous verbalization. When he was directed or reprimanded by an adult he tended to either freeze or decompensate. He was reported to cry, or cling to his sister Ilse when asked to perform a variety of tasks within the classroom setting.

Family History and Concerns

Gunther is the second of three children of a single mother. Each of the three children has a different father. His mother was in an abusive relationship with his father during the first 12 months of Gunther's life. Both parents also abused drugs and alcohol. Gunther and his older sister were removed from parental care due to profound neglect and abandonment when he was 12 months old. They resided in foster care for approximately 8 months, at which time the current caretaker (a great aunt) visited them and found them to be malnourished, bruised and dirty. She applied for custody of the children, through the Ministry of Social Services, and has cared for them continuously since that time. At a later time, she also applied for, and obtained custody of the third child, a baby sister, directly after her birth.

This great aunt was 65 years old at the onset of Gunther's therapy. She provided for the children financially through a

combination of social assistance and an old age pension. She was seen walking as far as four kilometers to the food bank with the children in order to meet their basic needs for adequate food. She baked her own bread and cookies and patched their clothes. They were always seen to be clean, well nourished and adequately dressed in school. Though auntie was known to have problems with alcohol, this did not appear to effect her ability to physically care for the children.

While residing in the three different homes in which school personnel visited, Gunther was always known to have his bedroom in the basement, separated from the rest of the family. During a variety of visits, over the therapeutic term, I found this little boy to be generally ignored by the auntie and other adults in his life. There seemed however to be a strong bond between Gunther and his sister Ilse. She often spoke for him, played with him, and generally "kept him under her wing". I further observed that the youngest girl Heidi was clearly favoured both by the auntie, and by the mother, during her infrequent visits. Ilse, the oldest child, who was seven at the onset of therapy, was seen to play a significant caretaking role of both her siblings and of the great aunt.

School personnel reported one incidence of violence, two years earlier in which a man was shot in this family's home. During Gunther's fourth year of life, he had a dog named Kirby who was given to the children by mother on one of her infrequent visits. Gunther spent many of his waking hours with Kirby, who also slept in his room. Auntie "got rid of Kirby" after three

months of trying to cope with the increased work load and mess created by this over active puppy.

Auntie was understandably vague about Gunther's developmental history. She remembers that he walked after he was one year of age, was slow to verbalize (after two and one half), and late in being potty trained (three years). Her only concern at outset of therapy was that "his grammar was bad". She described him as being a "good, quiet child who liked to spend time in his room". This overworked aunt was very clear, from the beginning, that Gunther could come to play therapy, but that she wanted no part of it. She was equally reticent to become involved with school personnel. She attended no parent teacher conferences, nor any school activities.

Initial Observations and Teacher Interview

The initial teacher interview and classroom assessment were conducted in February six weeks into Gunther's kindergarten experience. Assessment included the (a) teacher interview, (b) teacher completion of the School Observation Form (Egeland, 1991; see appendix A), and (c) researcher observation in the classroom.

Teacher Interview and School Observation Form

Gunther's class is part of a large open area that is home to two classes, two teachers, and forty-two children ranging from kindergarten to grade two. His older sister Ilse attends grade one, also within this open area. She is officially under the direction of one teacher, and he another. The two classes have

separate circle time, and guided lessons, but share the same learning centers, and many of the same non academic activities.

Gunther's teacher reports that he has been slower to adapt to kindergarten than other children his age. Her main concerns revolve around his crying, anxiety, non compliance, and tendency to depend upon his sister. The teacher reports that whenever there is unstructured time or when Gunther is asked to do something he dislikes (such as cleaning up), he cries and clings to Ilse. The teacher is also concerned because he does not respond to her efforts at comfort and support, and therefore puts undue pressure on his already vulnerable sister. She reports that "at recess he doesn't hang around with kids his own age, he just tags along with Ilse." Within the classroom "he is always looking to see where she is".

In relation to peers, the teacher describes Gunther as "having no apparent friends", and "at best being tolerated by others. I think he puts them off because he cries so much". The teacher explains that she has children in her class who are more trouble than Gunther because of their aggressiveness, "but they still make friends. He just isn't able to make friends." She reports that he "only occasionally connects with others in appropriate social interaction, but usually only in a carefully structured social situation or with clear guidance from an adult." Otherwise, at recess he tends to hang out on the periphery of Ilse and her friends.

Gunther is further described as being highly anxious, "spacey" much of the time, and seldom focusing on classroom activities. He frequently goes along with what the class is

doing, but neither pays attention nor actively participates. Instead, his focus is either turned inward or absorbed in keeping track of Ilse. The teacher reports that Gunther will listen to stories, but when asked to do structured tasks, "he is often not able to follow the directions, and if we push at all he cries. During the activities he is distracted more than not...and yet he is a nice little boy."

Initial Researcher Observations

The teacher's description fits with my own assessment of this little boy. Initial observations occur during a Valentines day party, buddy reading, and a playground vignette.

My first glimpse of Gunther is during a Valentine party in the classroom. It is the end of the day after all children have given valentines to each other child in the classroom. The entire class is sitting in a tight circle, waiting for their Valentine cake and drinks. There is a din of pleasant noise, as most children chat with each other, or watch the teachers as they prepare the treats. Some children are kneeling, others squatting, while most sit cross legged. Gunther is sitting between two girls, neither of whom initiate interaction with him. One little girl is watching the teacher, while the other is engaged in intense conversation with her friend.

Gunther appears to be in a world of his own. His eyes are blank, with no apparent focus on the classroom around him, other than occasional attention to the teacher as she gives instructions. He assumes a variety of positions, including one in which he lies on his back, staring at his hands, while his

legs wave in the air. This latter position lasts for about five minutes. He again resumes a cross legged stance, with his head bent toward his lap, as the "helpers" distribute the treats. He is mouthing something to himself as he looks at his hands, again lost in his own world. He does not immediately respond, when the helper holds the plate in front of him, so the child beside him nudges him. Gunther looks up, takes a piece distractedly, without any apparent assessment of which is the biggest or gooiest. He gives the helper a sideways glance but says nothing.

When all the children have eaten their treats, the teacher moves to the outside of the circle and asks for the children's' attention. Gunther looks up at her when she informs them that those who are sitting properly will be able to leave first. He maintains a quiet, cross legged sitting position, with head down, and again plays with his fingers. He directs an occasional sideways glance at the teacher, but no eye contact. Though he sits as quietly as any other child, the teacher does not call his name until the end when she is dismissing the disruptive children. He waits until he is called, showing no anxiety, interest or impatience. When the teacher finally calls him, he gets up and obediently stands in line to get his notice. As his turn arrives, he approaches the teacher with his body aligned to hers at a 45 degree angle, glancing at her periodically. He takes his paper with an oblique glance at her and no comment.

The second observation takes place during buddy reading. Gunther and two other five year olds are paired with two older boys. One of the older boys is reading a book appropriate to the kindergarten reading level. He is reading in a silly ,

condescending manner, frequently glancing at his age mate, while both "crack up". The younger children remain uninvolved, certainly not joining in the laughter. Gunther's eyes are vacant, and unfocused. He keeps his head down during the entire session, displaying an occasional half smile. At no time does he look at the other children nor interact with them. He periodically plays with his fingers or clothing.

When the teacher announces that buddy reading is over, the other children disperse and Gunther remains sitting. He suddenly looks up, makes brief eye contact with me and says "who are you", then looks beyond me, seeming not to listen to my answer. When he is called to center time, he leaves my presence without further contact or conversation.

The last observation takes place during recess time. He is on the monkey bars with three other boys. One child falls off the bar, as Gunther swings back and forth, holding onto a vertical post. He seems unresponsive to the fallen child's plight, as the boy lies crying on the ground below him. The hurt child dusts himself off and approaches the supervision aide, pointing in Gunther's direction. She calls Gunther, as well as two other boys over to her. The aide says "John says that someone pushed him. Did any of you push him? I need to know what happened." All three boys look blank. She asks again as she looks at them pointedly. The other two say "I don't know". Gunther says nothing, and puts his coat over his head moving it up and down over his face. With an exasperated sigh she says "if none of you know, then you should all say 'sorry', John is upset and he has been hurt."

The other two boys say "sorry" in reluctant and insincere ways, as they look briefly at John. Gunther keeps his coat over his head. The aide pulls the coat down and again instructs him to say "sorry". He looks down at the ground and whispers "sorry". The bell rings and they all go in for recess.

To summarize, Gunther's presentation in the classroom and on the playground corresponds closely with the teacher's report. The most striking characteristic is his disconnection from the people and activities around him. His activities are predominantly passive and seem almost autistic in nature, as he plucks at his clothes, and focuses more on his own body parts than his environment. He is able to follow commands from adult authorities, and cues from other children, but remains predominantly distant, avoidant, and with no sign of affect or empathy. The one instance in which he is challenged, his response is to maintain a stubborn stance of non engagement. It is interesting to note that, when he is not causing trouble, he is almost universally ignored by those around him. There is an overwhelming sense of this boy being "the forgotten child."

Tracking the Process of Change and Healing During Therapy

This section documents Gunther's process of change and healing over the course of a year, spanning twenty five sessions, of therapy. Three stages of therapy will be described. Descriptions and discussion within each stage will be categorized under the broad headings of (a) child-therapist interaction, (b) self presentation, and (c) play and art themes. Relevant

description of environmental factors, behavioral change within the classroom, and teacher comments will also be examined within each therapeutic stage.

Gunther demonstrated profound change and healing over the course of therapy. This change was evident both in the play therapy milieu as well as within the classroom setting. Change occurring in therapy tended to generalize to the classroom setting, approximately 10 to 14 weeks later. Gunther initially used therapy as an opportunity to experience new ways of trusting and connecting within close relationships. In later sessions he used the safety and affirmation of the therapeutic relationship to: (a) develop social skills; (b) build ego resilience; and (c) work through a variety of painful and traumatic experiences in his past and present life.

Over the course of therapy, this child progressed from an original interactional stance that was profoundly anxious and avoidant to one that showed the beginnings of appropriate interactive sociability. He further moved from a state of being entirely dependent upon his sister Ilse for any conscious direction and identity in his outer world, to showing autonomous initiative and creativity with both peers and teachers.

Once this small boy learned to function on his own, and to begin to trust, he was able to utilize the therapeutic space to externalize and work through his painful experiences of rejection, neglect and fear within caretaking relationships. It is my conclusion that the growth shown by this young boy over this year of therapy launched him onto a healthier developmental pathway.

This section will use descriptions and analysis of Gunther's play themes, artwork, verbalizations, and interactional style in order to chronicle his transformation over the 25 weeks of therapy. The three stages of therapy are somewhat artificial. Change is indeed incremental, gradual and often spiral in nature. The reader will note however that there are key sessions that mark significant turning points, catapulting the child into a new stage and a significantly different way of behaving and/or processing. Movement into a new stage tends to reflect a major alteration either in the child's interactional style, developmental level, or play themes.

The Initial Stage of Play Therapy (Sessions 1-7)

Overview

The initial stage of play therapy spans sessions one through seven. Gunther's dominant presentation is that of an avoidant, anxious and reactive child. Initially, he seems exclusively focused upon the inanimate objects of the playroom, moving rapidly from one item to the next, never stopping long enough to develop any one play theme in depth. His dominant stance is one that avoids direct contact with me in all aspects of interaction. His body is generally turned away, his head is flexed downward, and his eyes are averted. If I initiate interaction with him, his typical response is to retreat to the far side of the room. Concurrently, he is also avoidant of most discussions about self, family or relationships. His few comments about family convey a pervasive sense of avoidance and loss.

His demeanor is decidedly anxious, paradoxical and confusing. Though his smile seems fixed to his face and his voice is overbright, his play contains predominantly aggressive themes, with neutral to negative affect.

Gunther presents as a child who is developmentally delayed in the areas of speech, play, and social interactional patterns. Speech is often fragmented, incomplete in sentence structure, and lacks emotional descriptors. His play is more like the isolated play of the early toddler or late infant period, focusing primarily on inanimate objects. Further, the few times that he includes me in play, there is no awareness of my body boundaries. I am used more as an object than a person to interact with. Toward the end of the stage, the first remnant of

interactional play is a brief toddler like hide and seek sequence.

Whereas his surface self reveals little of the experience or substance of this boy, his pictures paradoxically reflect much of what we know about Gunther's history and situation. Although Gunther's play themes are brief and segmented, they convey a profound sense of vulnerability, isolation, confusion, and rejection by a mother figure. In addition, themes of loss, baby, mother and child, and dogs are prominent.

Manifestations of Self and Self in Relationship

Child Therapist Interaction Patterns

A young child brings to therapy, that mode of relating that he or she has learned through repetitive interaction with consistent caretaking figures. By carefully noting these interactional patterns, a therapist is often able to intuit what behaviours are acceptable at home, and even shaped by parents. Young children are dependent for survival upon the caretaking figure(s), and therefore over time adapt ways of relating designed to keep caregivers in close contact. When the parenting figure is also hurtful or neglectful, the child develops relationship specific behaviours that function to maintain connection with the caretaker, while at the same time remaining emotionally or physically safe.

During the early sessions of therapy, Gunther presents as profoundly anxious, avoidant, hypervigilant, and reactive while in interaction with me. He dons what appears to be a "false

self" or persona that seems designed to keep me "unconcerned", and/ or himself disengaged. This false self manifests as a brittle appearing, fixed, "happy face", accompanied by an overbright voice, and compulsively clean and tidy demeanor. At the same time there is a profoundly avoidant and reactive element to his interaction pattern. This section will document Gunther's unique ways of behaving with me. His interaction will be discussed under the sub headings of (a) body alignment and proximity; (b) anxiety; (c) and initiation of interaction. Discussion within each category will document the subtle ways this behaviour changes as Gunther slowly develops more trust in our relationship.

Body Alignment and Proximity Seeking. Gunther's typical early stance is one in which his body is turned away from mine. Most commonly, he plays or explores with his back to me, or angled away at a 90 to 180 degree angle. He seldomly approaches me; in fact most often, if I speak to him or come close to him, he moves to the other side of the room. When he must approach, he does so with body angled obliquely away from mine, head downward, and eyes averted.

From the fourth to the seventh session, Gunther begins to lower his defensive posture ever so gradually. His body alignment is now more often at a 45 to 90 degree angle in relation to me. Although his head remains flexed downward there are periodic glances in my direction. He also begins to risk the occasional and tentative approach, rather than the chronic pattern of retreat. At the same time , he begins momentary, indirect efforts at connection including requests for help and a

beginning parallel kind of play. Although his requests are still indirect, he begins to use interactive words. His first approach, coupled with a subtle invitation to play, occurs in the fourth session. Gunther had been making a sand scene. He picks up a small airplane, flies it past the ducks, then toward me, landing it on my head. He stands in front of me at a 60 degree angle, with the airplane in his hand:

> G: I like these. Do you like airplanes? (turns to face me directly).
>
> B: Yes. I like airplanes
>
> G: A helicopter. I had a helicopter, but it broke.
>
> B: It is sad when your toys break.
>
> G: (he puts the airplane in my hand and then turns away from me).
>
> B: Now we each have one. Thank you
>
> G: (He puts his in the water tray. I do the same. He takes his out. I do too. He then starts cleaning the wheels of his helicopter. I fly mine in the air but he keeps cleaning.)

During this interaction, I first mirror his play, and then extend it slightly to further the connection he has begun. These tentative gestures toward interaction continue for the rest of this stage. He also begins making equally indirect requests for help. For instance early in the sixth session, as he walks toward the snack table he says:

> G: Ilse always wants muffins, and she likes muffins too.
>
> B: Ilse likes muffins? Do you like muffins too?
>
> G: Yeah. Last time we had muffins (his head is up but he is talking to the wall in front of him.)
>
> B: Well today we have muffins too. They're here when you want them.

G: Oh. (finally looks at the snack table), what is this?

It is interesting, but not surprising, that Gunther uses the ego of his older sister Ilse in this round about request for his favorite snack. I would guess that at home this is a safer method, given that she is the more favored child.

Anxiety. Research discussing the physical presentation of maltreated children paints a picture of hypervigilance and anxiety, especially around adults (Kempe, 1987; Wolfe, 1987). In the classroom, Gunther's early anxiety takes the form of body stiffness, frequent crying episodes, and a tendency to cling to his sister Ilse. In the play therapy room, anxiety is manifested through a stiff body posture, avoidance of proximity, and an inability to stay focused on any toy or activity.

In fact, during the first four sessions Gunther seems a study in perpetual motion, jumping from one toy to the next, seldom remaining long enough to develop a true play theme. In addition he seems obsessed with orderliness and cleanliness in the play room. In his early research, Moustakas (1955b) discovered cleanliness and orderliness anxiety to be one of the factors that distinguished coping from non coping children. In the first session he states, "I don't like it messy" as he rearranges some disorderly playroom shelves. Later in that same session, he volunteers that, "In my bedroom I make everything cleaned up."

This compunction for keeping everything clean and orderly persists throughout the first 11 sessions. At times it appears that he concentrates more intensely on replacing the felt crayon cap in exactly the right way than he does in creating his pictures.

In the fourth session, Gunther is carefully arranging his sand scene. When he finds a hair in the sand box, all focus on his creation halts as, with an air of disgust, he shows it to me. Likewise, in the seventh session he terminates his play in the dollhouse when he finds a room in disarray saying "somebody has put this the wrong way". Again he stops all play until the room is arranged correctly. The clear impression is that messiness or disarray is anxiety provoking to him. It is possible that this behaviour represents a compensatory aspect of play. In other words, one might surmise that in the play therapy room, Gunther requires order and consistency to counteract his experience of inconsistency and incomprehensible chaos in his external world. Another interpretation might be that being clean and neat is a way that he maintains a safe relationship with his auntie in a one to one interaction at home.

Initiation of Interaction. This category documents the emerging ability to instigate interaction with me, as opposed to simply responding to my overtures. The ability to initiate interaction reflects both a child's working model of self in relation to others, as well as the model of self. From the viewpoint of the model of self, a child requires sufficient ego integration (or a strong enough persona), to be able to present a proposal for engagement with another person. Whether the child is able to follow through with, and sustain contact, also reflects the degree of confidence he or she has in the self.

From the viewpoint of the "self in relation to others", the degree of self that is risked in the initiation of interaction

appears directly related to the child's perception of the safety of the relationship, or of the "other".

Within the small confines of the play therapy room, where unoccupied floor space for moving is at best two meters square, interaction of some kind is unavoidable. Initially, the high volume and rapid pace of Gunther's interactional exchanges seem more a manifestation of his anxiety at being in such a small space with an adult, than a invitation to talk or play. During the first four sessions, his activity and verbalizations are unfocused, fast paced, and ever changing. He moves from one toy to another in the playroom, verbalizing briefly about each one, often without completing a thought or sentence. This chatter is constant, but seems directed to the walls or floor rather than to me.

In the early sessions, any interaction that Gunther initiates with me is through the medium of inanimate objects. Most verbalizations are in relation to toys. They are quick, disengaged verbalizations such as: "what is this for?"; "a tractor, car, one, two, three four of them"; "it's Santa Claus, a spider, this again, Yuk, I hate spiders". All are made while his face is turned away from me. The one exception involves a series of repetitive intrusive interactions during which Gunther abruptly brings toys to my eyes or nose. The majority of these toys are frightening objects such as spiders, monsters, or snakes. Occasionally they are gentle symbols such as a small baby or a dog with which the gesture is then accompanied by a kissing or slurping sound. Although the latter items appear on

the surface to be benign toys, they are in fact the same objects that also appear within his recurring trauma themes.

In relation to this repetitive play there are a number of interesting therapeutic interactions that appear to assist Gunther's movement from the early impulsive pattern to more appropriate interaction. The first occurs in session two after he finds a large toy spider and brings it to my eyes:

Th: He's trying to scare me again.

G: No.

Th: Then what is he doing? He's coming at my face. What should I do?

G: You have to try and kill them. These tarantulas make freezing, and then everybody's dead.

Th: So should I bat it off and step on him. (He had earlier said that this was what he did with the flies that got in his eyes at home)

G: Yeah. (tone relaxed)

When I offer this reply, Gunther shows a momentary relaxation response. There is a point of connection, as I link this gesture to his earlier explanation. For this brief instance he conveys a sense of feeling acknowledged and understood. The second scenario occurs in session three. He brings a monster to my eyes and makes slurping noises. Though Gunther faces me, his eyes are not engaged:

B: He's on my nose again biting it.

G: Kissing it.

B: I think the monster loves me and hates me.

G: No.

B: He tries to scare me and tries to kiss me.

G: Bye, bye. (As he takes the monster to my mouth and makes kissing noise. He then brings a centipede to my face who also makes kissing noises.)

B: The centipede kisses me but he is also trying to scare me away.

G: No

B: All of these scary things come up and kiss me, but they're scary and I don't know whether to like them or be scared of them.

G: Brings a monster to my face.

In both interactions, Gunther's words and gestures are paradoxical, while his emotions seem disconnected from the play. There is no sense of enthusiasm or engagement. Gunther's interactions appears to come from his unconscious rather than a conscious self. From a therapeutic sense, because his play is intrusive, repetitive and joyless, it appears to be a reenactment of trauma rather than an invitation to play. As the recipient of these gestures, I feel a sense of aggression and intrusiveness. This child is clearly crossing comfortable body boundaries for me. My response to him, when the repetitive pattern becomes clear, is therefore to speak from my feelings, assuming that they also reflect the feelings that he has experienced during the original traumatic experience.

This is a tentative kind of interpretation, acknowledging within the safety of his metaphor, what appears to be Gunther's feelings or experience of fear, intrusion, and questionable relationships. I am therefore speaking from an intuitive conclusion that he is continually confused by interactions within relationships that are supposed to be nurturing or protecting but are indeed frightening. Additionally in his relatively new experience of attending school, he is encountering new

relationships that look caring, and therefore paradoxically carry the threat of hurting him. Because, he stays with the activity, rather than disrupting his play in response to my comments, it is likely that he perceives them to be accurate and empathic.

Sessions four through seven mark a period in which intrusive gestures gradually diminish, and his invitations to engage in parallel play became more confident. The fourth session shows a beginning change toward a new mode of interaction. Gunther approaches me in a more conscious manner with a vague and tentative invitation to actually play. In the fourth session, he initiates brief play with the helicopter and airplane. By the sixth session, not only is he engaging in momentary parallel play, but he is also able to maintain short reciprocal conversations. Most conversations continue to be centered on inanimate objects. The following is typical of the momentary attempts at play and conversation that characterize this period:

> G: (Goes to the doll house and brings a small toy closet back in his hand. He stands in front of me as he takes the king's crown out of the closet.)
>
> B: The crown. You remembered where it was from last time.
>
> G: I was keeping it in there.
>
> B: Yes and you found it again in the closet.
>
> G: (Turns away from me and tries to put the crown on the king. Moves back facing me and says:) this is poking me.
>
> B: Yeah, its hard to get on. It hurts when you try to do it.
>
> G: (Keeps trying while I say this and then holds up his hand to show the marks on his hand from trying. He says) look at the dots.
>
> B: Yeah, it makes lots of dots on your hand.
>
> G: Like a face.

B: Yeah, it is shaped like a face.

G: (Hands the crown and king to me and turns to eat his snack while I put crown on the king)

B: (hands the "crowned" king back to him)

G: Where's the other one now? (Hands me the queen and he holds up the king).

B: Oh thank you.

G: Have to take them over here (he heads to the doll house).

B: O.K. and ones going to sit on the throne [reflecting his action of placing the king on the throne].

G: He has to sit there, another place, look at this, look at a shovel (becomes distracted and begins exploring the doll house). How do you work this anyway?

This vignette illustrates his emerging ability to momentarily maintain both play and conversation. He voluntarily begins a play theme in my presence and further seeks to engage me by handing me a specific character. He takes one step further then the previous example in that he also selects the house as a context in which we are to play. Once we are at the doll house however, he is easily distracted and at no time after that is he again focused enough to actually include me or my character in interactive play. Though he instigates activity and solicits my help in this scenario, it is of note that he does not risk doing either in a direct verbal way.

It is also important to note that Gunther is actually approaching me during the brief invitations to play, in contrast to his previous patterns of withdrawal. Despite this change in proximity seeking he continues to retain his stiff, closed posture, and flat affect until the eighth session.

Self Presentation During the Initial Stage of Therapy

The overwhelming impression during this early stage is of Gunther as a child whose self is defined more by his defenses than any conscious behaviour. He presents as anxious, unfocused, and avoidant of any conscious connection with myself, or with his past or present experiential world. His focus is on the inanimate objects of the playroom, but even within this medium, he is initially unable to attend to a play theme or conversational topic for more than seconds at a time. As the stage progresses he shows beginning movement towards more sustained play themes and brief connections with me.

This section will explore Gunther's self presentation and its progress over the first seven weeks of therapy. The categories of (a) ability to maintain focus; (b) synchrony of self presentation; (c) developmental level; (d) self related statements and (e) self related drawings have been chosen to illustrate the manifestations of self over the course of therapy.

Ability to Maintain Focus. The ability to maintain focus reflects the capacity of the conscious self to be in control of the child's concentration and direction. If the child is able to shut out superfluous external stimuli, he or she will be more able to attend and interact in a self directed manner. If inner feelings and thoughts can be stilled, then the child is able to interface in an intentional way with the world around him or her.

During the twenty-five weeks of therapy, Gunther makes significant change in his ability to focus. He progresses from the anxious hyperactivity of the first weeks, to highly focused

creative play themes lasting up to 20 minutes during the last weeks of therapy.

In the first therapy encounter, Gunther's attention to a given toy or topic lasts between two and twenty seconds, seldomly reaching a natural conclusion. The one exception occurs in the last few minutes of the session wherein he creates a short two minute scenario in the doll house.

The second and third sessions follow similar patterns with no focus or play lasting more than two minutes. In these two sessions much of the play and verbalizations are begun, and then terminate before a cohesive interaction occurs. The brief exceptions have been discussed previously. These entail moments of empathic connection between child and therapist.

The fourth session represents a clear shift when Gunther discovers the sand tray. He begins by sorting through baskets of toys on a table adjacent to the sandtray. Noticing multiples of certain categories, he begins placing them in groupings according to type in the sand. A pattern emerges as he identifies groupings of pigs, cows, cowboys, "arrowman" (Indians), superpower figures, and athletes. He painstakingly arranges these clusters in the sand during three separate concentrated periods lasting approximately two to four minutes each. He develops a pattern of

Figure 4.1
The Baby and Dog Surrounded

grouping a number of figures, followed by a play disruption in order to rummage or eat. At the end of the session, the groupings form a semicircle around an empty space. To this center, he adds a lone naked baby, who sits on a chair, accompanied by a dog. (Figure 4.1). The baby's back is to the majority of the figures and the dog is directly facing the baby. As the reader will discover, as Gunther's story unfolds, this scene sets the feeling tone for this little boy's isolated, unacknowledged plight in his world. As will be noted in the section on play themes, the baby and dog are recurrent characters in this child's play.

From this session onward, a significant shift occurs both in Gunther's ability to sustain focus, as well as to tolerate interaction with me. This pattern of adding to a scene in "fits and starts", completing it after three or four disruptions, continues as a pervasive pattern for the remainder of this stage.

Predominant Affect and Degree of Synchrony. During the initial attempts at coding Gunther's affect, it soon becomes apparent that both his presentation of self and affect are confusing and dyssynchronous. Though his voice, and many of his verbalizations seem on the surface to be cheerful and positive, his body is stiff and constricted, his eyes are devoid of feeling, and his play behaviours usually belie either a sense of fear or gestures of aggression. In addition, even when he is communicating within a seemingly friendly context; " I have one of these. Do you like puppies?", both his eyes and his body alignment convey a fear and defensiveness.

Gunther's play has an anxious, compulsive nature to it and his interactions portray a predominance of negative gestures, implying feelings of fear, anxiety, and aggression, with frequent elements of intrusive play directed at me. His most common gesture consists of bringing found toys directly to my eyes or nose, with concurrent slurping, kissing, or wiggling gestures. During these gestures, Gunther's body is stiff and aligned obliquely to me, his eyes are watchful or disconnected and his voice has an overly bright sound to it.

Such paradoxical behaviour predominates over approximately 95% of each of the first four sessions. Exceptions consist of brief moments when Gunther's presentation seems to relax, and show consistency. These occur most often within the context of small disclosures of fear, loss, or at times when he feels understood. Client centered therapeutic theory might characterize these moments as instances of advanced empathy. They seem to occur as a result of an accurate verbal or non verbal therapeutic response in relation to the metaphor of Gunther's play. Such a moment of synchrony of self happens during a brief interchange in session three, when Gunther finds a small rubber turtle:

G: (Finds a turtle on the shelf, starts to take it to the water tray but abruptly brings it to me).

B: a turtle

G: (walks the turtle up my leg then up my arm.)

B: (I turn my hand over slowly and open it)

G: (Places the turtle gently in my hand.) "don't squeeze it, just pet him."

B: you want me to hold him and take care of him.

G: Relaxed, momentary eye contact, gentle voice "yeah".

To me this interaction seems to be Gunther's metaphoric request that I respond gently and respectfully to him within our relationship. There is a hushed sense to this small interaction, as if this boy is indeed putting his trust in me and watching to see if I will honour it.

During sessions five, six, and seven, Gunther additionally shows synchronous behaviour during symbolic expressions of anger (punching the bop bag), or neediness (drinking from the baby bottle). Dyssynchrony is still evident in approximately 90% of his actions. Most of the dyssynchronous presentation seems to occur during play themes that portray either scenes of aggression, or of small family scenes involving babies, dogs, and avoidant parents.

Developmental level of play. Gunther's play during the first four sessions of therapy can best be characterized as an atypical kind of isolated play. It is impulsive and unfocussed as he moves quickly from one theme to the next. He shows minimal ability to be creative or even imaginative in the early weeks. It is almost as if he is not able to make a connection between the toys and their counterparts in the outside world. Not only am I avoided, but I am often treated like an inanimate object.

Gunther exhibits none of the minimal social awareness expected of a child of this age. Usual respect for body boundaries is breached as he brings toys right up to my eyes, lands airplanes on my head, and drives robots between my legs. This breach of boundaries seems even more pronounced due to the

absence of playfulness or connection with me. In many ways his play has the flavor of an overactive, unaware older infant or toddler who uses others as objects to poke, investigate and crawl over.

Session four marks the first time that he truly attempts to play with me, and I am left surprised at the infant-like nature of the play. He stands in the middle of the room, puts a cloth over his eyes and says, "You can't see me". Variations on this type of hide and seek play also occur throughout the second half of the first stage.

The fifth session contains another small shift in his manner of interaction, as Gunther approaches me with two toys, one for me and one for him, asking which I want. This is the beginning of a very rudimentary parallel type play that occurs periodically through until session seven. Typically, he gives me a toy to hold, and then begins a brief imitative play on his own, with no further attempt at interaction. In order to enhance this process, I use a tentative mirroring play to further a chance of engagement between us.

Verbalizations Relating to Self and Others

In the first four sessions of therapy, the vast majority of Gunther's conversation entails simple descriptive statements either about the inanimate objects of the play room, or about what he is doing with them. The most common statements are "oh, a dog...and a turtle... There's a pig. A motorcycle, can it stand up." Occasionally he will tell me "I like the mask" or "I

know what this thing is for". Perhaps once in each session, there is a "rogue" statement that provides a momentary glimpse into his personal or internal world. This is usually sandwiched between comments on toys. For instance in session two he said "the bugs go in my eye all the time". In session four, he informs me that "I had a helicopter but it broke", and in session six he says "I used to have one of these, but auntie threw it away". The reader will note that the common themes underlying these tiny disclosures imply either a sense of loss, or aggression. On the whole, we learn little about this child's feelings, internal states, experiences or relationships from his conscious conversation. Rather, it is his defensive gestures, artwork, and rudimentary play that are most revealing of the self of this young boy.

Self Representation in Art

The clarity with which children's drawings depict a depth of knowing about the self is a constant source of awe to me. In this socially and verbally inept child, his drawings show a wisdom and knowing that corroborates both his history and our observations in the school. This section will explore Gunther's early drawings of (a)house, (b)tree (c) person and (d) family as a method of understanding his model of self.

The house drawing. Though the depiction of his house will be more extensively discussed under play themes, it must be said that this severely neglected and ignored child most appropriately drew a house in the shape of a tombstone! (Figure 4.2)

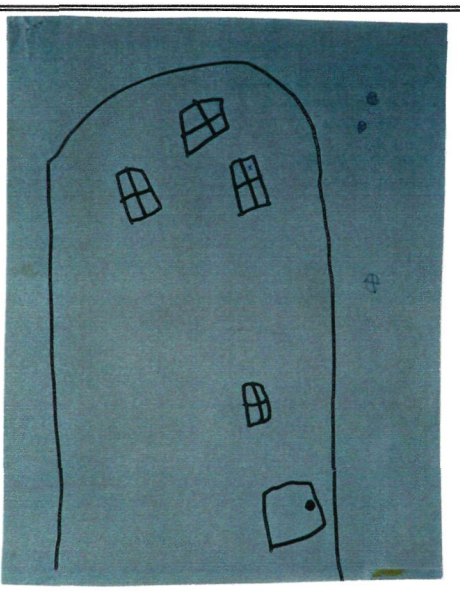
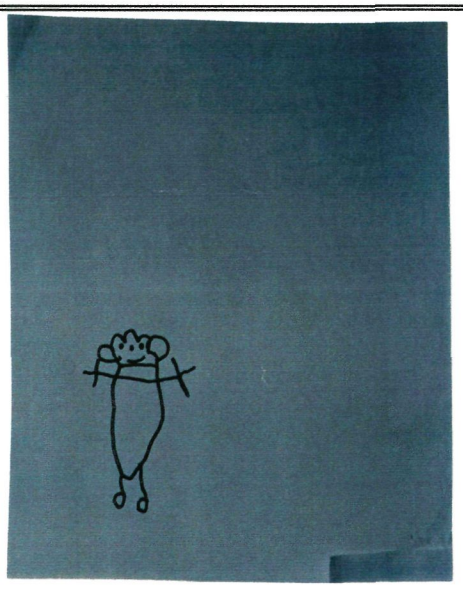


Figure 4.2
First House

To me this house drawing is saying "My home and family are cold, inaccessible and dead in relation to me. I am frozen out."

Person and tree drawings. With further unconscious awareness, Gunther's early self-related drawings contain neither an environmental context nor a ground (See Figures 4.3 and 4.4). What better way to portray a child who is dissociated (ungrounded in reality), clearly avoidant of contact, and disconnected from the human or material environment around him.



Figurw 4.3
Tree Drawing

Whenever a therapist asks a child to do such projective drawings, there are standard questions that are asked once the drawings are completed. These add to our understanding of the meaning the drawings hold for the child. Typical questions include a query

about the weather, and if the figure in the drawing has been hurt or needs anything. Despite Gunther's early hesitancy, a number of responses accurately parallel his external reality. For instance, the contextual weather of all early drawings, except that of the person, is winter (his cold environment) despite the fact that they were drawn during a warm early spring.

It is from his tree image that we receive a glimpse of Gunther's emotional vulnerability and yearning for contact. The little tree that looks so small and insignificant on the big page, seems to reflect his loneliness and isolation. When I ask Gunther to tell me where the little tree lives and what it needs, his poignant reply is:

> The tree is in the forest, There are animals around him. He likes the animals. No one has hurt the tree. The tree needs more animals.

Gunther's person (Figure 4.4) is the most realistic of his drawings, both in its visual representation, as well as within his accompanying verbal response. Like the tree, the figure is small, ungrounded, off balance, and alone. It sports a mark below the eye that reminds me of a scar. This mark leads me to wonder whether this is the injury that drives his joyless, compulsive play of bringing frightening creatures up to my eyes. Gunther's response to my questions, leaves an ache in my heart. He tells me:

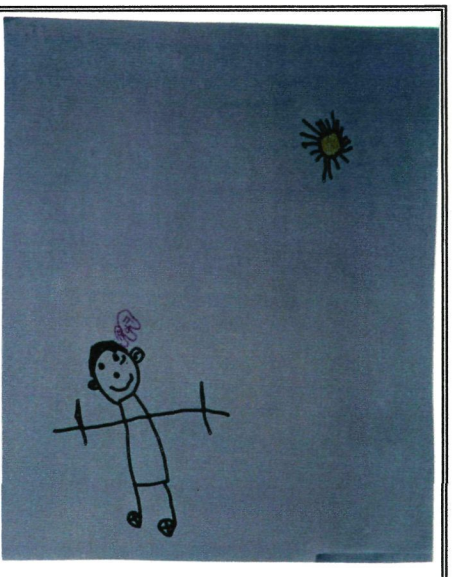


Figure 4.4
Person Drawing

the person is Gunther, he is lonely, he needs kids and friends, he is saying something but no one can hear him. (note the small dialogue balloon above the figure's head).

When viewing self from the distant third person commentator perspective, Gunther is able to tell us a great deal about himself. In contrast when, in the second session, I ask him to "draw a picture of yourself", Gunther refuses saying, "I can't draw myself, I can only draw Ilse".

Interestingly, when I ask him to draw a picture of his family doing something, he begins drawing without any hesitation. The result, however is again a lone picture of his sister Ilse (Figure 4.5). When I ask if he has any other family, he replies "no, only Ilse". It is my experience that most children draw their entire family, including an image of self, in such drawings. With a second look at this drawing, I notice a pale yellow smiling face within the sister's belly (see Figure 4.5). My interpretation is that indeed Gunther is ensconced within his drawing of the only family that he can, at this time, acknowledge. It is likely that it is <u>his</u> small smiling face that is "gestating" within the comfort of Ilse's person. It appears to me to be a visual representation of Gunther's current reality that indeed he does not have a conscious autonomous self. Instead, in order to function in the outside world, he must borrow from Ilse's direction and ego strength. In the metaphor of the unconscious, it is as if the

<u>Figure 4.5</u>
Ilse as Gunther's Family
(perhaps also container for self)

ego, or self of this small boy is still in symbiotic union with his only caretaker; gestating within the personhood of his sister.

Play Themes

One of the unique and magical characteristics of play therapy is that the unconscious or repressed issues of the young child client are often worked out through the metaphor of play. The children, therefore, are able to work on their pain and issues without a conscious awareness or retraumatization. Through the projective medium of play and art, the therapist can glean a glimmer of those traumas and patterns which influence a child's sense of self and the world without ever hearing him/her speak a word about them.

Guidano(1987) suggests that by the end of the preschool years the child has, within the unconscious, an ensemble of nuclear, emotionally laden, critical scenes that have developed because of repetition and meaning over time. He explains that these internal scenes add to, and influence the child's stable self perception pattern. Likewise, in play therapy, it is often the repetitive play scenarios that give us clues to the experiences, complexes, and schema's that define the self and the way that self responds to the world.

In this section, several of the more dominant and emotionally laden play themes will be discussed, and when applicable related to Gunther's behaviour, and known history.

Play Theme: Aggression to Face

The most striking play pattern that occurs in the early sessions is the tendency for Gunther to bring frightening figures up to the bridge of my nose. I consistently perceive this gesture to be aggressive and intrusive in nature. I also make a number of interpretations in response to this behaviour that appear to be accepted by this child. The first is quoted in the description under "initiation of interaction". Essentially the interpretation involves my reflection to Gunther that he wants to see if I am also scared of these creatures. A second interpretation occurs after his play takes on an additional variation in which the scary creatures also kiss my face. After this has happened a number of times I respond: "I'm confused. All the scary things come up and kiss me now, but they're scary, and I don't know whether to trust them or to be scared of them." I believe that this response reflects Gunther's own confusion about adults who sometimes scare him but end up being nice. It could also reflect his confusion about adults who have been in a role to care for him but instead hurt, neglect, or abandon him. This of course is the ongoing double bind of the maltreated child (Helfer, 1991; Newberger & De Vos, 1988; Wolfe, 1987).

But there is potentially more specificity behind this play gesture. In Gunther's drawing of a person in the first session, he depicts a boy with a scar or wound under his eye. An alternate interpretation may be that this child saw many frightening things in the early years of his life including family violence, drunkenness and a person being shot.

Play Theme Dog

The dog is a prominent, affect laden play theme that recurs consistently throughout the 25 weeks of therapy. The dog theme first appears in session one and is last seen in session twenty-three.

In the searching and naming behaviour of the first session, the dog is named more than any other single item. Each time Gunther encounters a dog, there is a sense of heightened emotion such as "a puppy, I love puppies!". The second encounter finds him picking up a stuffed dog and momentarily hugging it. This random attraction continues until an interactive theme emerges in session four.

In session four, as mentioned earlier, Gunther places the dog as one of the two central figure in his first sand scene. The dog sits on the ground facing the naked baby who sits alone on a chair, surrounded by many characters, each in it's own grouping. In session five, the dog is again a principle character in a more sustained scenario enacted in the doll house:

> G: moves over to the doll house. "Its a kitchen, there's the dog." He picks up the dog and has it jump on the bed saying "woof, woof" beside an also jumping boy.
>
> B: The dogs jumping on the bed with the boy, now he's jumping on the other bed.
>
> G: Whose bed is it?
>
> B: I don't know. Whose do you think it is?
>
> G: Its the dogs
>
> B: Its the dogs bed

> G: "woof woof" , turning toward me and bringing the dog to my face, having it lick my nose. Then takes the dog back to the house and says "he can stay there".

Play Theme: Baby

The baby is also an emotionally laden and repetitive play symbol. From the first session, when naming and sorting is Gunther's predominant play activity, the baby is frequently recognized. The baby is cited twice, and is the central player in the only cohesive play scene of the first session:

> G: (Sits down in front of the house. Mom doll comes into the room) "Hi honey",(and gives the boy doll a kiss. Mom doll goes upstairs and through the door, and sees the girls and the baby. She puts the baby on the rocking horse, and then in the crib. The baby falls out of the crib.)

Although this is a tiny moment of play, it seems to reflect the reality of his family situation. Mother's visits are infrequent, and destructive to all three children. Gunther is generally ignored during these visits, whereas Heidi is lavished with attention, but soon left behind.

Among other scenes in session two, the baby is washed in the tub. In the third therapy session, the theme of the baby being hurt emerges again. This occurs during my attempt to introduce a series of doll stories designed by Jude Cassidy (1988), developed to measure the child's level of attachment. In the first attempt, I ask Gunther to tell a story based on a brief scenario in which a boy brings a present to the mother or grandmother. He continues the story by saying, "The boy's giving her a baby. She says thank you. Then she said 'oh wow the baby's going poop', and the seat drops on the baby's head."

Gunther is able to tolerate only two of these scenarios. His response to the second situation carries the same theme of the baby being hurt. The structured scenario begins with, " A boy says I'm sorry Mom". Gunther readily responds, "He fell down at the dining room table, and he says he's sorry for hurting the baby."

In session three and four the baby and dog appear in the same brief play scenarios already mentioned. In session five Gunther specifically asks for the big baby doll and gently feeds her a bottle for a total of five minutes. This feeding then leads to his first clearly regressive play in which he drinks from the baby bottle himself. The baby bottle subsequently becomes a constant companion in the remainder of the play therapy sessions.

Spontaneous play in sessions five and six also contain moments of aggression directed at a baby. In session five he places a chair on the baby's head. When I ask "doesn't that hurt the baby?", he replies "no, she likes it." In session six he momentarily swings a ball and chain at the infant figure, but then denies my reflection that he's mad at the baby.

Throughout the twenty five weeks of play therapy, Gunther's play and affect in relation to the baby symbol vacillates between being hurtful, frightening and nurturing. Like the dog figure, it is difficult to determine whether the baby is a symbol of himself as a baby, being hurt; or of his current anger and wish to hurt his baby sister. It is likely that it is both, at different times.

Art and Verbalization Regarding House and Family

A child's play, conversation, and drawings about family will frequently provide a snapshot sense of the interactional patterns that have molded his or her self esteem and interactional style. A child is often referred to therapy because of acting out behaviour. Often such youngsters are expressing their problems through interactional or behavioural symptoms rather than through words. In the beginning, Gunther's avoidant and anxious behaviour indicates that he has coped with relationships through avoiding them. It is not surprising, therefore, when he declares, "I don't have a family, only Ilse". Further, his family related play and drawings present images of being ignored, hurt, disappointed and isolated within the family.

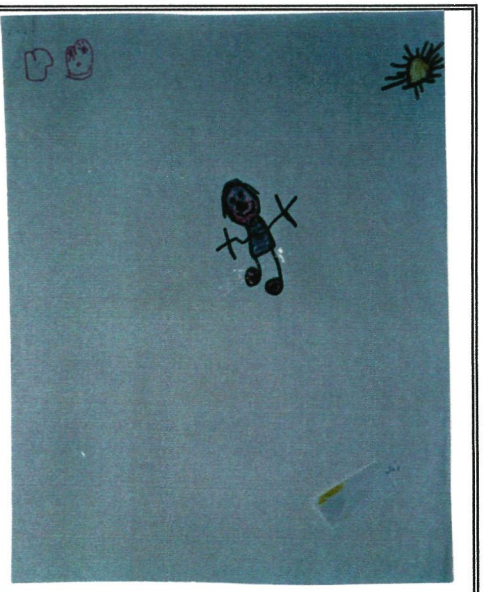


Figure 4.6
Gunther's Second Picture of Family

Gunther's early therapeutic sessions are characterized by a conscious avoidance of topics related to family. As discussed earlier, in the first session when I ask him to draw a picture of his family, he simply draws a picture of his older sister Ilse. Again in the second session, I request a family drawing (Figure 4.6). He once more draws Ilse, providing great detail on her features and dress. When he finishes, I say "and that is your family". He replies affirmatively asking if I would write his

story. When I ask what his story is he replies "I love Barb, I love you." in a disconnected voice looking straight ahead.

From a less conscious perspective, Gunther's family related pictures parallel his sense of detachment. Both his pictures of a house (refer to Figure 4.2) and of his family are acontextual and ungrounded. Specifically the picture of a house, usually representing the child's sense of self within family, is shaped like a tombstone. There is no chimney, which may imply that there is neither warmth nor fire within. Further there is no sign of life or habitation, and the door appears too small in proportion to the rest of the house to provide accessibility. When I ask who lives in the house, Gunther lists himself and his family members. When I ask what the weather is like near the house, he replies that it is winter. I am left with the impression that Gunther's experience is of home and/or family as cold and inaccessible. The exception of course is sister Ilse, whom he readily acknowledges as his family, and draws with great care and detail.

Gunther's sense of loneliness, neediness and loss in relation to family further emerges through his comments about toys in the playroom. In session one he picks up an airplane and says "I used to have one of these, but Auntie threw it away". Likewise in session six, he comments "I saw a helicopter in the store. It spun around like that, and auntie couldn't get it". These are the only references to auntie during the first stage. Likewise, there are no conscious discussions about either his mother, father, or baby sister Heidi. One of the clear measures

of Gunther's progress seen in the latter sessions of therapy is his ability to consciously discuss painful events from home.

In summary, during this first stage of therapy, Gunther's verbalizations, play, and drawings reveal a sense of isolation, hurt, longing, disconnection and anger in relation to his family. Play themes relating to family suggest that this child feels neglected, unloved and needy. There are also clues that he has either hurt his baby sister or has urges to hurt her. I speculate that his rage at her arises from the reality that she occupies favorite child position, while he continues to be the forgotten child.

Play Theme: Healing and Nurturance

When helping hurt and traumatized children, baby bottles, play dishes, medical equipment and Band-Aids are essential tools of therapy. Baby bottles allow the child to regress; and dishes and tea sets facilitate the rituals of feeding and nurturance, often missing in neglected children. The use of Band-Aids, stethoscope, and various medical equipment can serve to symbolize the healing that is taking place within the child.

As mentioned under the play theme of baby, Gunther began drinking from the baby bottle in the fifth session. Throughout the remainder of play therapy, Gunther uses the bottle as a frequent companion in the playroom. He holds it while he draws, he fills tea cups for tea parties with it, and even uses it as a source of medicine.

The seventh session marks his first use of medical equipment. This session seems a transition between the first and

second stage. As I collect Gunther from his classroom, I explain to him that we will begin the session with a special drawing before he plays. My plan is to trace his hands as a way of affirming his ownership of his body. I had traced his whole body outline two weeks previously, with the intention of helping him establish a more positive sense of self and body boundaries. I will describe this interaction in detail as it exemplifies Gunther's increasing trust in both himself and our relationship. It also is the first time he seems attuned to his body within therapy:

> G: (Goes directly to the sand tray as he enters the play room.)
>
> B: Oh Gunther, Remember that we are going to draw your hands before we play.
>
> G: I have one of these. (Puts stethoscope on his head.)
>
> B: Remember that we are going to draw your hands first. Remember one week we drew your whole body. Today we will draw your special hands.
>
> G: (Puts his hands onto the paper side by side. He is standing as far away from me as he can, and still have his hands on the paper. He is also leaning away from me). I want this one red and other one black.
>
> B: (Drawing with the red felt I outline his hands) There is your very own baby finger.
>
> G: And there's my ring finger.
>
> B: yes. and your long finger. Ah a very important one, your pointer finger.
>
> G: (By this time Gunther is leaning closer toward the drawing in an intent manner) And my thumb.
>
> B: Yes your thumb, you have such nice strong fingers. They can do so many useful things.
>
> G: Takes his hands off.
>
> B: Now shall we draw the finger nails on? Do you want me to?

G: (He backs away but says) yeah. (Putting the stethoscope on again but continuing to look at the drawing) Yeah.

B: What do fingernails do? They help you pick things up, and they help you scratch. They help you put that on your head.

G: They can help me pick this up and write my name.

B: They sure can. They are very special hands.

G: (He approaches me smiling and says) I want to listen to your heart. (He listens carefully, seeming to be comfortable in my presence for the first time). I can hear it.

B: It says "I like you Gunther."

G: (He then listens to his own heart with the stethoscope)

B: Can you hear your heart?

G: No. only when I lie down and its bumping.

B: Let me show you another place where you can feel your heart. (he readily gives me his hand and I place it on his radial pulse)

G: I can feel it!! (Looking down at his hand and smiling, speaking in an excited voice.) I can feel it up here too (putting his hand on his tummy.) I can feel it!!.

B: That's neat to feel your nice strong body.

This is a significant scenario in many ways. It is the first time that Gunther seems to tolerate positive affirmation of his personhood and abilities. He does not retreat when I initiate this activity, in fact as it progresses he leans closer. It appears to have the anticipated integrative effect because the rest of the session seems to flow more comfortably, with Gunther more grounded in his body.

Once he has listened to my heart, he stays within my reach and shares a small vignette from home: "we were at Safeway, and

we were coming out, and there was a boy that was crying". This is followed by a series of play scenes.

He begins in the bedroom of the dollhouse. The mother doll is lying on the bed. Noticing a vanity table and mirror, Gunther spends three minutes positioning the mother at the table so that she can see her face in the mirror. He says "there, now she can see her face." Following this scene, he finds a mother and baby snake and makes a nest for them. The large snake then becomes a jump rope. While he twirls it over his head, he relates that "Ilse has a jump rope, but hers is lost and mine is broken". As he relates this metaphor of loss and need, the snake becomes a whip with which he hits the "bop bag". As his sense of anger becomes evident with the whipping motions, his body, eyes, face and voice become momentarily synchronous. This ends when the bop bag inadvertently knocks the baby doll out of her bed. Gunther immediately ceases the whipping motions and kneels beside her saying, "poor dolly, the dolly is hurt". This play sequence that began with a display of maternal narcissism, moving to fear, then loss, and finally rage and hurt is then broken. Gunther returns to a sorting of inanimate objects. From this time onward, this young boy presents as more connected to both his inner experience, as well as myself and the playroom.

Summary and Analysis of the First Stage of Therapy

During this first stage of therapy, Gunther's dominant presentation is one of anxiety, avoidance, and disconnection. His anxiety is evidenced by his inability to focus, his constant motion, and his obsession with being clean and tidy. Despite the

small confines of the play therapy space, he displays a pattern of avoiding both proximity, eye contact, and body alignment with me. When he does approach me, his gestures are subtly aggressive and intrusive, masked by a paradoxical smile and overbright voice.

His speech, his play themes, and his drawings show a disconnection from his family, his environment, as well as his own experience. He presents as the ultimate picture of the avoidant child, fearful of engaging with others. In the beginning, his dominant play seems likewise to reflect an avoidance rather than engagement. I find myself feeling bored as he spends long periods sorting, naming, and shuffling toys.

Even within his brief moments of projective play, he seems too anxious to reveal much of his inner world. There are small vignettes that provide brief and incomplete glimpses into the experiences that have shaped him. His joyless repetitive gestures of bringing frightening objects to my face suggests a post traumatic play. Further there is a sense of paradoxical relationship patterns, in which those that are supposed to be good hurt; and those that look scary are nice. Finally we see very brief scenes and statements that convey intimations of loss, neglect and parental unavailability.

Slowly, over the course of the first seven weeks, this young child becomes less anxious and less avoidant. Little by little, as I reflect his play and make small interpretations within his repetitive patterns, he begins to slow down, to retreat less. My continuous acknowledgment of his words and play provides an affirmation of his validity and existence. A turning point

occurs in the fourth session, wherein he constructs a sand scene, interrupted by frequent play disruptions. When the scene is finally complete it shows a lone baby and a dog surrounded by, but also disconnected from, a series of groupings of like characters. This child's sense of loneliness and isolation is graphically portrayed. From this session onward, Gunther displays a very gradual movement toward increased proximity, alignment and engagement with both myself and his play. By the seventh session, enough trust has built up that he listens to my heart, lets me show him how to find his pulse and shares a number of stories from home.

The Second Stage of Play Therapy (Sessions 8-13)

The second stage of play therapy spans session eight through thirteen. This stage is best characterized as a time of emergence of Gunther's physical and social self from his defensive posture. In contrast to the predominantly negative interactional stance of the first stage, his presentation is positive and playful. His body has also lost its closed defensive posture, though his head remains flexed and his eyes hooded. He no longer positions himself as stiff and turned away from me. Instead, he frequently approaches me, body aligned to mine, as he initiates a variety of kinesthetic and dramatic play. During this stage both body and speech become fluid and almost lyrical, as he seems to bask in my attention and affirmation.

Gunther's trust and attachment to me become evident in a number of touching repetitive scenes. He brings me a present in the eighth session, that becomes a medium through which he affirms our relationship throughout this stage. Further, he creates scenarios in which he is able to display a variety of talents and then solicit my praise and affirmation. "Watch this!" becomes a common phrase.

Gunther's inner world likewise becomes more accessible to his play. There are fewer play disruptions, allowing him to maintain a play theme through to a natural conclusion. The dollhouse play and drawings begin to reveal more detail of his past and present family life. In addition, sand tray scenes portray scenes of fear and abandonment. Further, this child's

self healing ability becomes apparent as he utilizes our dramatic play to enact scenes of healing and nurturing.

Manifestations of Self and Self in Relationship

Child Therapist Interaction Patterns

Body alignment and proximity. In many ways this stage seems like a "honeymoon phase" in child therapist interaction. As he lets down some of his defenses, Gunther basks in my attention and affirmation. Whereas in the first stage he moved away from me when I initiated verbal or physical interaction, in this stage he actively seeks contact with me, even angling his body toward mine. When he is in interactive play, he faces me directly and when he plays at the sandtray or dollhouse his body is angled toward me. Though his head continues to be generally flexed, he makes occasional specific eye contact.

Help and attention seeking. There are other subtle qualitative differences in his interaction with me. Whereas in the first stage, Gunther appeared to cease all conversation, and become stiff and toy focused, the instant he crossed the threshold into the playroom, in session eight, he continues to chatter as we enter. When he finishes his conversation, he bends down and picks up the baby doll, and asks if I will feed her for him. As I sit down and pretend to feed her with the full baby bottle, he makes eye contact and says "save some for me". There is a genuine sense of connection at this moment. I also take this gesture to be a metaphoric request that I nurture the baby within him.

The above is an indirect request for nurturance and help, but as the stage progresses, he becomes bolder in soliciting my attention. In session eight, as he joyfully plays with the bubble solution, he frequently shouts "watch this, watch this" confident that I will respond with awe and affirmation.

In session nine Gunther seeks my sympathy regarding his sore throat. He shows not only his trust in me, but a greater self consciousness when he says, "Do you know what I have... a sore throat..... because I cough different". Later he is in the middle of playing and says:

> G: Ohhh.. I have to cough again. I always have a sore throat.
>
> B: Oh dear, that is tough to always have a sore throat (gentle sympathetic voice.)
>
> G: (in a baby like voice) Yeah.
>
> B: Not nice, huh?
>
> G: no

It is also in this same session that he brings me a present. We have not seen each other for some time because of the school break. When he enters he says:

> G: I brought something for you
>
> B: Oh look at that, thank you. You made it all by yourself.
>
> G: Yeah, out of popcicle sticks.
>
> B: And what do you call it.
>
> G: A throwing star.
>
> B: You did an excellent job. Look at this, five points. Thank you Gunther. This is very special.

I place his creation in the basket of treasures that I keep on the snack and art table. It contains crystals, feathers, a Ukrainian egg and other special treasures. It is clearly the right place for this special symbol of our relationship. An interesting series of interactions continue around this star for the remainder of the 25 sessions. At some time within each session that follows, Gunther inevitably checks this basket to ensure that I still have his gift. Periodically he decides that the star needs repair or alteration. In session 12, he adds tape to the joint areas because he decides it is coming loose. In session seventeen he paints the points. Most often he just asks do you have the star, metaphorically asking "do you still value me".

Initiation of interaction. The second stage is definitively distinguished from the first by the initiative and joy Gunther shows in his interaction with me. Both play and conversation show a greater confidence as well as consciousness. The eighth session marks a significant shift in how, and through which medium Gunther instigates interaction. As an example, five minutes into the session, Gunther notices the bubble bottle on the shelf and begins a confident and relaxed period of play:

> G: (Reaching for the bubbles) Oh bubbles, can I play with bubbles?
>
> B: Sure, just bring them down.
>
> G: (Brings them over to me on the floor, sits facing me directly.) Do you like butterflies?
>
> B: Yes I like butterflies. Do you like butterflies?
>
> G: No I like stars (indicating that he would prefer to have the bubble wand shaped like a star. this is said in a genuinely excited voice which is a first. He brings the

bubbles and the two wands to me and sits down on the floor directly in front of me, mirroring my cross-legged position. He gets the bubbles open and begins blowing as he also looks directly at me, with his head up)

B: So you will have the stars, and I will have the butterfly. OOOh (as he blows a big bubble toward me)

G: O-O-O-H!!! (in excitement and delight as he continues blowing bubbles with relaxed fluid speech and movements for 5 minutes).

This interaction is a landmark, both in sustained en face interactive play as well as in the loss of body stiffness that typified previous sessions. There is also a new congruence between his body movements, affect, and voice during this interaction.

Gunther's new comfort in our relationship is further exemplified by a poignant example later in this same session when he drinks from the baby bottle for twenty seconds. He drinks thirstily with his head thrown back and eyes closed. When he finished, he looks directly at me and says "do you want some?". This gesture shows both a sense of connection, as well as belief that his offer will not be ridiculed.

During this second phase of therapy, Gunther shows greater confidence in both himself and the safety of our relationship. The need to be indirect or tentative in his approach to conversation, help seeking, or play activities disappears. From session eight onward he is able to engage in prolonged conscious, connected play and conversation.

Gunther also uses the play therapy time to build skills and self esteem. Session eleven marks the beginning of a new pattern of soliciting my attention and affirmation. As his confidence grows within this nurturing environment, he begins experimenting

with a variety of toys and play medium, drawing my attention to each new insight or achievement. He even begins to offer occasional suggestions and to complement himself. The following is an example of such an interchange, during a game of catch with the punch balloon.

G: I punched you (as he bats the balloon toward me)

B: You punched me. (bats it back)

G: Now you punched me. (the elastic comes unwrapped from the balloon.) You should put tape on it.

B: We could. That's a great idea Gunther. You sure do have a good brain.

G: Grinning directly at me. Yeah I know. some people have good brains. (He brings the balloon over and holds it in place while I put tape on it.)

B: Yup, and you're one of them. Lets see how it works.

G: (He picks up the balloon and punches it toward me). If it goes on the wall I have to punch it. Punch. Oops, oooh, I just kicked it and throw it. Watch! I do this then punch. (He's jumping up and down with excitement). do you want to do this?

B: Sure. Show me what to do.

G: (He demonstrates and says) You throw it.

A drawing in the thirteenth session of therapy illustrates what our relationship has begun to symbolize to this small boy. I ask him to draw a picture of his family doing something (Figure 4.7).

When he finishes drawing his picture he proudly points to the roof saying:

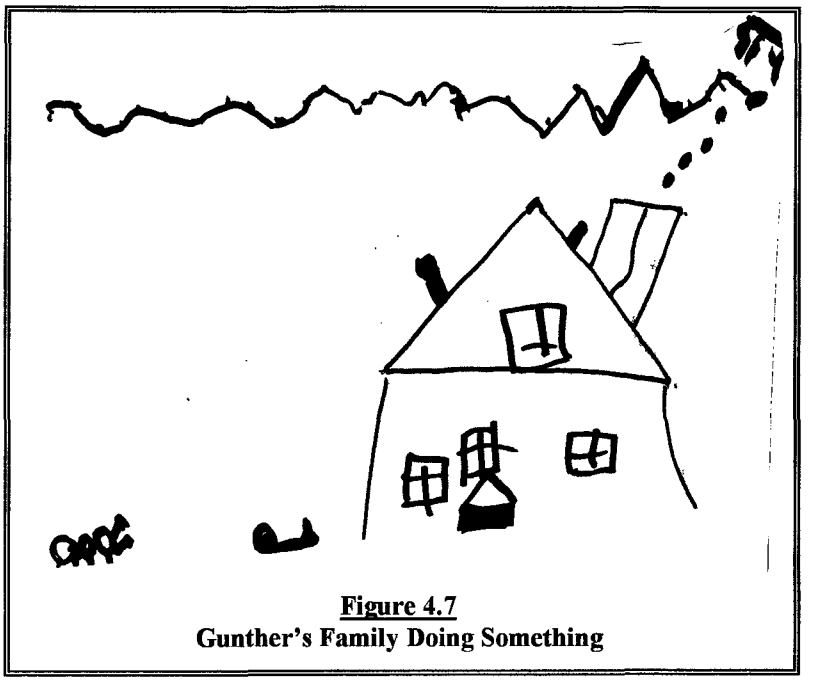


Figure 4.7
Gunther's Family Doing Something

G: Those are the vents. And that is the peak. You can open it.

B: And what happens when you open it.

G: You can see the stars and you can make a wish. (Direct eye contact and an angelic smile and voice tone)

B: What a nice thing to have on your house.

G: This is going to be you (as he draws the caterpillar).

B: This one is me?

G: Yes. And I am the snail.

B: So you are the snail, and I am the caterpillar. And who else is in your family.

G: Just you and me.

This dialogue is a graphic example of how this little boy has internalized our relationship, using it as an alternative model of close relationships. It further illustrates how the therapeutic relationship has nurtured a new and emerging alternative view of the world as accessible and hopeful, with himself competent.

Gunther's confidence in seeking me out for interaction moves to a new focus in session 14. When I come to pick him up in the classroom, his teacher reveals that has been telling her that he needs to see me. When he enters the play room, he volunteers

that today he needs two donuts for his snack. When I broach the subject of him asking for me, he volunteers some painful information:

B: How's auntie, Gunther?

G: Taking care of Sally and Freddy. Heidi, my baby sister, she's at my mom's friend's house (looking directly at me as he tells me).

B: Oh really. How come she's away.

G: Because she's so bad (with a sense of sadness).

B: She's so bad. So she's away to give grandma a break?

G: (Looks down at his lap, and shakes his head yes.) She cries and wakes up all night.

B: I wonder if you miss her?

G: No. we have a picture of her that we look at. In the classroom, Heidi came and she was dancing.

This session is a striking example of this boys great progress. He has moved from avoiding me in the beginning, to purposefully seeking me out to share an experience that had triggered his greatest fear, the fear of rejection and abandonment. This initial disclosure of Heidi being sent away opens the lid on other fearful experiences. In this same session he later discloses how lonely he feels in his basement bedroom, separated from the rest of the family. Finally he shares being hurt by this same friend of his mother's to whom Heidi had been banished.

From this fourteenth session onward, toys are no longer the sole medium of interaction between us. He is now also able to utilize our relationship to verbally express the fears and pains of his current situation.

Self Presentation in the Second Stage

In the first stage, Gunther seemed merely a composite of defenses and anxiety; a little being, too cautious and defended to risk access to either his inner or outer world. There was little evidence of a unique conscious and purposeful self apparent either in his interaction or his play. A very different child emerges in this second stage. From the seventh session onward, we see the gradual blossoming and emergence of the unique and purposeful self.

Synchrony of self presentation and affect. Whereas the first stage was dominated by negative or neutral and withdrawn affect; in the second stage, an atmosphere of pleasure and joy prevail as Gunther experiments with, and enjoys a new found sense of self. There is a synchrony of self presentation that dominates over 60-80 percent of each session, and continues for the remainder of the 25 weeks of therapy. As he enters the play therapy room in the eighth session, a significant change is evident. His movements are less frenzied, he makes occasional brief eye contact, and his affect and play tend toward positive themes. He stays with a conversation or activity longer and there is more often a relaxation in his body.

Rather than the tense anxious movements of the first stage, Gunther's limbs frequently break free from his body and he shows a grace and fluidity as he moves. This is especially evident during kinesthetic play. He begins session eight by asking if I will feed the baby doll for him, reminding me to leave some for

him for later. There is a genuine sense of full engagement and authenticity not felt before. He then reaches for the bubbles on the shelf, sits directly facing me on the floor, and actively invites me to play bubbles with him.

> G: He blows bubble high into the air and chases them, popping them as he goes. He blows a bubble at me, I blow it back and he catches it.
>
> B: Oh, we're playing bubble catch.
>
> G: He starts blowing the bubbles away and chasing them around the room.
>
> B: You're blowing them all over
>
> G: comes back to me and blows a bubble gently into my hair.
>
> B: (laughing) One for me.
>
> G: (With eyes sparkling, he blows a very big bubble).
>
> B: Oh Gunther, what you can do!
>
> G: He becomes more animated and chases the bubbles dancing around, popping them, and blowing them to me. (An air of freedom and joy in his affect.)

It is during this kinesthetic play, that Gunther also begins to share funny little stories about himself. It is as if the joy he experiences with his body, allows some of his caution to dissolve. In session eight, as he chases the bubbles he pauses suddenly to say "one time I was talking to myself and actually a lady bug landed on my shirt". In the eleventh session, while we are batting the beach ball back and forth he exclaims "I'm the strongest, I beat the beach ball up". Soon after this he stops his enthusiastic, jumping, dancing play and says, "Did you ever see a movie called Booger Lips?" I laugh and reply that is a pretty funny name. He say, "Yeah, it was a scary show".

Gunther likewise shows a synchrony between his play theme and his self presentation the majority of the time. His voice, movements, and facial expression are joyful and free during the kinesthetic play. He shows anger as he beats and kicks the bop bag with powerful blows. He is gentle and relaxed and solicitous as he serves tea. It is only within the doll house and sand scenes that he returns to his overbright voice, fixed smile and constricted body.

Anxiety. As can be surmised from the above, Gunther shows less evidence of anxiety in the second stage. He approaches readily, speaks without caution, and is able to focus on both kinesthetic and dramatic play for up to 15 minutes at a time. He continues to be neat and tidy, but gradually this takes less of his concentration. It is in the twelfth session that he finally abandons his obsession with order above all else. While he is sorting through a gourd filled with crystals and fossils, totally entranced with the beauty of his finds, he spills his box of juice. He continues to comment on the crystals before righting the container. From this time onward, less cleanliness anxiety is shown. He never reaches a point of being messy, but is finally able to finish a play theme before worrying about disorder, dirt or spills.

Developmental level. The isolated insular play of the first stage gives way to frequent parallel or early types of interactive play in this stage. Gunther reminds me of a toddler in many aspects. He has internalized my affirmations and attention, and acts as if he knows that he is the center of my world. He therefore frequently solicits my attention with his

"watch this". His play likewise has that joyful, exploratory focus common to the toddler stage, as if newly in love with his mobile body, and accessible world.

The baby bottle continues to be his constant companion. As he eats his snack, he often alternates between the bottle and his juice. When setting up a tea party, he fills the tea pot from the baby bottle, and in session 12, when he finishes drinking, he shows his affection for me by offering me a drink. Like the toddler, he also loves to play hide and seek. Despite the cramped quarters of our small playroom, he hides from me, always with parts protruding, and giggles while I search for him. In the eighth session he goes behind the doll house and says:

G: I can see you, but you can't see me.

B: I can see your nose

G: (Bending down further) Now you can't see me.

B: Hey where's Gunther (he bends down further). I sure miss him, I wish he would come back. Lets see, he's not in the muddy water, he's not in the sand box, lets look behind the house.

G: taps my leg, and makes an excited singing noise.

Although this is a slightly more advanced form of hide and seek than the first stage, there is certainly a toddler like essence to this play. Gunther continues to initiate a number of different variations of hide and seek play sporadically throughout this stage. In the ninth session he stands in the middle of the room, with a dress up cape and head band on. He pulls the head band over his eyes and says "you can't see me". A number of dress up scenes in front of the mirror also mimic this

hiding and rediscovering of the self, as he raises and lowers the mask or cape and crows with delight.

Verbalization relating to self and family. The first stage showed Gunther avoiding most discussion regarding himself or his family. He expressed little of his internal state, wants, or feelings. This slowly changes in this second stage, as he becomes more able to connect with his inner experience. He begins to show a greater pride in his abilities, as well as a body awareness. Just as his body is the first part of self to become expressive, Gunther's initial feeling words are also about the state of his body. In session eight he tells me "I have to cough, I always have a sore throat". In session nine he tells me that "I have a bump on my head. I'm going to have a bath when I get home, the bump is sticky". In session thirteen and fourteen, he is able to tell me that he is hungry and that he needs more snack.

Expression of longing, sadness and fear also begin to surface. In session nine he tells me how his dog was returned to the pet store, I reply that it must have made him sad. He agrees making his first feeling statement "yeah, I was sad, so sad". At this moment, his whole self conveys a congruent sense of grief.

His first conscious, cohesive disclosure of painful feelings about his family surface in the tenth session. He has just completed a spontaneous drawing of a treasure map, guarded by a plasticene sword. He turns to me and says:

> G: We were at Arthur's house. He was mean. I walked home by myself.
>
> B: He hurt you, and you walked home

G: Yeah.

B: and what did auntie say?

G: Auntie didn't know. She doesn't care about me. She just likes Heidi.

Whereas all previous indications that this small boy felt unloved or unprotected were only implied, this is the first time, he feels safe enough to share this feeling in a poignant conscious conversation. In session eleven he again conveys his sense of non protection and unsafety, but this time in metaphor. He is rummaging in the baskets and comes across a large bat. He holds it up with an intense look on his face and tells me:

G: I'll get the bat and I'll kill it.

B: You want to kill the bat.

G: Yeah. We have a bat at our house. It always sleeps outside and it goes into a spooky house.

B: It sleeps in a spooky house, but no one hurts it.

G: And it always comes back in the morning.

Gunther seems to be conveying an underlying message in this small scenario that home is not a safe place. In his anecdote, a fearful creature is allowed to return to the house time after time without being interrupted nor challenged. It seems the ultimate paradox of the neglected or abused child that the family puts the needs of hurtful or frightening "people or creatures" over the fears or needs of the vulnerable child. Gunther is telling me that if he had his way he would kill the bat, rather than let it continue to scare him.

Gunther also shows significant change in self concept during this period. Whereas in the first stage, my affirmation of his abilities resulted in a quick retreat, in this stage he is

more likely to agree with me. In the tenth session, I complement him on his repair job and he replies "yeah, this is the gooder way". He frequently finishes a task and proudly displays his achievement. In the twelfth session, when he leaves for the bathroom in the middle of the session and returns quickly I comment, "You were back fast, you must have run like the wind". He smiles and says "I know". In the fourteenth session, he again returns quickly and says "I'm back fast. I'm really fast". It is clear by Gunther's verbalizations that, at least within the confines of the play space, he is developing a new sense of self as lovable and competent.

Self representation in drawings. Once again, I ask Gunther to draw pictures of himself, his family, and the House-Tree-Person projective drawings during this middle stage of therapy. This section will examine Gunther's images of (a) house, (b) self, (c) tree, and (d) the self as a rosebush drawings.

Whereas all self related drawings in the first stage were small, monochromatic, isolated, and devoid of context, in this stage images take up most of the page, and contain a variety of colours, ground, and evidence of weather. As the stage progresses, symbols of self become more revealing of Gunther's inner world.

I again ask Gunther to complete the House-Tree-Person drawings in the tenth session. When I ask him to draw a house (Figure 4.8), he complies with enthusiasm informing me "I am drawing a picture of me..... I'll draw a house first." It is interesting to note that this time, his emphasis begins with the ground and the access to the house. He draws the horizontal line for the ground, next concentrating on the stairs leading up to the house. He puts rocks on either side of the stairs, and then draws the house. The reader will note that not only are there stairs to the house, but the door is definitely accessible. The entrance also seems to be one that accesses not only his home, but himself. He balances his drawing by adding the upper half of himself on the left side of the page. He is clearly attached to the ground, but only half of him has emerged. He says "these are my hands, That's how I draw". When I ask if he is finished he says " I need to draw a bush, a little bush".

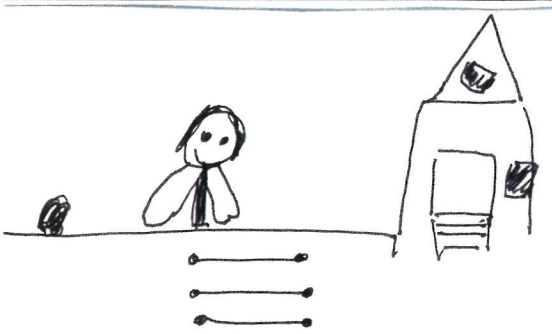


Figure 4.8
This Is A Picture Of Me.
I'll Draw The House First

Figure 4.9
Ilse as Gunther's Person

Not surprisingly, Gunther's person continues to be an image of Ilse (figure 4.9). When I later ask him to draw a picture of himself, he once more replies "I don't know how to draw a picture of myself, I can only draw Ilse". I encourage him to try, suggesting that drawing a boy is much like drawing a girl, only with shorter hair. As might be expected with this kind of prompting, his picture (Figure 4.10) looks like a carbon copy of Ilse, except with short hair. The two important points of distinction though are that: a) Ilse's foot is touching the grass, whereas Gunther's is seven centimeters above the grass; and b) Gunther has large staring eyes and a tentative smile rather than the grin that Ilse sports. It is my sense that this is the beginning of Gunther's ability to differentiate his conscious self from his sister.

Figure 4.10
Gunther's Self Portrait

His comments following this self drawing are also reflective of themes already seen in Gunther's previous play. When he finishes the self drawing, he points to the top of his own head and says "I have a bump there. I'm going to take a bath when I get home. The bump is sticky." In reality there is no evidence of stickiness or a bump at that time on Gunther's head. I have the feeling that this is a body memory evoked by this drawing. As the reader will remember, Gunther's self as "the person"

drawing in the first stage showed a mark below the eye. This theme of injuries to his head continues to be prominent.

Within the House-Tree-Person series, it is the tree image that is most revealing of Gunther's feelings and experience (Figure 4.11). In comparison to the pre therapy tree, this depiction is much more "tree like". It has a sturdy brown trunk, and a small amount of green foliage. As Gunther draws the tree, his voice becomes dreamy, and for the first time spontaneous conversation accompanies his drawing:

Figure 4.11
Gunther's Mid-Therapy Tree

> (He draws the trunk, and then the green top. Draws a branch hanging down from each side of the foliage) This is the broken branch that is stuck there. This one is something you hang from, its in jungles. (Draws the ground seven centimeters below the bottom of the tree then makes purple dots). These are the dots, I'll make a sign. How do you spell danger? (He makes various signs stuck in the ground below the tree with the different letters of the word danger.) I'll draw the wood now, this is how I draw the broken sticks. This is a balloon from my baby Heidi's birthday.

This illustration and dialogue contain many of the themes already seen in play. There are intimations of danger, of being hurt or damaged, and of pain related somehow to his status in relation to his younger sister. This image becomes even more meaningful later, when in the seventeenth session of therapy,

Gunther is able to verbally share the pain of being ignored on his birthday, while Heidi's birthday is lavishly celebrated.

The ground appearing in the mid-therapy pictures seems indicative of Gunther's tentative movement toward being more connected or "grounded" in his environment. That his symbolic representations of self are at this point still unable to actually touch the ground (or in one case are only partially emerged), may reflect how early and tentative this progress is. The first drawing that shows a complete self symbol connected to the ground occurs in session 11. This picture is a response to my request to draw a rosebush. A guided imagery that asks the child to imagine what he would look like if he were a rosebush accompanies this request. Gunther's subsequent drawing is a poignant example of his growth toward a sense of self and self efficacy (Figure 4.12).

For his rosebush, Gunther first draws a teepee, then a snail and finally clouds and raindrops.

As he draws, Gunther speaks in a dreamy lyrical voice:

> I'll do the little tiny snail. That's how I do shells. And his home right here (pointing to his back). And a giant tent. I'll draw the door, the door right here. His antennas make it open. (makes clouds and dots) Do you know what this is. Its lightning, and some rain. Its raining even on his tent. Then he sits on them and he says, OOOOH!.

This magical picture has such rich dialogue and imagery. First and

Figure 4.12
Self as a Rosebush

foremost, this creation is a work of sheer joy and optimism about self and life. The little snail as a symbol of self now carries his home around on his back. One cannot imagine a better solution for a small boy who feels unwelcome and unappreciated in his own family and home. Further, it is common for children to create a "vegetative representation of self" as their "true self" begins to be accepted and recognized in therapy (Allan: personal communication, 1992; Mitchell & Rogers, 1994). This drawing also seems to harmonize with Gunther's new found joyful, self confident presentation in therapy. The ability of the snail's antennae to open the tent door is indeed consistent with his greater confidence, creativity, and self efficacy. Finally, could there be a more graphic representation of Gunther's new found energy, connection, and enthusiasm than the images of rain and lightening.

Play and Art Themes

Like his verbalizations, Gunther's play is richer, more complex, prolonged and focused during this stage. He is more proactive than reactive when engaging in play themes. Most often he appears to begin with a clear vision, and then works hard to create the context for his play. Play falls into three basic categories: (a) kinesthetic; (b) reparative play; and (c) projective play relating to hurt and trauma. The category of kinesthetic play has been described already. It is a spontaneous play that emerges as Gunther becomes comfortable both with himself and the play space. This kind of play serves a number of purposes. It seems to build a sense of comfort with his body as

well as his new found identity. It also appears to be a way for Gunther to connect with me and his environment, therefore grounding himself in reality.

The reparative play occurs as interactive play involving Gunther and myself. It appears to serve the purpose of healing his hurts within the safety of the therapeutic relationship. This category encompasses both medical/healing play and a nurturing, feeding play. Though interaction within this category is usually quite intense, it ordinarily conveys a positive affective tone.

In contrast, Gunther's projective play encompasses the negative emotions of fear, loneliness, and parental unavailability, and is most often enacted within the doll house. It is not until session 14 that it moves to the sand tray and assumes a more ominous tone. Themes related to family, dogs, baby, fear and danger generally fall under this category.

Play Themes of Family, Baby and Dog

The dog continues to be a dominant character during this stage, and in session nine we learn why. It is toward the end of the session and Gunther is once again rummaging through the baskets when he comes upon a dog. He says:

G: I used to have a dog named Kirby.

B: Dogs are special to you. Kirby was special.

G: (He turns and walks away from me.)

B: That makes you sad that he went away.

G: No, back to the pet store.

B: I bet you were sad to see him go.

G: (Returns to face me, though he is looking down at his hands instead of at me) I was sad, ...so sad. (moves away again)

During the twelfth session, the dog is paired with mother and children in the most complex dollhouse play of this period. Gunther spends a great deal of time arranging the house to exactly fit his specifications. He puts the baby in the bath, the girl in a bedroom, and the mother asleep on the couch. Once the stage is arranged, he fetches the dog and carefully sits it in a chair in front of the TV. He then gets the mother off the couch and once again arranges her carefully on the stool in front of the vanity table, so she is staring in the mirror:

G: Look how nice she looks.

B: She looks at herself in the mirror.

G: (He takes the mother downstairs to where the couch and babies are) Oh dear better fix these (as he puts the baby in the crib)

B: She's worried about the baby

G: And the two men, the two fathers. (He puts the baby in a chair in front of the TV, and the dog beside it on a chair)

B: The baby and dog are alone, and they are worried about the men.

G: Yeah, and the mom has to go to bed. We need a new mom (He gets a new mother figure and puts it beside the baby.) Oh the baby fell, poor baby. The dog fell down too.

B: Boy they have a hard time.

G: (Takes the boy figure, drops it and then begins hitting the bop bag with the boy) Look he is fighting "boom boom". (hitting the bop bag with ever greater intensity) right in the eye.

G: (he returns the boy to the house, walking with clear purposeful intent. He places the boy in a bed near the baby).

B: Now the boy has a bed.

G: Yeah (with a satisfied voice) Look at the baby. (He puts the boy and the baby on separate rocking horses, rocking them back and forth, singing as he does this, clearly satisfied.)

Though we can only guess at what this scene portrays, it seems however to encompass a number of the negative aspects of Gunther's past family life including: (a) a narcissistic, unavailable mother; (b) dangerous fathers; (c) and a perception of being a distant second to the baby sister in his caretakers' affections. Because the scene focuses specifically upon the narcissistic and unavailable mother who does not protect, I speculate that this scene may at least partially relate to Gunther's removal from his mother by social services at the age of 18 months.

At the end of the scenario, there seems to be a compensatory anger and a reclaiming of the boys rightful place. It is difficult to interpret exactly what this dog figure symbolizes, but it certainly has a prominent role. It is interesting that the baby and dog are again alone side by side, in a stance similar to the sandtray scene in the fourth session.

The fourteenth session seems to be the transition session into the last stage of therapy. Not only does Gunther ask his teacher to see me, but he moves into a more conscious discussion of home life and his baby sister's banishment. Although Gunther can speak about Heidi being sent away he cannot consciously express the terror that this incident seems to provoke in him in relation to his own hurt and abandonment as a baby. This does, however, emerge with graphic clarity, toward the end of the session, in the symbolic world of the sandtray. He begins

collecting the small aquatic figures and arranging them, along with shells in the sand tray. He holds up the smallest and says:

G: I know what her name is.

B: the fish?

G: No, my mothers friend. Her name is Frieda.

B: The one who is taking care of Heidi?

G: Yeah. She's mean too. She sits on me.

B: She sits on you and hurts you.

G: Yeah.

B: I wonder if you're worried that she'll hurt Heidi?

G: (ignoring this question, he keeps his head down as he plays with the sea creatures)

B: It's scary when people hurt you like that.

G: (He takes the shark and has it pound the small aquatic creatures). "I saw an undersea shark eating one of these." (He disrupts play and goes and gets the batman weapon and begins shooting it around the room.)

Though Heidi's banishment, and the memories of his own hurt are too painful to discuss in much detail, this predatory play scene speaks volumes about what this event means, and triggers in this small boy. It appears that processing through the more symbolic medium of fish and sand rather than words or people figures, gives him enough distance from reality, to express his fears.

Play Themes of Fear, Aggression and Hiding

Most of the play themes in this category have been discussed already. In the ninth session there is a ghost that stalks the children in the doll house. The children hide behind a chair. In the tenth session, Gunther plays out a scenario of fear that

the two men will hurt the baby. In the eleventh session, the spooky bat that returns to the house is mentioned, and in the fourteenth session the shark attacking the fish is dramatized. In addition, Gunther uses the "bop bag" at least once within each session to act out his own anger and aggression.

Play Themes of Nurturance and Healing

Gunther's ongoing play and self soothing with the baby bottle has already been mentioned and continues throughout this stage. There is however a new kind of nurturing theme involving the tea set and dishes. In this play Gunther is the caretaking figure and I am the recipient of his cooking. It first appears in session nine when he asks "do you want to play tea?". When I respond affirmatively, he bustles about laying the table, filling the tea pot and cups from the baby bottle, and putting pretend cookies in the oven. We drink our tea and he sits back with a satisfied sigh and says "I have always wanted to play tea."

The healing and nurturing play most commonly follows directly after discussion or enactment of difficult issues. The next tea party occurs after Gunther talks about losing his dog Kirby. He expresses his sadness and then says "time for a tea party." This time he engages in a more elaborate process of food preparation, still supplying the tea from his bottle. While busily cooking, he hands me a piece of his real cookie "to hold me over". He removes the items from his pretend oven when he sings out "ding" to indicate the timer has rung. After he drinks his tea, he glances sideways at me, grins, and then gulps the rest of the bottle, finishing with a satisfied sigh.

In the twelfth session, he also uses the doctor kit for his reparative play. After completing a complex family scene in the dollhouse, he picks up the stethoscope and announces "I want to listen to your heart". He leans close to me, listening intently. He puts a Band-Aid on my nose, then proceeds to measure it, followed by "bonking it" with a small hammer. I respond "you're going to hurt my nose like you got hurt". He does not reply, but continues doctoring me, ending with an injection. When I say "thanks for fixing me up doc", he responds "now close your eyes, I am going home and someone else will come...the bubble blower". He fetches the bubbles and stands before me grinning from ear to ear. This pattern of acting out painful issues, then repairing the pain through a nurturing or doctoring play, followed by a kinesthetic joyful is a common pattern seen in this stage.

This small vignette demonstrates how far Gunther has progressed in his use of the play space during the twelve weeks of therapy. He is comfortable in our relationship, creative and imaginative in his play, and clearly knows how to use the space and our relationship to activate powers of self healing.

Summary and Analysis of the Second stage of Therapy

The trust, acknowledgment and affirmation that were built during the first stage of therapy, allow Gunther to reduce his defenses during the second stage. Without the camouflage of his defensive posture, we find a bright and appealing little boy, who he is able to demonstrate initiative, creativity, and joy. His body relaxes, his fixed facial expression and overbright voice

disappear, and he becomes more interactive with both myself and the toys.

Within this period we see tremendous growth in Gunther's ability to utilize both the therapeutic space as well as our relationship. Within the nurturing and protective confines of our relationship he engages in interactional patterns more common to the toddler period. There is an awareness and pride in his body (a body self) for the first time. He confirms his existence and importance through small games of hide and seek. Without the fear of ridicule or censorship, he experiences joy in the movement and abilities of his graceful body. He also generates a variety of scenarios that allow him to solicit the ego enhancing benefits of my praise and admiration. As each week goes by, we see him become more self confident, creative and focused.

As Gunther develops a confidence in his validity, loveability and competence, he is also able to access inner feelings and experience. Whereas in the first stage of therapy, he showed a clear avoidance of topics related to self and family; in this stage his play and drawings reveal a tentative connection with his inner world of experience. He uses the medium of art and play to begin to process his early experience of parental unavailability, neglect, favoritism and narcissism. Danger related to intruders and father figures also begins to surface.

Gunther's drawings likewise become contextual, grounded, and expressive of his issues as well as of growth. Additionally, his speech becomes more articulate, with a beginning ability to express body states, feelings, needs and ideas. He solicits my

sympathy when he has a sore throat, tells me when he needs more snack, and relates his feelings of loss and sadness.

Not only is Gunther able to use the play and art medium to begin to externalize and process his past issues and pain, he also engages in a reparative type of healing play. Within this medium he enacts the role of a positive caretaking figure who prepares supper, serves tea, bandages and doctors me. These sessions often follow immediately after the processing of painful projective play or drawings.

Mid Therapy Interview and Classroom Observations

Teacher interviews, classroom observations, and teacher response to the School Observation form were completed between the twelfth and fourteenth sessions of therapy. It is interesting to note that though Gunther shows marked progress within the safe and protected space of therapy, his teachers view him as becoming more difficult.

Mid Therapy Teacher Interview

The mid-therapy interview finds an exasperated teacher. Though she finds Gunther improving in some areas, he is much more difficult to manage in class. On the positive side, his concentration, ability to attend and follow directions has improved. He loves the block and construction corner, and shares his creations enthusiastically at circle time. He is also beginning to seek the teacher's help and approval.

Anxious episodes have decreased somewhat in frequency, but have increased in intensity. Despite this progress, his anxiety remains high. It appears that as he begins to connect more with his environment, Gunther is also more reactive to it. Instead of being oblivious to other children when they bother him, he now lashes out. He has also begun to seek approval and affirmation from the teacher, but has no sense of sharing or taking turns. When she does not call on him, he dissolves into tears. In addition, as he becomes more aggressive, he also experiences more limit setting.

Traditionally, his teacher's policy has been to send aggressive children to the principal's office. However, any attempt to remove Gunther from the classroom is met with extreme anxiety and fear. The teacher is aware that the terror he experiences is too great a punishment for the simple infraction of a kick or hit. At the same time, she is at a loss as to what to do to curb his behaviour.

At this stage Gunther is described as a "social outcast". Whereas initially , children generally ignored him, now they find him irritating, and tend to ignore or shun him. They complain about his crying and resent his "testiness".

Second Classroom Observation

This mid therapy observation begins immediately following the lunch break as children gravitate to their favorite play centers. Gunther moves purposefully to the block area along with four other boys. Once there, each of the four boys frantically tries to collect his share of parts belonging to the same popular building toy. Gunther chooses a number of elongated pieces, a triangular piece, and some wheel parts. He bends intently over his project, as he begins to construct his creation. He glances occasionally at the other boys, who are chattering amongst themselves, but shows no attempt at interaction.

He remains entirely engrossed, with an air of determination as he looks carefully at the different angles and fittings, before he connects each piece. When another boy reaches for one of his wheels, Gunther shouts "no", and pulls it away from him.

He hunches protectively over his vehicle as he continues to build. Another boy comes up and says "Gunther can I have one of these wheels, you have three and I need it for my car". Gunther glares at the boy, who asks again. This time, with a whining voice, Gunther answers "no" and lowers his gaze to his lap. The boy goes away, but soon returns, and unceremoniously yanks the piece away. Gunther follows him saying "That's mine" in a helpless voice, while the boy returns to his spot, turns his back, and begins working. Gunther moves towards the shelves, drops in a heap, and begins to cry. The teacher approaches, asking what has happened. The other boy is quite articulate explaining that Gunther had more than he needed. Gunther keeps his head bowed, makes no eye contact, and only occasionally emits an angry "no" or "I did too". The teacher finally gives a general admonishment for the boys to share and leaves. Gunther retreats to his corner, hunches over his vehicle, as he tries to finish his project without his treasured part. His expression is sad and restrained.

During clean up time, though Gunther is reminded a number of times, he does not participate in the tidying. Instead, he wanders distractedly, fingering books and finally playing with puzzle pieces on the floor. Again the teacher approaches him saying "you won't be allowed to participate in sharing time if you do not clean up".

Later, as the teacher calls the children to circle time, Gunther retrieves the vehicle from his cubby. He brings it to the circle and sits appropriately, in a cross legged position. He watches the other children as they sit down, and then his eyes

become fixed on the teacher. When the teacher says "lets see, whose turn is it to share today?", a number of children, including Gunther, raise their hands. As other children are called on to share, he continues to wave his hand in the air. Finally the teacher asks the children to put their hands down and listen to the person who is talking. He complies, but again raises his hand when she asks for other children to share. Though he is not chosen, Gunther watches the child as she talks. When a child beside him nudges him, he elbows him back giving him a piercing look. When circle time is over, Gunther sits bewildered, with his hand still in the air. The teacher comes over and kindly explains that children who do not clean up cannot share. He crumbles in a heap and begins to cry as she continues to explain. He remains in this position for three minutes as the children step over him on their way to other activities.

The last part of the mid therapy observation takes place during learning center time. Gunther is sitting at a computer with one other child. When the teacher finishes giving instructions on the use of the ABC program, Gunther immediately begins to experiment with it. When he doesn't know what to do, the teacher gently reminds him. He is alert and focused on the screen, able to attend and to follow her instructions. The teacher moves away and Gunther hunches, over the screen, with body stiff and tense but performing the task correctly. His partner taps his shoulder and begins to say that he wants a turn. As soon as the child taps, Gunther hits him in a "knee jerk" kind of response. The child says "hey its my turn" and starts shoving Gunther over. He, in turn digs his heels in to resist. The

teacher intervenes telling them that Gunther is allowed to finish his alphabet, and then he must give the other a turn. Gunther looks up and says "O.K." in a resentful voice.

Analysis and Therapist Intervention with Teaching Staff

At the time of this interview, The aggressive behaviour described above had been present for approximately three weeks. It is my hypothesis, that as Gunther discarded his dissociative defenses, he also became more easily irritated, triggered, and fearful. Additionally, removal from the classroom is indeed cruel and unusual punishment for any child who has experienced parental abandonment and rejection.

Consequently, upon completion of this interview, I spent time with teaching and support staff reviewing the impact of separation upon a child such as Gunther. I then helped them set up an alternate approach for dealing with all children who were acting out in the classroom. We reviewed how to recognize those children who misbehave due to internally generated stress or trauma reactions. They learned how to name the child's underlying feelings, before setting limits. We then constructed a "feeling better place" within the classroom for children to go when feeling so upset and angry that they were in danger of hurting other children. This approach recognizes the child's underlying feeling, instead of focusing only upon the symptom. It is rewarding to note that this alternative to removing children from the classroom worked not only for Gunther, but for many other children as well. Aggressive and hurtful behaviours were reformed, and children were assisted to feel, and therefore

act better, and they did. Gunther's behaviour began to improve incrementally after this intervention.

Third Stage of Therapy (Sessions 15-25)

The third and final stage of therapy spans sessions fifteen through twenty five. This is a very difficult time for Gunther because it includes, not only the period of Heidi's banishment, but also the birthdays of all three children in the family. As we hear, through his poignant disclosures, birthdays prove to be the ultimate illustration of Gunther's position as least favored child. Though this is a time of extreme disappointment at home, Gunther continues to evidence significant growth and healing within therapy, and the classroom.

Session 14 proved to be a significant transition point into the final stage for this young boy. The child that comes to therapy is more connected with both his inner world as well as the outer environment. By the eighteenth session Gunther's presentation is synchronous with his play, verbalizations and affect. For the first time his eyes and face become as expressive as his drawings and play. No longer must I interpret exclusively from his play or his defenses. His drawings and his verbalizations speak, in small pieces, not only of his hurt, but also of his joys and wishes.

There is likewise a new creativity and confidence in Gunther's verbiage, gestures, drawings, and play. Drawings are large, bright, and full of detail and affect, and he asks to display them on the walls. His play is full, creative, and shows the beginnings of reciprocity. Though he is not yet entirely age appropriate in his interaction, we see the beginnings. This new

sociability also begins to generalize to his classroom and outer world. Not only is he able to talk about his home environment, he also shares brief anecdotes from school. For the first time I hear about classroom friends, as well as adult helpers.

As Gunther's disconnection from inner feelings begin to dissipate, he shows an enhanced level of self healing play. He uses our play time for ego enhancement as well as nurturing and reparative play. Additionally, his pictures and dollhouse play become more detailed and specific to his traumas, allowing him to externalize his pain and disappointment.

Manifestations of Self and Self Within Relationships

As therapy progresses, the differentiation between what is the self versus the self that responds within relationship, becomes less distinctive. In the first stage of therapy, with Gunther detached from both his inner and outer world, the self could only be implied through analysis of defenses, drawings, brief play, and unconscious gestures. The self within relationships was more evident, gleaned from his anxious and protective interactional patterns. In contrast, in this final stage, there is both a clear sense of Gunther's conscious cohesive self or ego, as well as an openness and authenticity of interaction with me. I no longer feel the need to make meaning from defensive behaviours and gestures. His presentation of self is indeed congruent, open, and predominantly conscious, as is the self that relates to me.

Anxiety

During this final stage, Gunther's behaviours within the play therapy room are more like those attributed to securely attached children.(Main, 1989, Egeland, 1992) He is curious and resourceful, and confidently shares his dreams and experiences with me. There is no trace of the original anxiety and hypervigilance. In fact when he makes a mess, I hear my own messages in his words such as "its O.K., we can clean it up", or "it's O.K. to make messes in here".

Body Alignment, Eye Contact and Proximity

Gunther now approaches me without hesitation, and seeks to be comfortably close, without violating my body boundaries. He solicits my assistance when necessary, but has the confidence to first try his own solutions. He actively experiments, and feels assured enough to offer suggestions for play or repair of the toys. When he talks, he makes occasional eye contact and faces me directly. His body is relaxed and open, and his movements are energetic and graceful. There is synchrony between play, body posture, voice tone, facial expression, and verbalizations. For the first time Gunther's eyes are also expressive, reflecting the content and feeling of his play or conversation. His eyes crinkle at the corners, and his face "squinches" up when he giggles, jokes or laughs. In addition our conversations are beginning to be reciprocal, and he is showing the first signs of empathy, both to me, and within his conversations.

Focus, Affect and Connection

Instead of the abrupt, segmented play of the earlier stages, there seems to be a logical or natural flow from one play or conversation topic to another. He is generally able to regulate his own affect, coping, and responses without the need to abruptly disconnect from me or a topic. He may enter with a sad tale from home. When I try to expand his conversation further, he may calmly inform me that he has had enough talking. A kinesthetic play, such as batting the punch balloon or beating up the ref that releases some of his tension may come next. A session in the dollhouse, or a drawing that addresses the issue at a more metaphoric level, may then follow. Frequently this will lead to a moment of verbal sharing about home or family that seems a metaphor for his larger picture of neglect, hurt or unavailability.

An example of this new connection and flow within the therapy hour is evident in session 22. After a drawing and discussion about being hurt at the birthday party, and no one helping him; Gunther tells me that his older sister Ilse has taken the stuffed dog that I had given him for Christmas. When we talk about how he could negotiate to get it back, it becomes clear that he is unwilling to do anything that might alienate her. Consequently he starts batting the punch balloon around, and eventually ends this series of playroom events with the reparative play of a tea party session.

The above example demonstrates another area of Gunther's growth. He now exhibits an ability to express both negative as

well as positive emotions about the same person, or within the same session. Over the course of therapy, he has moved progressively toward more fluent access to, and expression of affect. In the first stage, he was avoidant of any conscious display of affect, especially in relation to self, family, or friends. In the second stage, conscious affective expression was minimal and only positive, while projective affect tended to be predominantly negative. Within this third stage, Gunther is capable of expressing both negative and positive feelings to me, and about non threatening individuals like his sisters, friends, or cousins. Throughout this study (term of therapy) however, he continues to avoid conscious, affect laden, discussion about any of his adult caretaking figures, past or present. This topic continues to be expressed only through the safety of indirect comments or projective media.

Developmental Level

Much of Gunther's behaviour is reminiscent of the late toddler, early preschool stage of development. He has moved from the "honeymoon" kind of positive, joyous relationship of the second stage, to one with more scope of affective response to me. In the first half of this stage he engages in a humorous kind of testing behaviour. Session seventeen is the first time that he loses his adult fearing cautious facade. He is messy, smearing water and clay on the table. Later on as he leans over the wet sand tray, he finds small toys buried in the sand. He pulls them out one at a time and giggles as he says "this is you." These actions seems a mixture between the smearing of the toddler stage

and the "toilet tongue" humour of the preschool years. The toilet talk continues into the eighteenth session. Throughput this session, he finds many opportunities to say "fart": "I farted" ; "I farted on you". Each time, he giggles, clearly pleased with himself.

His interactional play is also more reminiscent of a preschool child. Whereas in the second stage, I was more like another object in his self directed play, in this stage he shows the beginning of a more reciprocal kind of interaction. I am given a more active role in both the nurturing and in the healing play. He also shows the first glimmer of true empathy. We are playing bubbles, blowing the bubbles back and forth. He blows one at close range and it goes into my eye. As I wipe my eye he says "are you all right? That scared me". At the very end of this stage, the teacher also reports empathic behaviour in the classroom as well.

Gunther also reveals a richer "compensatory" fantasy life. In session eighteen, he tells me that he has a dog that he walks to school; "no one can see it, I hide it under a tree. My mother says so." In session 20 he tells me that he dreams "all the time about trees". And finally in session 22 he tells me "I have three brothers you know".

His experimental play also extends into this stage. From the nineteenth session onward he spends a small part of each session experimenting with the flashlight. He examines toys under the water with it. He compares how things look in the light, compared to in the dark illuminated by the flashlight.

Finally, he shines the flashlight through his pictures as well at any translucent object he can find.

Our conversation too is more reciprocal and fluid. He is able to engage in a cohesive conversation with his responses actually connected to what I say. Gone is his adult pleasing stance, as he is able to more clearly state his own needs. An interesting manifestation of this behaviour comes in relation to leaving the playroom. Twice during this stage, he decides that it is time to go before I tell him. Both times occur when there has been a natural flow to the session, and he has finished a reparative kind of medical play.

Conscious Verbalizations About Self and Family

One of the most striking manifestations of Gunther's progress within this stage occurs in his conscious verbal conversation. Over the course of therapy he has progressed from being entirely avoidant of any personal conversation about self and family, to spontaneously initiating conversation about himself, his relationships and his feelings. In this final stage he becomes increasingly able to sustain emotionally laden topics through to their natural conclusion.

Gunther enters the fifteenth session with dark circles under his eyes, and a sad, listless demeanor. He eats his snack, and moves from one play area to the next without particular focus. When I ask him how things are at home, he is able to share the fact that Heidi is still away and that his two cousins are staying at his house. He explains that they are there because his other aunt is getting married. When I ask how that is for

him having Peter and Annie staying with him in his room, he says "bad". He then picks up the feeling dolls, looks at them and says:

G: I like going first.

B: You wished you could come here first instead of Tony? You want to come earlier.

G: I want to come before recess.

B: You do. Why is that important to you?

G: (He sits down right in front of me). Tony is bad in class.

B: He's bad.

G: He says bad words.

B: And so you think you should come here before him.

G: yeah. I want to come first.

B: I'm glad you told me. I think I could change your time with Tony, but not because he's bad. I think it is your turn to come first. I'll check with Tony and the teachers and make sure that is O.K. with their schedule. I'm glad you told me what you needed.

Though Gunther has trouble explaining his rationale, he is nevertheless able to express his needs, and make a difficult request. There also seems to be the subtle connection, between feeling "second best" in his own home, having to share his limited space with intruding cousins, and an awareness of his needs in the playroom. This not only shows progress in self awareness and the use of internal state language, but also a trust in our relationship.

As I meet Gunther in his classroom for the eighteenth session, the teacher informs me that he has been sad and weepy. As we enter the playroom:

B: Your teacher tells me you've been having a hard day today.

G: (He looks directly at me with sad eyes) Yeah, at home too.

B: At home too. What is happening at home?

G: I forgot, its sad.

B: Maybe we could talk, or draw or play about what's happening at home. Then you won't have to be sad all alone.

G: No. I want to play first.

B: Could we save ten minutes at the end to talk about home.

G: Yeah.

Not only is Gunther able to tell me that things are "bad" and "sad" at home, he is also able to let me know that he wants to play before we talk. He states his feelings and needs, and is able to negotiate a way of meeting them. Later, when he is ready, he talks and draws about being hurt at his little sister Heidi's birthday party.

Gunther's new ability to express feelings extends to positive discussions about family and friends as well. In the seventeenth session, he comes in and says "do you know Shelly?" "She's my friend". In the twentieth session he tells me about his bus driver who is nice to him. In the twenty first session, he writes the names of this bus driver, as well as a helper's name in the sand. In the twenty second session, he talks both about his uncle who gave him marbles and his helper who gave him a birthday present. And in the twenty fifth session, Gunther talks about school all the way to the play room. He is able to sustain this conversation as we enter, telling me "Kirsty... she's getting a smelly eraser, and Ashley is getting a mermaid one that doesn't smell." When I reply "its nice to have friends now", he

replies "yeah". Though this may not sound like particularly profound conversations, it reveals tremendous growth over twenty five weeks. Gunther has progressed from a child who originally remained totally disconnected from others, to one who cares about his friends, dreams, and plans.

The ultimate test of this young boy's ability to stay attuned and communicative at a verbal level comes in the twenty third session. Prior to this session, the teacher's aide informed me that two different children had disclosed that Gunther had touched their private parts through their clothes. I broach this topic by telling him "Now Gunther, you know that I like you and will always like you no matter what". He replies "yeah" looking directly at me. I then embark upon what is essentially a sexual abuse interview, which involves asking: (a) if he knows what private parts are; (b) if any one has touched his private parts; (c) explaining the rules about touching other children's private parts; and (d) reviewing who he can tell if he ever experiences inappropriate touching. This once very avoidant and reactive child is able to sit through this entire conversation, facing me, without distancing. He readily answers the questions and informs me that there is another kindergarten child who frequently touches his private parts in the washroom. At the end of this session, he is able to correctly answer my questions that affirm his comprehension. This session proves to be an unplanned confirmation both of Gunther's communication as well as his trust in me.

During this final stage, Gunther's play and drawings are also enlivened with appropriate internal state language. The

children in the doll house are "scared" and hide. In his pictures, the caterpillar is "hungry"; the child is "hurt" and is taken to the hospital; and the fish is "sad" because it has lost its mommy. The projective media not only reflect his emotional experience, but also the context of that experience. By this last stage of therapy he is able to utilize our relationship to (a) externalize his issues and pain through the media of play; (b) consciously discuss current hurts within his family; and (c) verbally seek help and affirmation.

Play Themes

As Gunther becomes more congruent in play and conversation, it becomes increasingly difficult to isolate one area of analysis from the next. Instead of the segmentation between his play, art, feelings, and conversation, there is a greater fluidity between these areas, with few, if any play disruptions. Because most play themes are discussed within other categories, this section will only focus on play themes involving medical and nurturing play.

Healing and nurturing play is a fascinating aspect of Gunther's self soothing and repair. The baby bottle continues to be a constant companion, and is the source of much creativity and pleasure. He drinks from it when he is thirsty, and fills the tea cups and cooking pots for mealtime play. A particularly poignant vignette occurs in the seventeenth session, while he eats a cookie with his left hand and holds the bottle in his right. He puts the cookie on the table, and sprinkles it

thoroughly with water from the bottle. When he again begins to eat the cookie, he does so with unusual enthusiasm, looks me in the eye and says "This is my medicine, I'm having my medicine". In session 25, Gunther prepares an elaborate pretend tea party, using the baby bottle as his source of water. He keeps refilling the teapot, then the cups and gulps the water from the cups. With each cup that is emptied, he says "we're getting healthy". Finally as both of us admit that we are full, he pours the rest of the water back into the bottle, he sits back with a satisfied sigh and says "now I'm healthy".

This mixing of the themes of health and nurturance are not surprising. Children who have been traumatized early in life inevitably seek out the baby bottle once they feel safe within the presence of the therapist. The acceptance of their most basic emotions is implied by the availability of soothers and baby bottles in the playroom. This acknowledgment, and the symbols of nurturance are indeed a profound parts of the healing process.

Though not all of the bottle play seems regressive, there are times when regression is clear. In the eighteenth session, while Gunther rolls and shapes the clay, the table top becomes quite "mucky". He sprinkles water from the bottle onto the table, and begins a joyful, giggling, smearing tactile play. When he is finished, he takes one more regressive step back. He drinks thirstily from the bottle and then drops it on the floor, looking at me with an inquisitive twinkle in his eye. I fetch it and hand it to him, only for him to drop it again. It is decidedly reminiscent of the older infant who is testing his

power over his mother's consistency and good will, by dropping his bottle for the sole purpose of the retrieval game.

Quality of Child Therapist Interaction

The above discussion speaks to the level of trust that has developed within this therapeutic relationship. Gunther is able to bring issues from home, externalize them through talk, play and drawing, and receive support and affirmation for his feelings. He has reached a point where he can joke, and challenge my acceptance by messing and using "toilet language", and he can comfortably tell me that he wants to see me at the beginning of the day instead of after recess.

There are other small gestures that speak to the deepening of his trust. He begins to use non verbal gestures to indicate his wants. A number of times, he points at the baby bottle, thus indicating that he wants me to pass it to him. At other times, he finishes a long drink and then silently hands it to me, as a clear offer to share this important symbol of healing and nurturing.

Despite this deepening trust, he continues to use the symbol of the throwing start to monitor my ongoing acceptance of him. In the seventeenth session he picks it up and says:

G: remember this?

B: Of course I do, a good friend made that for me.

G: No. I did.

B: That's what I mean. You are my good friend.

G: Yeah.

In the twenty second session he checks "do you still have the star?" In the twenty fourth session he says "do you like the star? I think I'll fix it". And finally in the twenty fifth session, he tapes a feather to it and asks me "is this special?" To me this interaction is Gunther's way of asking "do you still value me?" and "am I special?"

In the seventeenth session, after he engages in medical play, Gunther reaches into the Band-Aid box and says "I think I'll take some of these home, we don't have any" as he stuffs some in his pocket. From this time onward, as the healing play concludes, a few Band-Aids are always reserved for home. This is one more way to take the good feelings of our relationship and space beyond the playroom walls.

Another example of Gunther's ability to internalize the support and affirmation of the therapy room occurs in session 18. Events of the previous five weeks have been unusually painful. Heidi and Ilse have both had birthday parties filled with relatives, presents and balloons. Gunther's own birthday comes with only a cake as acknowledgment. He enters this session, sad and listless until he comes upon an idea. "I think I'll draw the beautiful rainbow" (a mobile with a rainbow, cloud and sun in the corner of the playroom).

Figure 4.13
The Rainbow and The Caterpillar

He draws a perfect likeness and proudly tapes it to the wall. He then decides to draw a second to take home and hang above his bed (Figure 4.13). To the second rainbow, he omits the "to barb" at the top, and instead draws a small caterpillar beneath. (The caterpillar is the symbol he has previously used to depict me as his family.)

Session 22 falls a week after Gunther's birthday and contains a very different spontaneous picture. He again conveys a listlessness, informing me that he was given a cake for his birthday, but no presents or party. His mom did not attend his birthday, despite the fact that she arrived for both Heidi and Ilse's parties. Prior to this drawing, the session has involved themes of babies and moms, and of love and hate in relation to his mother and Heidi. He has just finished playing with the mother and baby kangaroo, when he sits down at the table and begins to draw (Figure 4.14). As he draws he says:

Figure 4.14
The Star Map
(Shows Gunther how to get to me)

G: You don't know what this is.

B: No I don't. It's pink though.

G: I'm making a map. Its a map that I am following.

B: Ah, a map just for you.

G: And the stars tell me where to go. This one is me (a large star) and this one is you. And the map tells me how to get to you. I just follow it.

This poignant drawing affirms, what many of Gunther's verbalizations have implied. He has begun to internalize the good feelings and affirmation of our relationship. He now has his own internal map of self and of our interaction. He knows how to access my support, and has confidence in his abilities to do so. His teacher's ongoing reports from the classroom also indicate that he has generalized this experience to other safe and positive adults in his life. This is one of the important goals of this kind of attachment therapy; to provide a model (or map) for a child to access healthy relationships.

Gunther's drawing of self as a tree in session 25 also leaves little doubt about his trust and sense of self as good within our relationship. He draws a lovely tree (see figure 4.22) full of apples. Among other queries, I ask:

B: Is there anyone near to the tree

G: Who likes It (gentle sighing voice)

B: (I follow his direction saying) Yes

G: You. (smiling and looking directly in my eyes)

B: I do like the tree. I like it a lot.

And if there is any doubt as to what this therapeutic relationship has become to this once avoidant child, Gunther creates a spontaneous valentine for me in the twenty sixth session (Figure 4.15). As he draws he explains that the picture is of me, and that I am an angel. He makes stars on my legs and a butterfly on my shoulder. A small flower, which I guess

represents him, accompanied by "half of a heart", is emerging from the ground beside the angel. He then encapsulates the angel, the flower, and the heart. Finally he adds the ghost at the top who is "looking in" and asking "what is this picture for?"

Figure 4.15
Spontaneous Valentine

Artwork Related to Self and Family

Most of the spontaneous drawings of this last stage of therapy reflect Gunther's struggle to address the pain and rejection experienced within his family unit. The resultant externalization and discussion of these core relationship issues, allows him to begin to extricate himself from those defenses which continue to keep him distant within relationships. The result is a blossoming of his images of self, as well as well as a concurrent inclusion of significant others in his play and drawings. Discussion of Gunther's drawings will therefore first explore those images related to family and relationships, and later examine the images related to self.

In general, Gunther's art is his most poignant medium for self expression during the final stage. His images of family and home are colorful and grounded, and rich in detail and emotion.

His drawings are communicative, more closely paralleling the reality of family life. Gone is the total avoidance of family, and in its place is a beginning readiness to share and be heard.

His images likewise take on new life, filled with flowing rivers, living creatures and active weather such as rain, hot sun, and lightening. His related verbalizations are equally enriched and he begins to add names of new found attachment figures. At first, he adds my name to the top, but as therapy progresses, he also includes the names of school friends, a male bus driver, and a male volunteer helper as well. Most interesting is the fact that in the very last session, he finally adds his own name. As he allows his life to become more peopled with relationships, this is also reflected in his art.

Session 15 contains the first picture (Figure 4.16) that alludes to his painful relationship with his mother and her current partner who is Heidi's father. This is a spontaneous picture that follows our discussion of Heidi still being away from home. He draws a house perched upon a hill, divided by a gully from a second hill. There is a bizarre sun and dark clouds above, water below, and large puffs of smoke coming out or an inordinately large chimney.

Figure 4.16
The House Where Parents Play

I ask him to tell me about the picture and he says:

G: This is the road and this is the bridge going to the river. Its a house with lots of toys, and the mommy and daddy play with the toys.

B: And where are the kids?

G: None

B: No kids?

G: No kids, just the mom and dad

Once he makes this remark, he adds the large brown clouds. His drawing, demeanor, and voice are filled with a deep sense of sadness. I suspect that the clouds reflect the fear and depression triggered by Heidi's absence, as well as his own experience of being removed from his mother at a similar age. It is likely that the dialogue also represents his ongoing experience of infrequent visits by a well dressed mother and her friend who promise to bring toys and take the children on trips, but never follow through. In this picture, Gunther seems to make the connection between his mother's abandonment and his feelings of neglect and yearning.

By session 16, Heidi has returned home to resume her position as most favoured child. Her birthday celebration, with many relatives (including mother), presents, and a cake is held the first weekend after her return. Gunther again exudes sadness and helplessness as he enters this session. After eating his snack, he begins a spontaneous drawing (Figure 4.17). The picture is of a small red girl with a sad mouth, crying large purple tears. Beside the girl is a flower with a big smile on its face.

When I ask Gunther to tell me about his picture he replies:

G: It is my sister Heidi.

B: What's happening in the picture?

G: She got bit by a snake. She's crying.

B: Then what happened?

G: I had to take her to the doctor.

Figure 4.17
Heidi Bitten By A Snake

His deep rage at his sister for receiving the love that he so desperately needs seems to surface in this picture. I assume that the smiling flower is Gunther. That he takes Heidi to the doctor in his story also reflects either a sense of guilt or a move toward reparation.

Gunther's awareness of his position in the family is illustrated later in the same session. While he is playing with clay, I ask him to make figures to represent members of his family. At first he says:

G: I don't have a family.

B: Aren't you even in it? Maybe I could make you as an elephant.

G: No, a rock. (He rolls a very small ball).

B: A very tiny rock, the littlest of little rocks. And where's Ilse?

G: (He takes a big piece of clay) She's a big rock, I'm just a little rock.

B: And what about Heidi?

He begins rolling elaborate pieces of clay that eventually form into a motorcycle. Though once he makes the final object,

he no longer relates it to Heidi, the comparison seems to fit with the relative position of power and importance held by each child in this family. It is also interesting to note that later as I put the clay away, I almost miss the small "Gunther rock", he reminds me, "Don't forget the Gunther rock."

In sessions 17 and 23, Gunther seems to be expressing direct aggression toward a baby figure. In the former he shoots a batman weapon, exclaiming with excitement, "it landed right in the baby's mouth". In the latter he is pummeling the punch balloon and when it lands on the doll house, he reports gleefully "it hit the babies and woke them up".

It is likely that the baby represents both himself and his younger sister whom he frequently refers to as "my baby Heidi". Much of Gunther's acute trauma also occurred when he was a baby. Scenes of violence, abandonment and neglect, both by his own mother and within his first foster family were the reality of his infant and early toddler experience. Therefore some of the play appears to be complementary, repeating scenarios from his frightening visual memories. Others such as the infant feeding and play scenes are most likely compensatory, portraying his ongoing need for nurturance.

Session 19 falls a number of weeks after both sisters' birthdays, and immediately preceding the Christmas break. The "feeling better place" has also been implemented in his classroom and the teachers report that he is less aggressive. He is also reported to be seeking the teacher out for help and support. Upon entering the playroom, he goes directly to the table and

begins the spontaneous drawing (Figure 4.18) below. He draws mountains, chatting as he continues:

G: These are the mountains. People are hungry here. (He makes many dots) Now I'm going to draw a sun. Here's a river (at the bottom of the page), Now a light blue. Did you know that I like brown and purple? The clouds are blocking the sun. Its clouds.

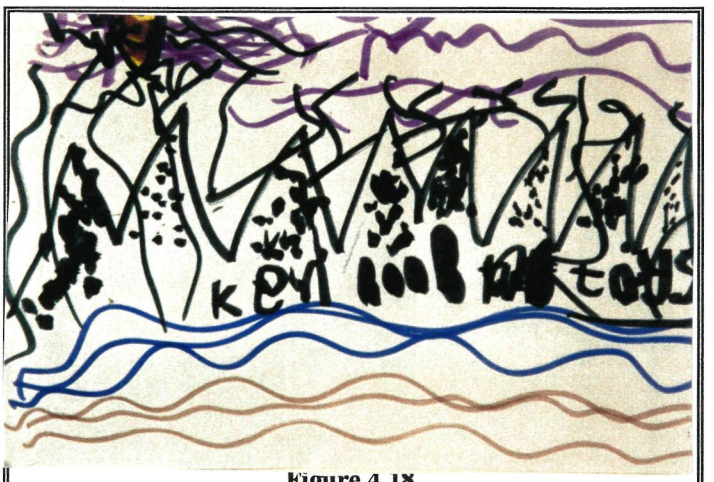


Figure 4.18
The Mountains and The Storm

B: Its quite a storm.

G: Do you know what that means? Heavy rains. I know how to spell Bobbie. He adds the names of Bobbie and Ken to the top of his drawing. (These are two adult men in his life. Ken is the bus driver who has befriended him as he takes him to and from school every day, and Bobbie is a person who occasionally helps the family.)

We can only guess at the entire meaning of this picture. There are a number of aspects however that reflect the change in this little boy. There is new energy in Gunther and in his picture, similar to that seen when he first emerged from his disconnected stance. The storm, complete with thunder and lightening, certainly reflects this. During the previous four weeks, he has used the therapy sessions to process the past and current pain in relation to his family. It now seems that he is emerging with a new vitality.

According to auntie, hunger was a serious part of the neglect that Gunther and Ilse experienced in foster care. She reports that when she found them, they were both "skin and bones", eating only dried oatmeal. This is the only time during the 25 weeks of therapy that Gunther talks directly of hunger.

Probably the most interesting sign of movement in this drawing is Gunther's inclusion of the names of adult male helpers at the top of his picture. This marks the beginning of a period in which he uses some of the playroom time to verbally share his positive experiences with both adult and child friends outside of his family. He was first able to emerge from his disconnected state to engage with me. He then used the medium of play therapy to reconnect with his internal feelings regarding family, and now he is able to move into relationship with others in school and community.

In session 21, he comes in, moves directly to the sand tray, and again writes the name of Ken and Bob, this time, in the sand. In session 22, he talks about a project that he and Mindy are doing together in his class, and in session 23 he tells me that Hardeep and Angie are his friends. Finally, in the twenty fourth session, he adds the names of Ken, and Mindy to his self as a rosebush drawing. Furthermore, as I pick him up in the classroom each week, I see increasing evidence of his ability to interact in a positive way with both teachers and children.

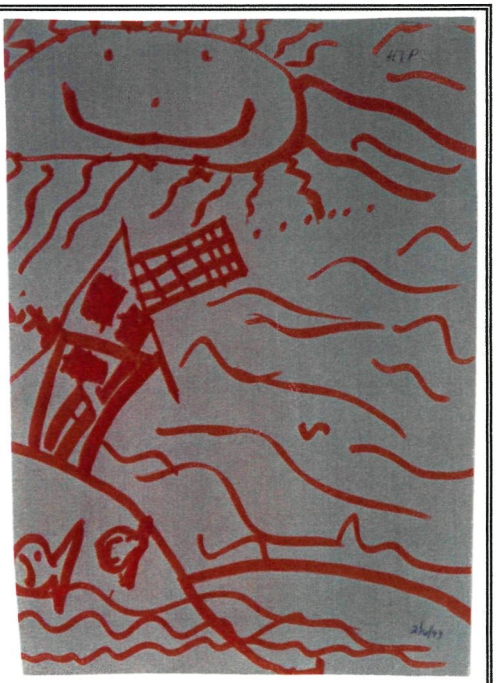


Figure 4.19
Gunther's Final House Drawing

Gunther's final house drawing (Figure 4.19) in session 25 illustrates his broad transformation during the 25 weeks of therapy. In contrast to his early drawing, this house is created using large, relaxed

strokes.

The entire picture is drawn in bright orange. The environment is rich with hills, a river, clouds and a large smiling sun. It is interesting that the chimney is almost as big as the house, and the door offers easy accessibility. The image has certainly changed over time. Perhaps the most profound movement occurs in Gunther's willingness to speak about his home and family. The following dialogue accompanies the house drawing:

> G: (Relaxed, drawing with big confident strokes) There, there's the house... there's the dining room. There are yellow drapes. There.
>
> B: Is it finished?
>
> G: No. the sun, a big yellow sun. Its really big. Oh yes. I have one more thing, that's the water, ... and a fish, a sad fish.
>
> B: A very sad fish in the water.
>
> G: (looking directly at me, facing me relaxed) Sad because he lost his momma.
>
> B: Lost his momma. He's sad, so sad.
>
> G: (Drawing another fish). That's the momma, here's the little baby. That one is happy.
>
> B: the baby is happy?
>
> G: Yeah. Because it is a baby. And here are the clouds over here. Do you like it?

Essentially Gunther's house drawings have paralleled his process of a gradual opening, and acknowledgment of feelings regarding family. His early drawings were cold, disconnected, ungrounded, paralleling his sense of avoidance of details related to family. As therapy progressed, he was able to acknowledge some of his disappointment and sadness, and to seek not only

support, but alternate relationships. As he allowed some of the details of his life to rise to consciousness, his family and relationship related pictures also became more graphic. Houses and environment became more explicit, doors became accessible, chimneys emitted smoke, and the weather turned from cold to sunny.

This house illustrates and acknowledges Gunther's deepest hurts related to his family. The water and the sad fish reflect the sadness and loneliness of having been abandoned by his mother. I would interpret that the baby fish represents sister Heidi, who he sees as connected to both mother and auntie and is therefore the happy baby fish: "she's happy because she is a baby".

When asked to draw a last family drawing, Gunther was not entirely ready to comply. Pictures of Auntie and Heidi were obviously still too painful. But he did respond that, "No I can't draw my family but I will draw my house" (Figure 4.20). As he begins this drawing, he first draws the series of stones on the ground, and then the line above it. The house is then drawn on the line. He draws the grass, then the four windows, and finally fills the house with six stars. In answer to my questions he replies," the weather is

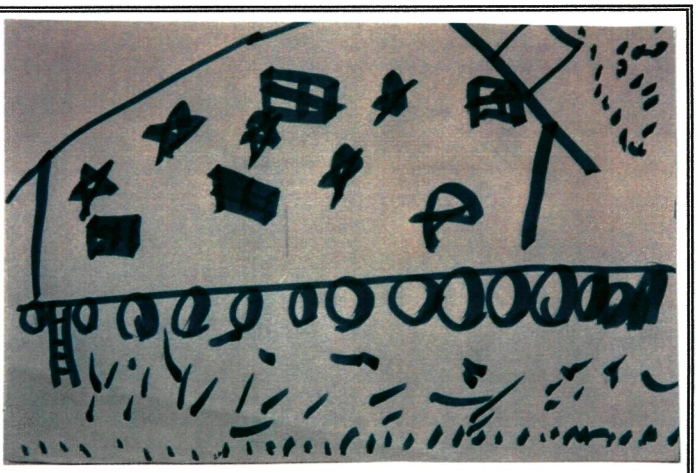


Figure 4.20
I Can't Draw My Family, I Can Draw My House

warm, no one has hurt the house". When I ask if it needs anything, he wordlessly draws the smoke coming out of the chimney, in the shape of a heart.

Family is indeed, the ongoing source of this child's sorrow. There is no door that allows accessibility to this image of Gunther's house / family. It is indeed his ongoing reality that he has access to physical care, but not to the sense of love and belonging that a caring family would bring. Despite this very sad reality, play therapy has nevertheless provided an alternate model of relationship for this young boy. Through our connection, he has developed new and more adaptive ways of being in the world and within relationships. With this growth, he has broken out of his disconnected posture and connected not only with peers and teachers, but with other supportive adults as well.

Self Representation in Artwork

In this final stage of therapy, Gunther's drawings parallel his rapid growth in self definition, self efficacy and self confidence. Spontaneous drawings specifically related to the self, however do not begin to emerge until he has completed some intense work on his relationship to his family.

Gunther's first self related drawing is still cloaked in metaphor. It is the eighteenth session, directly following Ilse's birthday party. His demeanor is sad and listless as he tells me that things are bad and sad at home. He plays, and then he draws a picture of the rainbow that hangs on the wall of the playroom. This picture seems to soothe him, and he draws another to take

home with him. When he has finished this self healing work, he feels ready to draw about the difficult times. Whereas his rainbow is bright and accurate and cheerful, this picture is monochromatic, dark, and contains many indecipherable blotches.

He begins this spontaneous drawing (Figure 4.21) by completing the ground first:

> G: (Draws the figure of the child next, starting at the left leg, progressing up the body, to the trunk, head, right leg, and then the child's tears). I need some hands. (Draws the triangle shape) A thing banged her on the head, do you know what it is, its a bird eater.
>
> B: A bird feeder?
> G: Yeah. I'll do a tree. There's a string hanging from the branch, hanging way up there.
>
> B: And then what happened?
>
> G: It fell on her head and she cried.
>
> B: And then what happened?
>
> G: Nothing.
>
> B: Did anyone help her?
>
> G: No
>
> B: And how did that make you feel?
>
> G: Sad.

Figure 4.21
The Child Hit By Bird Eater

Although Gunther does not say that this picture is about himself or his experience at Ilse's party, his body language conveys the sadness and identification with the key figure. This is confirmed, almost immediately following the drawing, as he begins telling me how awful Ilse's party was for him. He relates that his cousin Jake hurt him, and that no one helped him. This sense of being unprotected and unimportant in his family continues to be his most verbally prominent issue.

Figure 4.22
Gunther's Self As Tree

By the twenty-third session, Gunther's self image shows more optimism. When I ask him to draw himself as a tree (Figure 4.22), he does so willingly and without hesitation. His drawing is particularly interesting because it portrays both the growth of self, as well as his new ability to acknowledge his family, as represented by the house.

As Gunther draws his strong tree, he tells me "do you know what these are, they're apples, there's apples inside the tree too." He adds the house without prompting, naming each room as he draws the windows. Though he still does not mention auntie, he names the bedrooms of each of his sisters, pauses, and then says "oh yeah, one more, my room is on the bottom". This drawing appears to illustrate Gunther's growth and "fruitfulness", as

well as his newly developed ability to integrate many of the realities of his family life into his self awareness.

He draws a similarly positive tree (Figure 4.23) as part of the House-Tree-Person series in the twenty-fifth session. His answers to the standard questions, are another reflection of his growth toward an affirming sense of self. He says that the tree is happy, that the weather is warm, and that nobody has hurt the tree.

Figure 4.23
Gunther's Final Tree

Each of Gunther's trees show abundant foliage, and big apples on both the inside and the outside. It is hard to imagine a more fitting image for this boy whose true self seems to be growing and developing so joyfully. It is however, also relevant to note that this projected image of self is neither naive nor blind to reality. This final tree shows both the recent growth and productivity of the self (the apples and foliage), as well as the ongoing damage (deep scarring on the trunk). Like his recent verbalizations about life at home, Gunther's tree concurrently represents both the pain and the good in his life.

Gunther's joyfulness in self and self confidence are also reflected in his person (Figure 4.24). He draws a young girl with outstretched arms and hearts on her dress. He spontaneously tells me that she is playing catch with the sun. When I ask the series of questions, he replies that she needs air, and good food, and for someone to say "I love you". Like his first person drawing, this little one is interested in friends, being acknowledged, and the focus is on aural sensing. Like Gunther, the final person drawing is more full of life and aware of what he needs, and wants to hear.

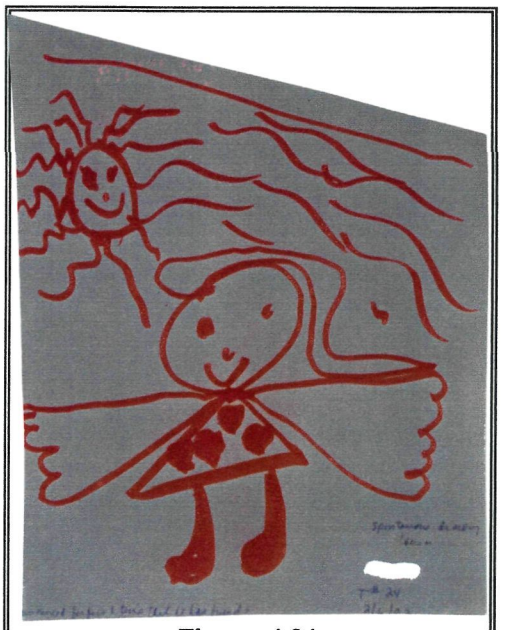


Figure 4.24
Gunther's Final Person Drawing

His last self portrait (Figure 4.25) symbolizes Gunther' s transformation during therapy in yet another way. He draws himself as a small boy with arms outstretched, a big smile on his face, and my name above his head. Both the boy and my name are encapsulated in separate "fluffy clouds". There is a sense that this child has grown into an autonomous being who seeks to embrace

Figure 4.25
Gunther's Final Self Portrait

relationships. Though he carries with him my affirmation and acknowledgment, he is indeed separate and standing on his own.

Like his relationship drawings, Gunther's self drawings show significant evidence of growth over time. When compared to the early small, monochromatic, isolated self figures, these are generally brighter, more contextual, and cover the entire page. Further, they reflect more relation to family, feelings and environment. In addition, this final portrait of self stands with arms ready to hold and enfold. His smile is genuine, his eyes seem to be looking, rather that furtively staring, and his hands are functional with all the fingers. Through the process of play therapy, he has not only individuated from his sister, but also from me. Though he carries my affirmation with him, he is clearly distinct and separate.

Final Teacher Interview and Classroom Observations

The final classroom observation and teacher interview reveal remarkable change in many aspects of Gunther's presentation in the classroom. His anxiety is significantly diminished, he shows an energy, focus and creativity in the classroom, and he is beginning to learn. He has lost much of his anxious and disconnected demeanor and his crying is significantly less. Relationships with teachers and peers are also markedly improved. This section of the document will examine each of these major areas of observation in enough detail for the reader to see the extent to which this child has changed during the year of therapy.

One of the most remarkable aspects of Gunther's demeanor at the beginning of therapy was his anxious and avoidant posture. He remained disconnected from the people and activities around him. When this dissociated stance was penetrated, and demands were made upon him, he often crumbled into a pool of tears, requiring Ilse's ego to help maintain his safety and integrity. During the mid therapy observation, Gunther had begun to shed his disconnected shell, but this often left him "thin skinned" and reactive. The response was often tears or aggression. Once the teachers learned to name his feelings, and to provide a feeling better place, it appears that Gunther began to transfer the self affirmation, self soothing and ego control experienced within the play therapy room to the classroom setting. In sharp contrast to the earlier scenes, this final observation finds Gunther fully present, attentive, and most often focused and interactive. His posture is more open, movements more relaxed, and he shows an increased sociability. There is also a new confidence in his interactions with both the teachers and other students.

Researcher observations begin during circle time. The teacher is reading a story and the children sit in three rows in a semicircle in front of the teacher. Gunther sits relaxed and attentive during the entire story. There is an air of alert listening and he smiles at appropriate times in the story. When a child answers one of the teacher's questions, Gunther turns toward the child, and looks directly at him as he talks. During the end of the circle time, Gunther raises his hand, but is ignored by the teacher. He keeps his hand up for a few seconds

after she has dismissed the children, but tolerates this "non response" and moves readily to his favorite center area.

Even more dramatic change is evident during free play center time. Like the middle observation time, Gunther is again in the building corner. He is absorbed in his own construction, with only sideways glances at the other children who are also building. His body however is much more relaxed, and his creation is a complex spacecraft. At one point he rises and goes over to another child's "pile" and attempts to take another child's piece saying "I need that". The other boy says "no" and Gunther is able to withdraw without undue frustration or tears. In fact, he scans the area and comes up with alternative piece. There is no doubt that he demonstrates greater direction, focus, planning and ego control.

Probably the most marked transformation however occurs in the quality of Gunther's interactions with peers. Children are no longer shunning or ignoring him. In fact while he is in the building area another child approaches Gunther and asks him to show him how to make a spacecraft just like the one he has just completed. At first Gunther keeps his head down, intent on his project, but he mumbles "I want to finish this". When he does finish however, the boy asks again and Gunther moves parallel to him and without a word, constructs the spaceship for him. The boy watches with admiration the whole time. When the ship is finished, both boys get up without a word and move on. As he gets up, Gunther calls out to a child on the other side of the room.

During the last three minutes of free play Gunther moves to the sand tray where four other children are creating castles in the sand. Gunther's presence is accepted by the children, as he finds a part of the common castle and begins shaping that side. There is a positive energy about him as a gregarious boy opposite him and says "Look Gunther, I'm digging a tunnel, you dig from your side." Gunther looks up, says "O.K." and begins digging in the right direction. He asks for the shovel, digs harder and then says "look Steve, it will connect with yours." He then joins in common laughter as one of the children pours sand to bury another's hands.

What is rewarding in this observation is Gunther's ability to connect with other children. Though he is certainly no social butterfly, he is able to play in happy cooperative play with four other children. Furthermore, he is accepted by the rest of the children, even sought out as a resource.

The teacher interview confirms this marked level of change in social interaction. In fact, in the following lengthy quote, she reviews many of the changes with considerable clarity.

> Well he has shown a lot of improvement. The biggest area is in the number and intensity of his outbursts. Actually going back to the beginning, he was really out of it, so uninvolved, but when pushed he would dissolve into tears. Then later on he was so aggressive. But those outbursts... and crying, and panic have really decreased. Before we had defiance with any directed activity, now I've learned to give him.... and all the children advanced warning. But even with the warning, he used to fall apart when the routine changed. Now he doesn't cry or get aggressive. He still can't make quick changes, but now he simply buries his head in his hands until he gradually adjusts.

When I ask the teacher, about Gunther's interaction with adults, the changes are equally striking. Whereas originally, he avoided

any undue contact, he now utilizes the teacher as an appropriate resource. She explains:

> In the beginning he never interacted with me, never even chose to listen to me. Now he seems to depend upon me for his equilibrium. Not all the time, but he initiates coming to me and asking for help. That was a big step. And even more, he comes for praise as well. He wants to show me his work. I make sure I find the good things in it. For a while he wanted me to hear his reading every day, but I had to explain that he needed to take turns with all the kids and it would be twice a week.

It seems that not only has this young boy learned to trust and seek affirmation from the available adults, he is also able to be a friend to the other children. The teacher further relates:

> He never used to interact with other kids except for Ilse. Now he plays with peers, and sometimes even with sharing and cooperating. The kids used to totally ignore him, but now a few kids are actually considering Gunther their friend.... and he loves it. You should have seen him when Alice said "Gunther is my friend", he glowed all over.

The teacher's aide further describes Gunther's ability to be a friend. She relates how he had made "thoughtful and creative" Valentines for his friends, hand delivering them to each one. She further recounts that one day Gunther was crying about something, and his friend Hardeep came up and gave him a hug. He brightened with this affection, and later in the day thanked her by making her a picture, taking it to her, and verbally thanking her for being nice to him.

In summary, both observations and teacher interviews confirm that Gunther has made significant changes in his classroom behaviour. Though he still cries more than most children, he is

free of anxiety much of the time. He is able to focus, be creative, and attend appropriately to group activities.

Gunther no longer disconnects from the people and activities in the classroom. Although he would be not described as a highly social child, he shows a beginning ability to share, to be thoughtful and to cooperate in interactive play. He is also accepted, at least in a limited way by peers. He is neither ignored nor shunned, and some children are actually reaching out to him to help, or to be a friend.

Finally, he has also learned to trust the teacher and to utilize her not only for learning assistance, but also for affirmation and support. When she gently limits his "overuse" of her time, he is able to tolerate this restriction without a resultant global withdrawal.

Summary and Analysis of Change During Therapy

Gunther's progress over the 25 weeks of therapy is illustrative of the impact that a client centered, attachment sensitive therapeutic approach can achieve with an avoidantly attached child. Gunther's history, as well as his presentation in class and therapy, are powerful examples of the consequences of early and chronic neglect, loss of a parent, and trauma. Because the original and ongoing damage to this child occurred within the context of the early adult/child relationship, it is not surprising that healing is also most powerfully achieved within a therapeutic adult/child relationship.

It is my conclusion that it was the quality of the therapeutic relationship that allowed for the healing of this child. As I reflect upon Gunther's use of projective toys and art materials to symbolically portray his experience, I am also aware that such change would have been more difficult without the therapeutic tools and atmosphere of the play therapy room. The toys and art materials allowed him to communicate his experience first in the safer world of metaphor. As this nonverbal expression of experience was acknowledged and accepted, he was able to slowly move to a conscious and verbal mode of expression.

The consistency of space and approach during play therapy allowed Gunther to gain a sense of safety and continuity. As his need to protect himself from the outer world diminished, he was slowly able to process the chaos of past pain and trauma stored in his inner world. As I acknowledged and accepted the validity of his experience and feelings, he no longer needed to deny them himself. The integration of nonverbal memory with conscious self allowed this child to function at a more deliberate, proactive level. He was no longer driven by a model of world as unsafe and unavailable. He was able to begin to work from an alternate model created within the consistent and affirming atmosphere of the play therapy room.

As Gunther's sense of acceptance and trust continued to grow in the therapeutic relationship, he was able to internalize this new found image of self and relationships. This alternate model of "self" and of "self in relation to others" eventually allowed

him (approximately 10 weeks later) to enter into more adaptive and productive relationships in the outer world as well.

The exploration of these fine details of the visible manifestations of change allows the play therapist to more easily track the impact of therapy upon a child. Awareness of the import of such subtle behavioural changes as body alignment, body stiffness, help seeking behaviour, developmental levels of play, etc. will allow each of us to evaluate, at an earlier level the impact of therapy upon our clients.

In looking at the multiple sources of evidence of change in this child, it becomes clear that play therapy had a profound impact beyond the therapy room. As progress in therapy evolved, Gunther displayed a greater ability to attend, to comply, and to interact within the classroom situation. Once Gunther was able to communicate and trust in the context of our relationship, he was able to extend this to selected adults; first in the classroom, and then later in a larger sphere. As he became accepted and affirmed within therapy he was able to present himself in a more positive and interactive manner in the classroom. His joy in the playroom extended to a sense of joy, creativity, sociability and competence in the school.

Chapter V

CASE #2:Lea

Overview and History

Lea was referred for play therapy by her teacher and the school based team during her fifth month of kindergarten. The teacher described Lea as "the saddest little girl that I have seen during my 25 years of teaching". Not once had she seen her smile or become enthusiastic. Lea frequently dissolved into tears, sometimes as often as eight times a day.

According to the teacher, Lea frequently had circles under her eyes and seemed perpetually hungry. The teacher placed Lea on the hot lunch program at school and had snacks available in the classroom, but the hunger persisted. She was also described as a child who clung to either the teacher or the teaching assistant at every opportunity.

Family History and Concerns

Lea's parents readily agreed to her participation in therapy and the research project. Both her natural father Liam and step-mother, Sarah, participated in providing Lea's history and current concerns. The stepmother had been involved in the family for 3 years since Lea was two and one half years of age. Lea is the youngest of three children, and the only girl. The family came to Canada as refugees before she was born. Her father, birth mother, and oldest brother fled their native land because of political persecution. The second brother was born during

exile, in the first country of refuge. Lea was born in Saskatoon.

Lea's early life was marked by stress and poverty. The birth mother Mai remained home with her three young children, while the father, Liam, spent most of his time away from home trying to find enough work to support the family. According to the father there were many marital fights during the first stressful years in Canada. Mai was undeniably the primary attachment figure for all three children, especially Lea. Liam describes the early relationship between Mai and Lea as very close, loving, and playful.

Mai died in a "freak accident" when Lea was 18 months old. She fell in the bathroom and hit her head in such a way as to break her neck. Liam was away at the time looking for a job. The family experienced severe shock, grief and chaos after their mother's death. Liam describes the children as constantly crying for their mother. He subsequently quit work in order to care for the children. Liam remembers getting little sleep and feeling helpless to meet their needs. He went to a doctor who gave him a sleeping pill, but received no other assistance.

Liam further reports that the trauma related to the mothers death was immediately evident in Lea. She showed aggression, sadness, sleeplessness, and anger toward women. As soon as she could talk, Lea created an alternate heaven/world in which she, her mother, and a parallel family existed.

Liam and the children moved to Vancouver two weeks after the mother's death in order to be closer to friends and to enable Liam to more effectively pursue employment opportunities. The

children had a series of baby sitters as Liam attempted to work to support the family. He regretfully admits that the baby sitters may not have been the best for the children, but explains that he was at his "wits end" in trying to survive. Both Sarah and Liam believed, at the time of this interview, that Lea's sexualized behaviour was probably the result of abuse by one of these baby sitters.

Another Vancouver refugee couple, Chas and Laura, became very close friends and were an ongoing support to the entire family. They often helped with the children, and spent all holidays together. This relationship continued until, in the twenty second week of Lea's therapy, it was disclosed that Chas had been sexually abusing Lea since she was two years old. Apparently he stopped the abuse when he learned that Lea would be starting therapy. Once the parents learned of the abuse by this good friend, they broke all ties with him. They filed a police complaint and he was eventually jailed for six months.

Liam met his second wife Sarah when Lea was two and one half years of age. Sarah was a busy professional woman who spoke Liam's native language. Liam jokes that he married her because she was the first woman that Lea would tolerate. He describes how, since her mother's death, this little girl would slap any other woman who attempted to pick her up. Though Sarah assumed extensive responsibility for the children, family demands continued to be greater than two working parents could possibly meet. The parents involved the children in sports and took them on family outings, but had insufficient time to give the children the individual attention they required and desired.

When Lea was four years old, her paternal grandmother Suyi came to stay with the family for one year. Suyi slept in the same room as Lea, and apparently left her with no other baby sitter outside of the family during the entire year. As a consequence, Lea became very attached to her grandmother. When the year ended, Suyi returned to her native country taking the oldest brother with her. Two months after grandma's departure, it became apparent to her parents that Lea believed Suyi had died. They immediately explained that Suyi and "little Liam" (Lea's brother) were simply away and would return in one year. The father believes that some of the depressive symptoms lifted at that time (three months ago). Now Lea writes to both her grandmother and her brother on a regular basis.

Some time in the last year, Lea reported to her mother that her six year old brother Kai, had fondled her vagina. Upon questioning, Kai disclosed having been fondled by a stranger in a truck and then released. Kai was seen by a psychiatrist for a short time. Since that time the parents have noticed no sexual play initiated by Kai. They report however that Lea occasionally pulls Kai's pants down, and tries to touch his genitalia.

Parental Concerns

Liam and Sarah report Lea to be more animated at home than is described at school. They say that she laughs often, loves to dance, swim, and play with her brothers and family. She is also described as enjoying reading and drawing.

At the same time they express many concerns about Lea's behaviour. Their first statement was that Lea was like a

"bottomless pit of need for attention". The father believes that Lea would never consider any amount of attention adequate, no matter how much she received. Sarah and Liam say that they devote all of their free time to their children. The parents, however, describe long work hours in demanding responsible careers. In addition they are doing a joint research project.

Many parental concerns also parallel those of the teacher. Lea is described as being clingy, whiny, crying frequently, and complaining of loneliness. She is jealous of attention given to her brothers, and is more comfortable with younger children than with peers.

The parents also note that Lea tends to overeat and has more than the usual nightmares. They further sketch a child with labile emotions, who is day dreaming at one moment and raging the next. Lea wets the bed periodically, and has recently begun to soil her pants. They describe a pattern in which she squirms, as if needing to defecate. When asked to go to the bathroom, she refuses, and then soon has a full bowel movement in her pants. This occurs only at home and has not been reported at school.

Summary and Conclusions

In summary Lea and her family have experienced multiple stressors since their flight as refugees. Lea appears to have had a warm attachment with her mother during her first 18 months of life. It is likely that marital, family, and environmental stressors may have made this attachment somewhat tenuous or variable. Loss of her mother would have been particularly difficult at 18 months. At this age a child utilizes the security

of the maternal or caretaker bond, as a secure base from which to experiment with gradual separation and refueling (Mahler et.al., 1975). The process of moving away from the mother, and then returning to a predictable safe base, allows the child to internalize the mother's love and availability. When the mother is consistently there as the child returns, this predictability allows the child to move into the next stage of autonomy. Because of her mother's death, this ability to trust in a caretaker's availability was of course broken at a critical time. This is likely to be a key factor in Lea's anxiety and inability to feel safe when she is alone.

Further, since her mother's death Lea has experienced multiple, periodic incidents of loss, neglect, emotional unavailability, and sexual abuse. A pattern of periodic neglect, loss, and/or unavailability of close female attachment figures would have magnified her anxiety. It is important for the reader to note that neither the therapist nor the parents were aware of the extensive sexual abuse by Chas, the family's best friend at the start of therapy. Though both her father and stepmother were genuinely concerned about and committed to Lea, neither had the time remaining in their busy lives to provide the extraordinary parenting that would be required to heal this child's psychic wounds.

Initial Classroom Observation and Teacher Interview

The first classroom observation and teacher interview occur in early spring. Lea is evaluated by means of classroom

observation, teacher interview, and the teacher's responses on the School Observation Rating Scale (Egeland, 1991).

The Teacher Interview and School Observation Form

The teacher reports that from an academic standpoint, Lea is ready for first grade. She is able to write most letters, absorb stories told, and is generally attentive in class, with only occasional the occasional distractibility. The teacher hypothesizes that Lea probably has learned her basic first grade skills from her brothers, as she questions Lea's ability to learn effectively at school due to her high level of anxiety.

Lea's anxiety also interferes with peer relations. Most children in the class are "fed up with her crying and tend to generally leave her alone". The exceptions are two little girls who frequently take on the rescuer role when Lea dissolves into tears. Overall, she is described as "accepted by peers in a limited fashion". Though she is not typically rejected, neither is she a "sought after" playmate.

As described earlier, Lea's most aberrant behaviour is emotional. Though she is generally compliant in class, her disposition is most commonly described as whiny, weepy, sad and with a tendency to cling to adults. Her general demeanor is one of dominant negative emotional tone. She is described as seldomly enthusiastic, taking little active interest in school, and generally distant and disengaged.

Initial Researcher Observations

The initial observations include four fifteen minute segments occurring on the same school day. At circle time Lea sits so close to the boy beside her that she looks "glued" to him. While the teacher talks about a classmate who is in the hospital. During the discussion, Lea thumbs through the pages of a book. Her eyes are unfocused and expressionless. She appears focused neither on the book, the other children, nor the teacher. Rather her eyes are unfocused, and expressionless. She presents as being turned inward, lost in her own world, with only an occasional glance at the teacher. Twice, when the teacher asks her to put the book away, Lea starts to comply and then stops in mid motion, returning it to her lap.

Following the teacher's explanation, other children raise their hands for a chance to tell their stories of injury and/or hospitalization. Lea shows no interest in participating. Her affect remains flat, and her face unresponsive, throughout the entire observation. Later the children draw and write on a huge card for their hospitalized classmate. Lea marches up to the card, takes her turn, writing slowly, and holds her ground stubbornly as other children ask her to give them a turn. She neither responds verbally nor behaviourally to their requests. Rather she takes a fairly long time to finish her contribution, seemingly oblivious to their jostling.

Later in the day, during a centre time, the children are working on various details of making and filling Easter baskets. Lea works within a group of children in which there is general

banter amongst the children. She looks neither comfortable nor uncomfortable. Rather there is again a lack of full presence and engagement. She makes a few brief remarks to classmates, which I am unable to discern. There is no affect shown in her body movements, face nor eyes. She is neither sought after nor shunned by the children. I notice that her basket is the farthest from being completed. Whereas most other children clearly seem to be working with a vision and purpose, Lea's activities seem listless and undirected.

It is also interesting to note that during this classroom observation, Lea is the only child who seeks contact with me, although we have not yet met. She approaches me, shows me her basket, expresses pride in it, but does not smile. She lingers by my side, as I try to be kind but relatively neutral. The teacher joins us and asks Lea to show me her scrapbook of classroom pictures. In all seven snapshots of Lea engaged in various classroom activities, she appears sad, listless and disengaged.

My final observation is during recess when Lea is playing by the swing set and climbing bars. Though many children are talking, playing, climbing and romping beside her, she remains passive and disengaged, until a playground supervisor comes into sight. She subsequently approaches her, bending down and pointing to her knee. The supervisor talks to her, and they remain together until the bell rings a minute later.

To summarize, Lea's presentation and affect during researcher observation is similar to that described by the

teacher. Flat affect and a disengaged interactive style predominate. She seeks adult attention more than any other child at any given time. There is minimal interaction with peers and no enthusiasm visible. The only strength I note is her stubbornness as she holds her ground when signing the card for her classmate.

Tracking The Process of Change During Therapy

This section of the case study, tracks Lea's change within the therapeutic relationship over the course of her first year in therapy. Four stages of therapy will be described, with discussion within each stage categorized by: (a) child therapist interaction; (b) self presentation; and (c) play and art themes. In addition, relevant discussion of environmental factors, behavioural change within the classroom, and teacher/ parent comments will also be examined where helpful.

Overview

Lea displayed profound change and evidence of healing over the course of play therapy. She utilized the therapeutic media of art and play to externalize and work through issues of major loss and trauma in her life. In addition to playing out her trauma, she also engaged the therapist in a variety of play that served to re-nurture self and heal wounds. Within the therapeutic relationship she progressed from an infant like interactional style to one that was predominantly age appropriate. She also moved from a conflictual dyssynchronous presentation of self within relationships that seemed to

immobilize her to a predominantly synchronous presentation of self.

The following section of the case study traces Lea's changes within play therapy during a year of therapy. The year actually included only 28 sessions of play therapy, due to school holidays, illness, as well as other reasons for absence. Her process of change will be described within the context of four phases of therapy, and three broad categories of analysis mentioned above.

The Initial Stage of Play Therapy

Overview

The initial stage of play therapy spans session one through six. This period is characterized by marked dyssynchrony between what Lea conveys in her more conscious and surface interaction, and those themes which are portrayed in her complex and evocative projective play. Lea's initial presentation within the therapeutic relationship is similar to her classroom behaviour in that it is paradoxical in nature. At the same time that she conveys an almost compulsive drive to connect with me, she concurrently exhibits a hypervigilant, anxious and defended posture.

Her demeanor during this stage is reminiscent of an anxious child, younger than her years. She plays with her back to me or her body angled away at a 45 to 90 degree angle. Her verbalizations seem more like a way to keep me distant, rather than to connect. Her conversation is constant, almost obsessive in nature, rarely expecting a reply. The focus is through and

about the inanimate objects of the playroom, rather than directly about self, family or our relationship. Her orientation and communication with me is often through food.

In contrast to her interactive demeanor, drawings and play themes are starkly revealing of self and relationships. It is as if her psyche is telling me her story through brief, chaotic segmented images. Her play is insular and isolated, and her dominant projective themes portray self as a "tiny baby" searching for mother and in need of protection.

Through the projective play themes, Lea conveys her terror, sadness, isolation, sense of unsafety and longing for a protective parenting figure. Her spontaneous art is a medium through which she expresses and processes her loneliness and the trauma resulting from her mother's death. As my gentle reflections provide affirmation and validation of the feelings and experience expressed in her play and art, Lea gradually emerges from her defensive "shell".

Manifestations of Self and Self in Relationship

Child Therapist Interaction Patterns

A young child brings to therapy, a mode of relating learned through repetitive interaction with caretaking figure(s) in her life. Lea's early interaction conveys contradictory messages about her internal models of relating to adults. While there is a portion of her behaviour that shows a tendency to attach and connect with me, there is also a significant aspect that conveys caution and fear of closeness. She accompanies me to the

playroom without hesitancy, writes my name on her pictures, and ascribes her first house drawing to me, all indicating a rather premature wish to fuse or bond. In contrast, she is at the same time watchful, placating, and emotionally and physically defensive, as if conditioned to be cautious with adults.

Entering and leaving the playroom. An interesting measure of Lea's comfort and ambivalence within therapy and the therapeutic relationship can be tracked by examining her behaviour upon entering and leaving the playroom. From the very beginning, Lea moves readily from her classroom to the playroom. It seems that there is a part of her that knows that play therapy is what she needs. She marches down the hallway with her head held high and a spring to her step, but as soon as she enters the room, she seems to pull into herself, assuming a more constricted posture. A shutting down of a conscious, directed self seems to occur the minute she enters the door. Further, her first interaction is universally with the snack, as if to receive fuel or comfort for the task ahead. She avoids interaction during the first few minutes, focusing instead on the food.

At first her exit also seems an abrupt shutting down of interaction. As with all children who come to the playroom, I give Lea an initial five minute and then a one minute notice before it is time to leave. During the first two sessions, she takes this reminder as a signal to hurry and finish her last bit of playing. When I finally tell her it is time to leave, she stands abruptly, and exits without a word. In the third session there is a subtle shift. When I give her the warning she said "all the weeks I can come, but when we're finished I can go back

home". As I again give her the one minute reminder she said "oh, oh," and then gathers up the rest of her snack to take with her. Through these behaviors it is clear that she is beginning to attach to the idea of the playroom, and is trying to establish some sense of continuity and predictability in the experience.

In session four this attachment becomes more evident. At the close of the session, she makes a connection with the therapy item with which she has expressed the most emotion. When it is time to leave she goes over to the ref, who has been the recipient of some well aimed blows and gives him a hug. In session five, she asks for a cookie to take with her, seemingly as a transitional item. Finally in session six, as we move toward the door she said, "I just need to have one more drink before I go". She kneels down in the cozy corner, picks up the baby bottle and drinks thirstily. With each incremental step in the process of trust and attachment to the playroom, it becomes harder for her to leave. In these last three sessions, she uses a kind of refueling of the symbolic goodness of the playroom as a means of preparing her to again enter the classroom environment

Anxiety. Research shows hypervigilance and anxiety around adults to be a common symptom of maltreated children (Cicchetti & Carlson, 1984; Wolfe, 1987). Like her classroom presentation, Lea's early self behavior in therapy is dominated by a variety of manifestations of anxiety. These include a watchfulness, an inability to focus, and an "orderliness anxiety". Toward the end of this stage, as she begins to trust me, these original manifestation of anxiety are replaced with the beginnings of attachment anxiety.

Upon first entering the playroom, Lea's fingers fly to her mouth. She avoids eye contact, and is clearly watchful and vigilant. In fact, once she has questioned me about the snack, her next questions are clear reflections of this hypervigilance. She glances around the playroom, and then asks in succession: "Why do you have Kleenex here?", and then "What are the Band-Aids for?". I deduce that this anxious little girl is really asking, "Are you an adult who will hurt me?".

During the first two sessions, Lea's anxiety is also manifested by frequent, abrupt movement from one play item to the next. Her average engagement with each toy lasts between five and twenty seconds. A constant monologue accompanies this activity: "What does this do?, here's a monster, does this baby have a bed". As she moves abruptly from one play item to the next she keeps herself protected by angling herself away from me and keeping her eyes averted and her head flexed downward. Her ability to remain focused, however, increases incrementally over the next six sessions. As I gently follow this child's lead, reflecting her play, Lea shows an ever increasing ability to stay focused on a given play theme. By session six, she is able to play for up to ten minutes before switching focus.

Additionally Lea's early anxiety is also conveyed through her obsession with orderliness and cleanliness. In his early research, Moustakas (1955b) found that cleanliness and orderliness anxiety to be one of the factors that distinguished non-coping children from coping children. In this first stage of therapy, Lea is insistent and consistent about returning each toy to its exact place, replacing each cap on the felt as she draws,

and cleaning up any mess that she makes. Even when in the middle of an intense sand tray scene when the baby turtle is being pursued and betrayed by a series of monsters, Lea instantly emerges from her scene to mop up a small spill of water on the floor. No matter how often I remind her that "messes are O.K. in the playroom" or "kids don't have to clean up in here", she continues to stop all play when there is a spill or disorder.

It is not surprising that toward the end of this stage, as Lea's general anxiety diminishes, a new anxiety begins to surface. As this little girl becomes more attached to me and the playroom, she begins to show anxiety about my commitment to her. Toward the fifth session she begins asking, "Who else comes here?" or "Do you give other kids cookies too?". She also begins to notice when play items are out of place. As early as session four she looks in the doll house and remarks, "This chest wasn't here before". This behaviour reflects two things. First, there is a wish to be the only child who receives this special attention, and secondly, it is an indication that she has begun to internalize the consistency of the therapy space.

Self Representation and Its Changes Throughout Stage One

This section will explore Lea's self presentation and its transformation during the first six weeks of therapy. Her manifestation of self will be discussed within the context of the: (a) self representation in drawings and play; (b) developmental level; (c) synchrony of self presentation; and (d) verbalizations about self.

Self Representation in Drawings

Lea's drawings relating to self representation are solicited as part of the early therapeutic assessment. They include requests to draw: (a) a picture of self, (b) self as a rosebush (Allan, 1989) and (c) the drawing of a tree, as part of the House-Tree-Person Projective drawing technique (Buck, 1948). These drawings provide intimations of the child's internal representation of the self without intrusive verbal assessment.

Figure 5.1
Self Portrait

Self Drawing. I ask Lea to draw a picture of herself in the second session. She complies immediately, hunching over her drawing, face intent and expressionless, arms tight to her body, talking minimally as she draws the picture of herself (Figure 5.1). When the drawing is complete, she offers no spontaneous verbalization. When I ask her to tell me about her drawing she simply says. "I am alone. I am at the park, there is grass all around me. This is a slide."

The self figure and accompanying dialogue is surprisingly reflective of Lea's history and her surface presentation in the classroom. The little figure looks very young, ungrounded, isolated and off balance. There is an emphasis on the mouth. Additionally the slide has a phallic nature to it.

The Tree Drawing. The tree is drawn during the first session of therapy. It is the second drawing in the house-tree-person series. Again Lea draws without hesitation. The tree (Figure 5.2) is the first of many drawings and play themes in which Lea's symbols transform during the process of creation or subsequent discussion. As she draws the green triangle she says: "Its a tree, no its a wigwam. Some call it a teepee. I am inside." Later as I ask her questions about her drawing, she remarks: "The sky is morning. It's raining. Sometimes grass is far away. My brother comes along. I don't let anyone come in."

Figure 5.2
Tree Drawing

Like many of her subsequent drawings and play themes, Lea's images and words convey inherent contradictions. In contrast to her statements, her brother indeed appears to be within the teepee, even though "she doesn't let anyone in". A sense of boundary violation is suggested. The dark sky and the rain further suggest a sense of heaviness or sadness. The grass is once more a dominant feature. The tree is often reflective of a child's inner core. If this is the case with this child, then the inner core is certainly violated and confused.

The Rosebush Drawing. Lea begins her drawing (Figure 5.3) before I can finish the guided imagery that accompanies the projective rosebush technique. As she draws the first rose, followed by the self figure on the top left, she tells me: "This is me. I am in the middle of the roses".

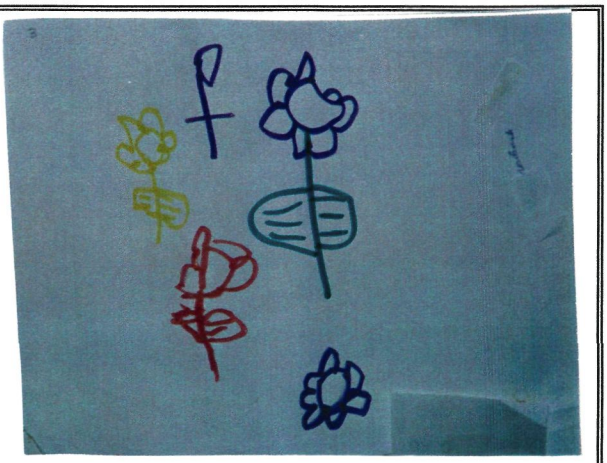


Figure 5.3
Rosebush

When she finishes drawing, I ask the standard rosebush questions. Her reply is:

> I am in the middle of the roses. They protect me, they are my friends. This rosebush does not have a bottom to put in the ground. The dog comes and takes the rosebush to the family. The dog is my friend. The rose needs grass.

The sense of being vulnerable, separated from family, and in need of protection is most prominent in this rosebush drawing. It is also the first of many images in which the "bottom" of the symbol is crossed out or negated ("This rose does not have a bottom..."). Lea's hopefulness seems represented by the positive images of pretty friends, protectors, and the dog that returns the rose to her family. Once again grass is a prominent symbol whose meaning is yet unclear.

Lea's self drawings show a number of strengths. They are bright and colorful and the figures fill the whole page. There are, however, more concerns than positive attributes. The drawings reflect the powerful impact that her multiple early traumas have had on this child's developing sense of self. Her

images and verbalizations project self as vulnerable, confused, afraid, ungrounded and isolated. There is a further suggestion of boundary violation, as well as symbols common to sexually abused children. The grass remains a prominent and interesting image in the drawings.

Development Level

This category reflects both the developmental level at which Lea talks, plays, and interacts in therapy, as well as the characteristics of the projected self figures within her play and drawings. As I take an objective look at Lea through the medium of video tape, I am struck by how accurate her self portrait is. Like her self drawing, her behavior in the playroom is more characteristic of a younger child

Lea's voice is small and babyish during these first weeks. Play is insular, isolated, and segmented. Her speech is often dysfluent and immature. Much of her play relates to infant needs, or to her experience as a baby. In her doll house play, the self figure is most frequently a "tiny infant". Her most prominent themes of babies being held, rescued, and fed all convey self as dependent. Further trauma play reflects those traumas known to have occurred during her late infancy. She paints, plays and draws about searching for mom, being in a crib, mother dying, and graveyards.

Like her self figure, oral needs dominate as well. When she is anxious, her hands fly to her mouth. Her first focus as she enters the playroom is always the snack. In fact her first words of interaction with me are, "Is that a muffin, do you always have

snacks?". In session five, as she shows more signs of attachment to me, she asks, "Do you bring other kids cookies too", as a way of ascertaining her place in my affections. Her first role play enactment is feeding the baby and then herself. By the end of this stage, the baby bottle has become an important source of refueling throughout each play therapy session.

Finally, her play patterns mimic that of an older infant. Her play is isolated, with no attempt to involve me as a playmate. She is angled away from me, focusing solely on the inanimate objects in her scenarios. My role is as container or observer as she plays alone. She talks as she plays but it is a monologue, with no invitation to participate unless as a helper (finding or fixing toys).

Predominant affect and degree of synchrony

During the initial decisions about coding Lea's affect, it became apparent that describing her dominant emotional tone, affect, and self presentation was a complicated task. The question arose, do I judge a child's emotions by her eyes, voice tone, facial expression, body language, or verbal content? As I examined the videotapes of therapy sessions, it became increasingly apparent that Lea projected confusing and dyssynchronous messages. Different parts of her self conveyed conflicting information. I became aware that I had traditionally judged much of a child's comfort with me, and within therapy, by a willingness to come to therapy, readiness to play, and the emotional tone of voice. In all these areas, Lea would have scored high on positive emotional tone and comfort. She came

promptly and willingly when collected from the classroom. Her voice tone remained bright, though at times babyish, and she immediately engaged in projective play.

In stark contrast, her body was stiff and turned inward. Her movements were small, with arms kept close to the side, and her head flexed downward. Lea rarely made eye contact, and when she did, her eyes and face were without emotion or expression. She left an impression of a small turtle who had retreated beneath her hard protective shell.

During this period, Lea engaged in no play that was either joyful or contained a positive theme. She portrayed one negative experience after another. Although her narrative accompanying her play was conveyed with either a bright or neutral tone, the content related to death, loneliness, isolation, fear, danger, rescue, and the search of an infant for a mother or sister. It felt as if, in this safe place, a part of herself was compelled to tell her story, while the feeling self, and the body, remained aloof disconnected and separate within its defensive shell.

This emotional disconnection from her play occurred during at least 95% of the first three sessions. Her hands, and narrator-like voice played out her symbolic story or history, while the rest of the self remains protected and disengaged. The exceptions are brief moments when Lea's body opens and an emotional connection with the content of her play and art occurs. Often these moments of synchrony follow the portrayal of a rather lengthy drawing or play scene, which allows me to make an accurate empathic response. With each of these connective episodes, Lea's body appears to take one more step in its

emergence from a stiff defensive shell. Her projective images suggest that her psyche likewise takes concurrent steps toward disengaging from the trauma surrounding her mother's death.

The first clear indication of the synchrony between play theme, body, and affect occur at the end of the second session. The dominant play in this session portrays various scenarios in which small creatures are pursued by monsters, rescued, and then endangered again. The alternate themes involve the matching of mothers with babies as seen in session one. When I announce the five minute notice (until the end of the session), Lea immediately goes to the easel. She begins making pink, then black crosses (Figure 5.4), talking as she paints:

> L: (Makes a bright pink cross, then writes Lea and then starts making black crosses). It's a surprise inside. its the graveyard
>
> B: Lots of crosses.
>
> L: Because there are lots of crosses in the graveyard.
>
> B: Many crosses in the graveyard,
>
> L: Yep. Lots of crosses.
>
> B: Have you been to a graveyard Lea?
>
> L: Yeah. when I was little. There were lots of crosses because that's where my momma goed, went to heaven.
>
> B: Your momma went to the graveyard and to heaven.
>
> L: Yeah in heaven. That's where you put graveyards (very sad tone, and look)
>
> B: You were sad,
>
> L: Yeah. I was crying and my dad took me home because I was crying and my brothers put some plants there.
>
> B: you were crying . you were sad. its hard for little girls when their mommies die and go to heaven.

L: (I have clearly gone too far as she starts making big noisy paint brush noises and changes the subject). I want the black paint. Can you get it for me.

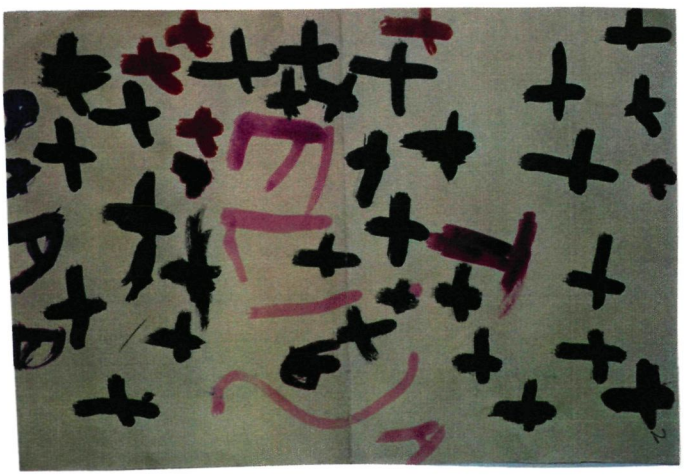


Figure 5.4
The Graveyard

I sense a shift at this moment. Subjectively, there is a momentary sense of the child rather than the bright shiney shell. Objectively, what the video records is a momentary connection of her body, eyes, and voice with the subject matter. Momentarily, Lea's body relaxes and opens slightly, her voice sounds sad, and she makes eye contact.

Sessions four through six mark a further emergence and engagement of these aspects of Lea's self presentation in therapy. Her movements become larger, with her limbs more often swinging free of her body. Glances in my direction became more frequent, and her voice shows occasional congruence with the content of her play. The first time her limbs swing free is during her first interaction with the "bop bag". She has completed a complicated sand tray scene wherein the baby turtle is pursued by a monster, rescued by the uncle, and then dropped into the quick sand, just when it seems that it is safe. The turtle emits a dramatic wailing "aaaaaah" as it is abandoned. Lea disrupts play at this point as I reflect the turtle's sense of betrayal at the hands of the uncle. She moves to the other side of the room, winds up and gives the "bop bag" a series of

heavy punches. Her body is fully engaged and her face shows anger and intensity. She then moves to the cozy corner, sits down in a relaxed heap, throws her head back and drinks thirstily from the baby bottle. At this moment, the "shell" is temporarily off. It is also quite amazing that her subsequent drawing seems to celebrate this process of emergence (see Figure 5.5).

As she draws she comments:

L: It's an egg, a round green egg. Its an egg that's cracking

B: An egg that's cracking

L: (She takes a blue felt) And along came what was the baby snake, and the baby caterpillar (adds red legs and makes it a caterpillar)

L: (Writes my name)

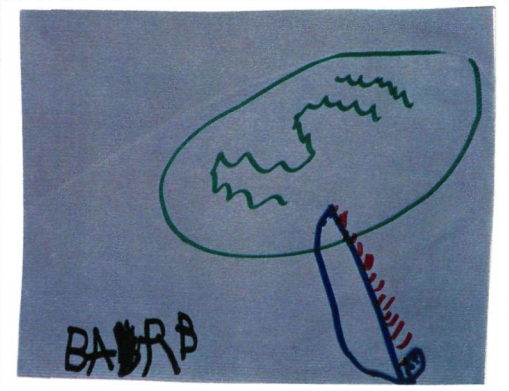


Figure 5.5
The Caterpillar Emerging From the Egg

B: And what is inside the egg that is cracking?

L: (Looks up at me) That's the crack, he came out this way of the egg that was cracking.

B: So was this a caterpillar egg or a snake egg?

L: (confidently, with direct eye contact) A caterpillar egg.

The drawings in session six help to further clarify the meaning of these symbols of emergence and transformation. Lea has been playing with the small playmobile children that accompany the hospital set. She has removed the casts from their arms and legs and proclaims "the baby doesn't have a broken leg or hands anymore". She then begins a drawing (Figure 5.6) that begins as a door. As she draws she says:

> I'm drawing a door. Here's the dot. "ding dong".
> This is a balloon with a curly string. There were too many inside. They were lonely. I'm going to put a flower here,

and I'll put your name on it. (At this point Lea is relaxed, she makes good eye contact as she talks. She makes the crosses and the "dear Barb" on the door)

As she completes my name, she pauses and then seems to startle, as if waking up from a dream. She says "I have to go to the bathroom". When she is gone for a long time, I look for her and find her hanging around in the hall outside of the bathroom. I ask if she would like to come back to the playroom and she complies. She sits back down at her drawing, looks at it and says:

Figure 5.6
The Balloons Breaking Free of the Grave

L: Actually it is a grave. It was when you were really old. Not now. And there were lots of people beside you, and here was a baby up here (makes a small cross at the top of the gravestone.)

B: I wonder if you worry about people dying that you love... or that you get close to, Lea?"

L: (Laughs nervously, still looking down)

B: Its hard to get close to people and then worry that they will die or leave?

L: (Looks directly at me and says) Yeah. (Then adds some crosses to the grave saying) here's your babies, and here's you picture.

This picture, and the one that follows, appear to illustrate a pivotal point in Lea's movement into the next phase of therapy. Themes of her mother's death and Lea's subsequent traumatization have heretofore dominated her play, resulting in an externalization of her pain. Such play has enabled her to find validation for her feelings and experience. This entire process

has ultimately allowed her to take an important step toward disengaging both her identity and her psyche from the grips of this earliest trauma. My tentative reflection that perhaps she is afraid to become close because she is afraid that I too will die or leave, seems to also externalize one of the blocks to her ability to trust me.

Lea hands me the picture of my grave, picks up the felts and draws her next picture of a little bird emerging from a shell (Figure 5.7). As she draws the green circle she explains:

> ...an animal came out. It had lots of fur. Its a bird (excited voice). Then some of its fur came off. Then it came back in again.

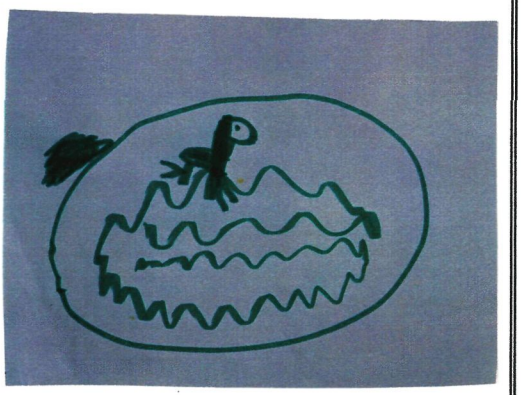


Figure 5.7
The Bird / Animal Hatching

It is interesting that this time, the animal is more highly evolved, and though it retreats back into the shell, its emergence has allowed it to shed some of its old fur. The symbol seems to document the process of externalization, as well as an image of molting and renewal.

At the end of the session Lea pauses and proclaims, "I just have to get one more drink before I go". She goes to the cozy corner, gets the baby bottle and guzzles it. She has begun to refuel the "goodness" of the playroom before she enters into the outside world.

Verbalizations Relating to Self

The greatest behavioural dissonance seen in Lea's early presentation is between what is conveyed verbally and what her play tells me. From the first day, this child's play fairly explodes with key repetitive issues of yearning, isolation, fear, and terror. Yet the vast majority of her verbalizations are concrete queries or situational statements about the toys, her play and the playroom: "look what is this?", "where's the light thing", "how many people can sit on this couch".

During this early stage there is no spontaneous discussion of her current needs, feelings or physiological states. Rather, these internal states are implied indirectly either through her play, her factual statements about events, or through a question. The exception is when Lea draws. During drawing, or when talking about the picture afterward, she seems to be able to at least imply internal state feelings. In the drawing of self as a rosebush she is able to say "I am alone, the roses protect me, they are my friends". Even here, although loneliness and fear are implied in the description, it is not stated as a feeling.

As previously described, Lea's worries or needs are alternately expressed through a question: "why do you have a Kleenex box?", or "who comes here to play with the Band-Aids". Likewise, in this stage, it seems easier for her to talk about someone else's feelings than her own. In the fourth session she has played out a series of metaphoric themes in the sand tray in which baby creatures are scared and needing protection. I ask "I wonder what they need protection from", and she replies "because

they are scared". After staying within the metaphor for a long time I ask her:

B: I wonder if you ever get scared Lea?

L: I used to but I don't anymore. But my brother does.

B: So your brother does. What is he scared of?

L: Of the monsters in the closet (raises her hands in claw like gestures and growls). But I protect him, so he's O.K.

The few times that she does talk in a conscious way about her own trauma, it is from the narrator's point of view. The third therapy session falls on the anniversary of her mother's death. Her parents informed me that they would be talking about it briefly at breakfast time and that they would have a family memorial in the evening. During the session I asked Lea if she would like to draw a picture about her mom. She replies:

No I already did. Today is the day she died. (with first a smile and then with great theatrics, she dons a pained look on her face and mimes a fainting gesture) She fated. Then she got better, then she died.

I say. "You were just a baby. You were sad. You missed her". This is obviously my agenda and does not reflect her disengaged enactment. But indeed she responds with a behavioural confirmation by collecting the baby bottle, and moving to the cozy corner. She begins feeding the baby doll and then drinks some herself.

The closest that Lea comes to a direct expression of her internal state is in session five. She has been on a field trip with her class. She comes in looking ragged. She says "I almost fell asleep on the street". When I reply, "I guess you are tired", she nods her head in affirmation. She looks at the muffins and opens her eyes wide and runs her tongue around and

around her lips. I say "you look pretty hungry too". Again she nods her head, sits down and eats the muffin. She then stands up, looks directly at me, and smiles while rubbing her tummy. I consider this progress. Though she still does not feel comfortable, or connected enough, to verbalize her internal state, she is at least able to express it non verbally. This seems to accompany her more relaxed body tone that is described above as occurring in sessions five and six. It seems that the body may be the first aspect of her self to emerge from the adapted, protective shell.

Since much of Lea's true self seems inaccessible to interaction with me during these initial sessions, it is her play themes and drawings that give me the most information about this little girl.

Play Themes

Play therapy has been described by many as the treatment of choice for young children who have been traumatized (Gil, 1991; James, 1989; McDermott, 1984; Marvasti, 1988; Terr, 1988). Play is truly the medium in which the child of this age feels most comfortable. Through the metaphor of play, the child is able to enact unconscious or repressed issues without reconnecting directly with the hurt or trauma. The child is often able to heal without conscious awareness. Play therapists are often able to have a sense of the traumas and patterns which influence a child's sense of self and the world without ever hearing a word about them.

Guidano (1987) hypothesizes that by the end of the preschool years, the child has an ensemble of repetitive, emotionally laden, critical scenes that are stored within the unconscious. He explains that such scenes have accumulated because of their repetitive and affectively laden nature, and are influential in creating the deep constructs through which the child orders and makes sense out of experience. It is my guess that Lea's repetitive play themes depict some of these affectively laden, influential nuclear scenes. I also deduce that others, especially those cloaked in metaphor may be depiction's of critical traumas, that are not necessarily repetitive, but life altering, and unresolved.

As the reader has no doubt already noticed, there are repetitive themes involving (a) mothers and babies; (b) fear, danger, and rescue; (c) home and family; (d) a dog; and (e) feeding, nurturing, or healing. I have chosen to explore these themes, not only for their intensity, but also because they recur, and transform at various times throughout the twenty-eight sessions of therapy.

It is also interesting to note that different themes are enacted in different medium of play. As I describe the variations on themes I will also make note of the medium in which they are enacted.

Mother-Infant, Mother-Child Themes

Themes portraying mother and infant are by far the most common. In the first three sessions, the scenarios are enacted exclusively through the family dolls, and usually within the doll

house structure. Lea's activity frequently entails finding a baby, expressing concern for it's loneliness, and then searching for a mother who matches it. She places babies in carriages, in cribs, and in beds beside their mothers. In session three, she also includes a father to accompany each mother and baby pair, finally covering each trio with a blanket. In sessions four and five, once the babies are paired with their protectors, ghosts or robbers come to the house.

The "tiny baby" gets the most attention in Lea's play, and is often matched with a powerful mother such as "She Ra" or the queen. Within the doll house play there is an underlying theme of the baby needing protection, but there are no overt scenes of aggression or danger. There are however, brief enactment's of the mother falling or becoming sick. This scenario from session one is typical of this period.

> L: (Lea is arranging the dolls, she puts the tiniest baby in the carriage). Can the mom hold onto it? Here's the mom carrying the baby. She's going to sit on the couch, and this ones going to be sick. She's going to stay in bed. Where her bed? (She puts the girl in bed and covers her). Here's a crib. The tiniest baby has to go in the crib.

The doll house play, however, portrays general repetitive scenes of isolation, fear, and yearning. But it is through the medium of art that Lea conveys the most graphic portrayals of her own critical experience. In session two she draws the

Figure 5.8
Mom and Lea at the Beach

picture of the graveyard where her mother was buried (refer to Figure 5.4). In session four, another spontaneous picture (Figure 5.8) symbolizes her experience of parental unavailability despite the surface appearance of plenty.

This picture is drawn 25 minutes into the fourth therapy session. Prior to the drawing, the preceding play themes depicted baby animals being chased, buried and generally terrorized in the sand tray. This drawing also follows directly after the picture of the caterpillar emerging from its egg. The accompanying dialogue, suggests a thinly veiled discussion of Lea's varying issues relating to her stepmother and family:

> L: This is a beach where we were lying down. That was a long time ago. (she adds the black spot to the right). This (the black spot) is the house where we lived. (she adds the grass) I should put me on the grass (red standing figure), and my mom's lying down. She has something on her face, because its sunny and she's sleeping. I tell her I'm hungry.
>
> B: And what does she say.
>
> L: She says I'll come in a minute.

This is the first picture or play scene in which Lea appears as an older child. There is the blackness and the ever present grass that dominate self, home, and family scenes. There is also the ever-present sense of paradox or contradiction that seems inherent to her depiction of caretaking relationships. They are in a pleasant place, but mom is unavailable, her face is covered, and Lea must wait to have her needs met.

A large number of the mother/ child play themes additionally involve scenes of danger, fear and rescue. These will be discussed in the next section.

Play Themes of Danger, Need For Protection, and Rescue

Throughout the first stage, themes of danger dominate Lea's play. Her person in the House-Tree-Person drawings makes the bad guy go away. As a rose, Lea is alone and must be rescued by the dog. Most mother infant scenes imply that the infant requires the mother's protection.

It is not, however until Lea moves to the sand and water area that she reveals a more graphic representation of her sense of betrayal and terror. The sand tray seems to be the venue for depicting those feelings and experiences that are too traumatic to portray in human form. In the sand tray, small creatures are pursued, and terrorized by large monsters. Early in session two the turtle loses its babies and finds them in the mouth of the monster. Later, a pig is pursued by the witch, who then drops it in the mud, making the pig turn bad. Throughout this stage, when the small creatures are being hurt, they also take on negative qualities. They become dirty, bad or poisonous.

By session four, Lea's anxiety has decreased enough for her to stay engaged in more prolonged themes, without disrupting play. Starting in this session, therefore, we see an increase in the intensity and detail of her play. In the first part of this session She Ra, the powerful female figure, has been rescuing babies and children and "revenging" a variety of bad guys. Lea then moves to the sand tray:

> L: (She stretches a long snake out to full length, takes it over to the dry sand tray) " This snake lives here sssssssss. Its a poisonous snake. He goes to sleep, and if anyone comes in he'll turn him....
>
> B: He's poisonous

L: and here comes his friend. (a little snake) sssssss. This is a poisonous snake. He wants to see his mommy. (Puts the baby inside the mom's coils)

B: So little snake wants to live where her mommy lives. She's so close to her mommy right inside her coils.

L: Yeah, because she's more poisonous.

B: She's more poisonous. So I wonder what they need protection from.

L: Because she's scared.

B: The Little snake is scared.

L:(Lea introduces a huge monster who repeatedly stomps on the mother and baby snakes).

B: No wonder she was scared

L:(Singing) but the mom's not dead. (She has mom snake attack the monster's mouth).

B: She knew just what to do she went inside the monsters mouth. Did she put poison in?

L: Yea. ssss (The big snake gets on the monsters back and winds around him.) He came to kill the baby. ga ga ga ga (whining baby noises).

B: The baby is scared she doesn't know what to do.

L: (Puts the baby in the corner) Now he's dead. (throws the monster out of the sandtray, and has mom snake curl in a circle around baby). She wants to be close to her.

Directly following this scene, Lea moves to the water tray where a baby turtle is pursued by a monster. An uncle (in the form of a small monster with a big mouth) saves the baby, and then just as the baby begins to rejoice, he drops her into quick sand. The overwhelming sense in these scenes is that the caretaking or rescuing figure, on whom the baby must depend, is either frightening in itself, or has potentially dangerous traits such as being poisonous. There is also the frequent depiction of the baby as being bad, dirty or poisonous.

The sand tray, with its magical or metaphoric creatures, seems the place for scenes too painful to enact with human figures. It is within this medium that terror, betrayal, and a sense of being dirty are portrayed. The non human figures appear to provide enough distance from reality, to allow the enactment of traumatic patterns without conscious retraumatization.

Play Themes with a Sexual Connotation

This first stage contains a number of symbols and scenarios that are common to sexually abused children. In her person drawing, Lea crosses out the lower half of the bizarre figure (Figure 5.9). Likewise she says the self as a rose does not have a bottom to put in the ground. Additionally, the slide in the self drawing is dominant and has a distinctly phallic shape to it.(see Figure 5.1)

In session five there is a small scenario at the sand tray that also connotes sexual intrusiveness. I stand beside her as she plays with the turtle and the monsters, she brings one monster after another up to my arms and makes slurping noises. I say to her that I am not sure whether these monsters are biting me or kissing me. Twice her reply is "they are kissing with their tongue sticking out."

Dog Themes

The dog is a recurrent and interesting symbol that arises periodically throughout the different stages of therapy. It is especially intriguing because Lea's family has never owned a dog. It takes on different roles at different times varying between

protector, source of comfort, and finally a character who usurps that which rightfully belongs to the self figure. In the rosebush drawing, the dog is the rescuer of the self symbol, returning Lea to her family.

In session two, Lea dons a girl puppet momentarily. She exclaims that she loves the heart on the girls dress. She then takes the puppet to the cozy corner and has it pat the stuffed animal puppy saying "she likes the dog a lot".

During session three, the tiny baby is alone, unclothed and in a crib. Lea matches it with the most powerful parenting figures, in the form of the queen and king to protect it. She adds the dog to the scene as well. She gets a blanket and uses it to place beneath the dog, rather than to cover the naked baby, saying "the dog wants to be comfortable, the dog protects them". This begins a thread that recurs periodically, wherein the dog receives the comfort that should rightly go to the child or baby in the scene.

Play Themes with Home, Family and Door

Themes of door, home, and family provide the medium for expressing Lea's affect and experience within family and caretaking relationships. The drawings of her house and family provide particularly powerful clues to Lea's issues. This house and family topic conveys the ongoing paradox in Lea's life and psyche. She is both drawn to and repelled by caretaking relationships. She is constantly searching for home and family. But, at the same time, she is deeply fearful of intimate

relationships. It is the anxious dilemma of a child who has been both loved, as well as hurt and betrayed by caretakers.

The House Drawing. Lea draws the house (Figure 5.9) as a part of the House-Tree-Person projective technique in the first session. The house is particularly telling of Lea's inner models of home and family. As she begins to draw she asks, "Do you live in a tall building?" Later she says, "It is your house when it is dark". Picking up the black felt she says, "I am going to make it dark. Black all across the top of the page." She then creates the stars adding, "Black never gets mixed up, only if it dries". She then adds the lines for the grass saying, "That's how grass looks. It has to go close to the house. That's where you go in".

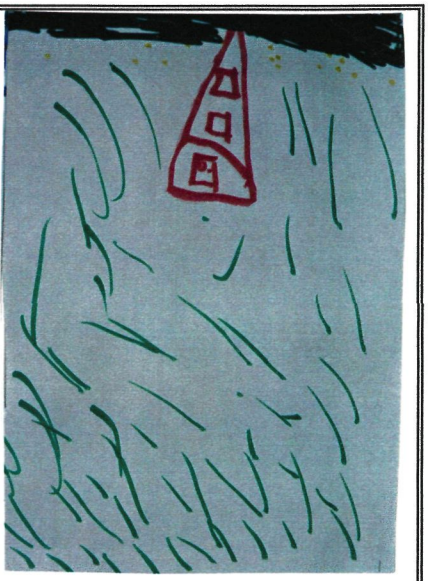


Figure 5.9
Lea's Initial House Drawing

As Lea draws this house, her voice is quiet and dreamy. I have the distinct impression that this is primary process talk. She assigns the house to me, leaving me to speculate that the image of home is too painful for her to own or to assimilate. This impression is further reinforced by the emphasis upon the blackness that envelops the house. She tells me that "the black never gets mixed up." I have the sense that the black band is representative of her depression or is an ominous cloud of pain and despair that is all pervasive.

There are a number of features to this house that are common to children who have received insufficient nurturing in relation to their needs. The lack of chimney, and her later description that the weather is cold, may reflect her sense of having received insufficient warmth. That the house floats and that its door has neither steps nor a sidewalk leading to it, projects a sense of family as being inaccessible. When I asked what the house needs, Lea replies that "it needs to be a castle. I could interpret this to be her psyche recognizing that such a traumatized child as Lea needs extraordinary parenting. If this picture does reflect her metaphor for family, her house would need to be a castle to meet her extraordinary needs!

The Family Drawing. In session two, Lea is asked to draw a picture of her family doing something (Figure 5.10). Like other illustrations of family during this stage, she depicts family members as faceless. I presume that this is the literal explanation by this child's psyche that she is unable to face the pain she has experienced in relation to family. Lea cannot "face" her family, just as she cannot own the house drawing. Instead, it is my house "when it is dark". Family members are also undifferentiated at this time. They all maintain the same stereotyped stance and body type, appearing

Figure 5.10
Lea's Family Doing Something

distant and non-interactive. The stance is one that is incapable of holding or enfolding. This picture, Figure 5.10, has some of the characteristics found by Main (1988) in her examination of six year old's drawing in relation to their early attachment classifications. She found that avoidantly attached children illustrated family members as distant, stereotyped, non-interactive, floating, and in stances that showed an inability to hold or enfold.

In addition, each of Lea's family related pictures during this stage contain the dominant darkness, and the ever present grass. The darkness is heavy, foreboding, and conveys a sense of gloom, sadness and depression. The grass is dominant, "coming right up to the door". Does it represent death, tears, anxiety?

The last family or relationship related drawing is the person drawing. The person drawing (Figure 5.11) is the most startling of all of Lea's early symbols. Both the image, as well as the accompanying dialogue provide clues to this child's key issues within relationships.

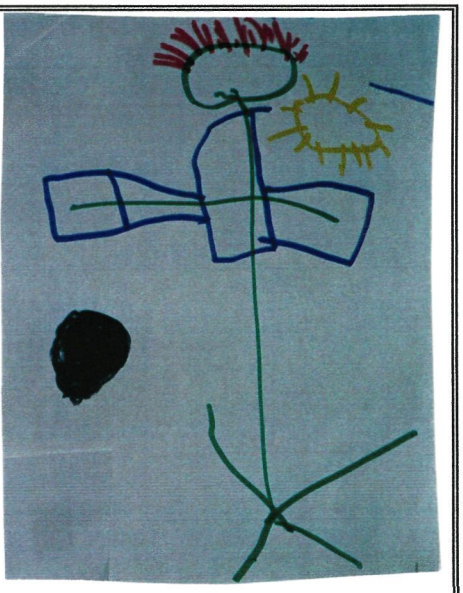


Figure 5.11
Lea's Person Drawing

Lea's spontaneous description of her person provides a glimpse into her confusion, and perhaps immobilization.

> He's a huge person. That's an X at the bottom so he won't run. That stops him. He can't cross the street when its green. There's a mud puddle right here (makes black spot).

> We'll put black, that's dirty water in the mud puddle. Like the girl in the story. Here's a lovely sun.
>
> (Later in the dialogue) He's a silly person. He does tricks, and makes me laugh. He makes a mad face at strangers and robbers. He makes them go away and he calls the police. He is a nice guy.

Like her other relationship drawings, the person is faceless and has no hands or feet, leaving us with a sense of helplessness. The cross (X) in the lower half of the body is reminiscent of the rosebush that doesn't have "a bottom to put in the ground." The black spot is also prominent. It catches the eyes in the same way that the heavily blackened sky does. It is also similar to the black spot that represents the house in the picture of mother and Lea at the beach.(refer to Figure 5.8)

Like the tree drawing, there is a transformation of the characteristics or meaning of the symbol as Lea talks. There is a sense at the beginning of her description that this person is either one who is unable to move or who needs to be stopped (The X stops him so he can't run). The presence of the mud puddle, "like the girl in the story" (a story in which the little girl keeps getting overpowered by the mud puddle), implies helplessness in the face of a force that dirties or overwhelms. Yet, as Lea talks, the person becomes someone who cheers her up, scares away the bad guys, and calls for protection. From this paradoxical description, I again sense the confusion and apprehension that this child must feel when entering into relationships. I have the impression that for her relationships are unreliable, confusing and unpredictable. The same person may be huge, fearful, and dirty one moment and playful and protecting the next. Given these relationship themes and images, it is

understandable that Lea's response to me is also paradoxical and confusing.

Summary and Analysis of the First Stage of Therapy

During this first stage Lea presents as a study in paradox and contradiction. Both from her surface action, as well as her projective play and drawings, we begin to understand the conflicting models from which she tries to make meaning and order in her confusing world. She is both drawn to, and deeply fearful of relationships. This conflict creates a profound anxiety, disorganization, and state of confusion in this young child. It is no wonder that she frequently collapses in tears.

Within ten minutes of entering the therapeutic space, Lea engages in a series of brief, but highly evocative play scenes. These continue throughout this stage. Her play, as well as her drawings provide intense images of those experiences (and sometimes metaphors of experiences), that have shaped the definition of her self and of her models for coping in the world. The images help us begin to understand the origins of her contradictory behaviour. She seems to have remained entangled in the loss and trauma resulting from her mother's death. The projected self figure, enacted through the doll house play depicts a self "stuck" in infancy, feeling vulnerable, longing for the closeness and protection of a mother figure. We can surmise that this urge to connect, to regain the symbiosis with a caretaker, is the likely force behind her tendency to prematurely attach and physically cling to others in her environment.

Through the medium of the sand tray and the more fanciful, non human figures, Lea reveals the source of the contradictory fearful, cautious, and avoidant stance that she assumes once she is in relationship. Her more metaphoric play conveys images of danger, sadness, and unavailability when in close relationship. It projects images of caretakers as being dangerous, unavailable, unreliable and having a tendency to betray and change from helpful to hurtful. Further, the self figure within these scenes also takes on a negative quality, often being portrayed as bad, poisonous or dirty. I surmise that part of her anxiety lies in the confusion created by these conflicting models for interpreting the world and guiding the self responses in the world. Attachment theory and research would label Lea as fitting into the disorganized attachment category.

Lea's play provides a window of insight into her early critical repetitive experiences, as well as her earliest unresolved trauma. Through what appears to be the multiple layers and levels of her experience, we begin to understand the forces that have shaped Lea's internal models of self and of self in relation to the world. More specifically, her play provides us with the general nature of these internal models. Most striking is the sense that Lea has conflicting models of self and self in relationship. It appears that the self that began emerging within the early relationship with her mother is a self that is experienced as precious, vulnerable, and deserving of closeness and protection. The self connected to this early period seems to have remained entangled in the trauma of her mother's death. The counterpart of this vulnerable self is that

of "others", and of relationships as being positive, desirable, and absolutely necessary to survival.

The conflicting model of self as bad and dirty seems to have evolved from traumas that have likely been unrecognized and invalidated within the conscious communication of her family. This "bad self" is portrayed as having experienced fear, hurt, abuse, betrayal and unavailability at the hands of others. The paired model of others is one of relationships as dangerous, hurtful, and unreliable.

When Lea begins therapy these conflicting models are employed in relationship to me. The part of her that wants to trust me and fuse with me, puts my name on her pictures, assigns the house in the drawing to me, and trusts enough to provide projective images of her true experience. At the same time, the contradictory model that considers relationships to be unsafe and unreliable, consciously holds back feelings, and is protective of revealing her true self.

The toys in the playroom provide a medium through which Lea's unconscious externalizes her significant experience and trauma. The play focuses on her earliest traumas of late infancy. As I provide words and feelings to this experience two things happen. First, Lea begins to develop a sense of trust. This is shown by a gradual removal of her protective shell, allowing her body to begin to relax and occasional moments of emotional and visual contact to occur. Secondly as her experience of trauma and loss are processed, acknowledged, and given words; her pictures portray what I interpret as part of her self breaking free from the early and profound trauma of her

mother's death. The subsequent sessions seem to confirm this interpretation, as there is a clearer sense of a self aware, self directed child in subsequent sessions.

Second Stage of Play Therapy (Sessions 7 - 11)

Overview

The second stage of therapy spans sessions seven through eleven. It is best characterized as a period of early emergence, testing, and assertion of the self of this little girl. Whereas in the first stage, it was Lea's projective dollhouse and sand play that was most revealing of her process, in the second stage it is her interaction with me that is most illuminating. It is through the medium of dramatic role play, that she reveals, and begins to repair her pain, disappointment, and betrayal at the hands of caretakers. In conscious interaction with me she begins to discard old ways of being in relationship, and tries out new, more authentic interaction.

At the end of stage one, Lea drew themes of emergence, of breaking free, and of hatching. It is as if the process of play enabled a part of her, like the balloons emerging from the grave, to become disentangled from the sadness, fear, and trauma surrounding her mother's death. Whereas in the first stage, she seemed more an accumulation of defenses and trauma related play themes; in the second stage we see more of the actual child. In this period, her surface behaviour is more verbal, interactive and expressive of feelings and needs.

Her demeanor is more relaxed and open, and there is more frequent eye contact. In this stage she actively solicits my attention. Furthermore, rather than angling away, she most often faces me when she plays. It is also interesting that her play

themes and her style of play reflect an older developmental stage, appearing to mirror events from a later time in her life.

It is interesting that as Lea lowers some of her defenses, her ambivalence within our relationship becomes more pronounced. While her attachment to me and the playroom become more overt, she also displays more anger and testing behaviour. It is as if she is asking through her various challenges of aggression and messiness whether I will still accept her if she shows me her darker side. Or from another perspective, her interaction imitates the "love / hate" fluctuation that an older toddler shows a caretaker.

Individual play themes are more focused, complex and extended. Themes relating to mothers and children, danger and rescue, dogs and nurturing continue, but with new variations. The self figure in the mother/ baby themes is more often an older infant or a young child. Victims are usually rescued from their danger, and indeed occasionally find their own way home. Sexual themes continue to arise for brief moments.

The nurturing play theme is imbued with the greatest focus and energy. It is through the medium of dramatic play that Lea enacts the issues of her caretaking, or lack thereof. Whereas, in the first stage I was clearly allocated the role of commentator and observer, in the second stage Lea solicits my active, but proscribed involvement. I am the child, sister, or friend for whom she prepares the meal. Role play is also used in enacting scenarios of doctoring and healing. It appears that it is through these two themes that Lea begins to heal or alter her own relational wounds.

The following discussion of Lea's process in stage two will be divided into descriptors of her: (a) self presentation; (b) play themes; and (c) relational behaviour. Generalizations will be supplemented with examples from the play therapy transcripts. Lea's change over time within this stage will be emphasized.

Self Presentation in the Second Stage

Self Consciousness

The hatching symbols and the balloons breaking free of the grave marked the transition into a distinctly different stage. As Lea enters session seven, changes are evident in her self presentation. There is the sense of a distinct little person rather than simply a compilation of defenses. She hums all the way to the playroom and continues singing as she moves to the snack table.

One of the more interesting manifestations of her disentangled sense of self arises in her relation to the video camera. Although the camera has stood in full view, on top of a large desk in the playroom since the first session, Lea had never before commented upon it. Suddenly in session seven she becomes acutely aware of the camera:

> Hey can the camera see me. I want to see what it sees. (I lift her up onto the desk to look through the view finder). I can see my hand. I can see your head. I can see my hand touching your head.

For the remainder of this stage, Lea continues to refer to the camera a number of times in each session. Frequently as she is drawing or playing, she stops, looks up at the camera and asks

if it can see what she is doing. Later in the stage, she actually directs me to move the camera when she is drawing. She also discovers the mirror. In session eight as she blows bubbles, she catches her reflection in the mirror. Moving closer to the mirror, to better see herself, she keeps one eye on her reflection and one on the bubbles. Checking herself out in the mirror continues to be an important aspect of her conscious play throughout this stage. There seems a new found interest in herself as a distinctly separate entity.

Pride in Self

Concurrently Lea begins to take a conscious joy and pride in her play and artwork. In session eight, she discovers the bubble solution and exclaims with amazement at her bubbles. Ten minutes into her play she proclaims "I am the expert bubble blower!". In session nine, she makes a picture with glue and sparkles. As she creates, she proudly informs me:

> L: I know how to spell my name. I used to not. Now I do it right.
>
> B: You certainly do.
>
> L: I'm making a house and I'm going to put sparkles on it. Its going to be beautiful right?! Whoops, I made a mistake.
>
> B: That's O.K. you can make mistakes.
>
> L: Yeah even artists make mistakes.

Not only has Lea become self aware, but she has also begun to internalize my continuous affirmation of her. From this time onward, I frequently hear her use my own positive statements in relation to herself and her work.

Synchrony of Self Presentation

There is also a marked change in the degree of dyssynchrony of Lea's self presentation. Whereas in stage one, Lea's body language and voice tone were dyssynchronous with her play themes or monologue up to 80% of the time, by session nine, she is synchronous 80% to 90% of the time. This synchrony first happens during the expression of negative affect, and later also when expressing positive affect.

In this stage, Lea's stance is most often relaxed, with limbs swinging free, and her head up. Most movements are decisive and larger. Brief, purposeful eye contact is also more frequently made. In fact, many times she watches to specifically note my response to her provocative or testing type behaviour. Her voice also breaks free of her original monotone during this stage. In fact, she becomes quite theatrical as she plays out scenes in the doll house or sand tray, using a variety of voices. Most of these seem a planned part of the play. The one exception is that she inevitably assumes a hesitant baby voice, when playing out the baby alone or baby in danger scenarios. At such times, her whole self seems to naturally regress, and take on the persona of a much younger child.

The only remaining aspects of Lea's self presentation that continue to be held back during this stage are her facial expression and eyes. Both remain predominantly unexpressive of emotion. Though Lea's body, voice, and play are reflective of a wide range of emotion, her facial expression seldomly loses it's

mask like nature. Further her eyes retain a depressed dead quality to them.

Developmental Level

Though occasionally regressing to a babyish isolated play, Lea's prominent demeanor is more often that of an older child. Her interaction with me is in many ways reminiscent of an egocentric toddler trying out her new skills and freedom. She is ambivalent; loving me one moment and testing me the next.

Another obvious developmental difference is in the style of play. Whereas in stage one her play was infant like, entirely isolated, and turned away from me, in this stage she seeks my active involvement at least half of the time. Yet it is not the interactive, reciprocal play of a preschool or school age child. Rather it mimics the narcissism and determination of a toddler who wants to demonstrate her own skills and impact in relation to her universe.

As a playmate I am used more like a prop, than an equal participant. She assigns me roles. I am given a tea party, fed a meal, bandaged, and told how and when to hold the puppet. At no time am I invited to use initiative or have an equal role. In fact when I do make the mistake of taking an active part, I am thwarted. The first time this happens is in session eight.

She has discovered the bubble blowing liquid and wands. She watches herself in the mirror as she blows different size bubbles: "I know how to make bubbles...big bubbles...baby bubbles". I remain affirming and reflective of her skill and experimentation. About five minutes into the play, I pick up a

second wand and blow a bubble. She stops her play instantly, asks me for my wand, takes it away, dips it into the solution, blowing her own bubbles. She then emphatically says "I am the expert bubble blower". I reflect her need to be the expert and to do it all herself. She then continues her individual play, seeking only my continuous exclamations on her prowess.

Although this play is insular, there are a number of differences from the first stage. She sits facing me the entire time, rather than the previous angling away. She also asks me to hold the liquid, awaits for my affirmations, makes occasional eye contact, and moves freely with relaxed large movements.

In session ten, she again reasserts control of the play when I move out of my assigned role. She has been preparing dinner for the baby doll and myself. She astutely plays the role of a harried, rushing parent. I assume a dutiful daughter role and set the table. When I do this she stops her own play, dismantles my table setting, and replaces it with "more better things". The point is definitively made that I am to be the object in play, not an initiating playmate.

Lea's play is toddler like in a number of additional ways. The most remarkable is in the conscious messing and testing that occurs at least once in each session of this stage. Previously she had maintained an adult focused, near compulsive orderliness and cleanliness. In this period she seems to test the authenticity of my commitment through moments of seemingly purposeful messing and testing. These episodes are accompanied by the look of a toddler who wants to see how far she can go before being chastised.

The first testing episode occurs in session eight. She has been playing in the wet sand tray. Looking at me sideways, she begins dumping spoonfuls of wet sand onto my hands, watching for my reaction. When I say "it's OK to make a mess in here", she grins and then dumps one more, this time on the floor.

In session nine, her play is even more reflective of the toddler as it combines a toilet focus with the messing. She is playing in the wet sand tray, filling the dragons mouth with the slimey sand. She turns the dragon upside down and says "I'm pretending he's pooping". When I respond in a neutral manner, she takes it one step further and say "I'm going to splash you for real". When I simply reflect that she wants to know if I will get mad at her if she makes a mess, she relaxes, dries her hands and moves on.

The epitome of messing and testing behaviour occurs in sessions ten. The first half of the session contains a variety of small messes. With each episode, there seems an escalation of Lea's tension, culminating in a frenzied painting session. Up until this point, her painting has been clear and orderly, rinsing the brush between each colour, but in this session all semblance of order is abandoned. She moves from one paint pot to the other without cleaning the brush. She adds one colour on top of another, accompanied by a frenetic monologue in which each colour is depicted as conquering the next:

> Now I think the red is going to have more room than the rest. But now the yellow is catching up. (adds yellow, then starts running the blue into the other colours). Its mixing up all over the place. The green is going crazy. "aaaah" (in a groaning voice.). Its going to be a mess. (mixes all the paint pot colours up with each other, accompanied by groaning and screaming noises). Then the yellow starts to

> escape. Then the reds catching up with the blue. Then the green is winning. (Keeps mixing more and more colors) Now it wants to cover the red and then the green. The yellow gives up. This is going to be incredible. This is funny. (She is singing in a high pitched voice, frenzied painting with two brushes at once, mixing the brushes from one paint pot to the next)
>
> This one gives up. Then this one. (Lea falls back from the easel exhausted. The paint is one homogeneous, wet, green / brown oozing mess, the paper slumps off the easel). I can't paint anymore. (She turns and quickly moves to the wet sand tray, saying as she goes). He's rushing. He's rushing to the grave!!

Though I reflect her "rushing to the grave" statement, she does not expand. Rather she goes on to play out a variety of scenes of danger, rescue and betrayal. It is impossible to know for sure what went on inside this small girl during this painting episode. But, like the grave picture in session six, the ensuing sessions demonstrate that this was a pivotal point in therapy. In the sessions that follow, Lea shows more ability to access both her feelings and her experience in a more conscious way. There was a distinct sense that as each colour overpowered yet another, there was in some corner of this child's psyche, one defense after another dissolving. When she fell back exhausted, her "rushing to the grave" seemed to come from somewhere deep within her unconscious.

During this stage the small messes in each session, appears to be transition steps between lighter compensatory play and more painful topics. Once a mess is made and accepted, then a series of difficult scenes are enacted. For instance, the aforementioned painting scene is followed by enactment's of (a) parents falling and getting hurt; (b) food that looks good, but ends up burning; (c) parents falling and getting hurt again; (d) the story of a child being lost, and then finding her way back

home and finally (e) Lea pretending to take down the pants of the bop bag ref and saying "he wants to show me".

Likewise in session eleven, messing precedes a series of play scenarios that culminate in a sexually suggestive scene, followed by a detailed disclosure of sexual abuse. It appears that the process of messing, and having the mess accepted by me, allows Lea to move into the deeper, less acceptable (messier) memories. In this session the messing begins with the wet sand tray. Horses are the victims. They are stalked, buried and then rubbed back and forth in the wet sand, all in a frenzied way. They are attacked and then rescued, only to be attacked by yet another predator. As Lea adds more water to the sand, she sings "the old man is snoring" song. She stops playing and says, without seeming to expect an answer, "what will people think when they see all this yuk?" She then goes back to singing but this time the words are "I can do anything I want. I'm rolling in the sand", as she rolls a girl figure around and around in the wet sand. I am left with the distinct impression that for that moment she has become the girl figure, getting dirty, and perhaps breaking free.

Similar to session ten, she stops exhausted, but this time says "me have a headache" in a babyish voice. She drinks her juice from the snack table saying "juice makes my headache go away". When she finishes she goes to the doll house and enacts sexually suggestive behaviour between the male doll and a little girl doll.

With my tentative pacing and reflection, this scene leads to an extensive disclosure of Lea's historic sexual abuse by her

brother. It is my hypothesis that the original obsessive neatness of Stage One was tied in with Lea's defensive structures. As she comes to trust, she lets down some of her defenses. Being messy seems a process by which she descends into more difficult memories, as well as the psyche's way of testing whether I will accept the "messiest" details of her experiences. After this disclosure in session eleven, neither the testing and messy behaviours, nor obsessively neat behaviours are seen again. Rather her play, as well as her communication, continue unencumbered.

Verbalizations Relating to Self

It is interesting that in stage one, Lea first broke free of her defensive posture in relation to me through the relaxation of her body. Later her first demonstration of anger was also physical, by punching the bop bag. It is not surprising therefore, that her first distinct self referenced verbalizations of feeling are also in relation to her physical body. During this second stage, her dominant verbal expression of need or feelings is through somatic complaints. In session seven, she seeks my help by saying "ow I have a scrape on my back", and asks for a Band-Aid. In session eight she says "I have to drink the juice slowly because I have a cold". Throughout this stage, she seeks a variety of contacts with me through expression of physical symptoms. These gesture range from a request for additional snacks when she feels vulnerable, to asking if I have tweezers to take a sliver out.

Not surprisingly, she also expresses her first verbal reluctance to leave the playroom in a physical way. In session ten, I announce the usual five and one minute warnings. When she hears her father in the waiting room, I remind her that it is time to go. She replies "I don't want to. My head hurts, my stomach hurts, I'm dizzy, I'm bored. I'm too weak. I need something soft."

Session eleven proves to be the pivotal transition into stage three. It is within this session that Lea first adds feeling words to both her own experience as well as the play scenes. In the sand tray she enacts a scene in which horses are being attacked by a variety of predators. She says "they are very scared" and then yells "help. help". Later in the doll house she describes the man as" mean", whereas before she would simply enact mean behaviour. And at the end of this session, she engages in a lengthy and detailed disclosure of historic sexual abuse by her brother. During this detailed ten minute interchange, she is able to clearly express both her experience and feelings. Some excerpts are:

L: Corey used to give me lots of bad touches.

B: And is he still touching you in bad ways.

L: (Shakes her head no, looks at me directly) Lots of times he used to touch me here (touches her vagina.

B: Oh. And how did that make you feel.

L: (Sad voice) Not very good.

B: Uh huh. Kind of yukky huh?

L: I was about to pee in his hand (Very emphatic, mouth and eyes wide open).

(Later in the discussion)

B: That must have been scary for you.

L: I always have it on my mind.

B: When you have it on your mind, is it because you're worried that it will happen again?

L: I'm worried he'll do it again (Puts her fingers in her mouth and resorts to a babyish voice)

In summary, as she develops a stronger sense of self, Lea demonstrates a greater ability to use internal state words. Feelings and needs are first expressed through bodily sensations, and finally in session 11, she is able to clearly verbalize a detailed negative experience, including ongoing worries and fears. This session is the transition session into Stage Three, in which conscious verbal descriptors become a more prominent aspect of therapy.

Play Themes

In this second stage, Lea's play themes continue to speak volumes about the varying experiences that have shaped her. The doll house is the main stage for difficult family scenes, the sand tray holds those events too painful or traumatic to enact with human figures. She uses animals and fantasy creatures to portray scenes of fear, predation, terror, and betrayal.

In this stage, Lea is more frequently an active and interactive participant in her play themes. Dramatic role play is used to process the most emotionally evocative themes of nurturing, healing and aggression.

Mother-Infant, Family-Child Themes

An interesting pattern of developmental progression of the self is becoming evident in the mother-child themes. In stage one, the majority of such scenes were enacted in the doll house, with the emphasis being on the tiny vulnerable baby. In this second stage, the self figure is either an older baby or a little girl. There is no emphasis on "tiny", and the baby is not depicted as vulnerable and helpless. In fact in a number of scenarios the baby grows up during the play. Most often she is a member of the family, where there is a sense of her either being left out or neglected. Alternately she is the recipient of inadequate, or toxic parental care. Additionally, at least half of the play is enacted through role play with Lea assuming the role of parent, while the baby doll or myself are used as the child.

Two most common subtexts include a nurturing type play, and one in which child has been separated from the mother or family. The theme of the self figure being excluded or separate from the parent or family tends to be enacted in the doll house, or in mutual story telling. Examples of this will be described first. They show a progression from the first stage in that the baby joins the family, rather than being rescued from danger. The sense of panic is gone and it is replaced by a sense of isolation.

Self excluded from, then re-joining caretakers. Session seven is the first time that the baby theme is set within a family. The scenario is enacted outside the doll house. Lea

sets up a row of couches and chairs, and proclaims a party with the family watching a movie. She then emits "wah wah" sounds and proclaims "we'll take the baby to the family party. She's crying, she likes sitting beside her mother". She places the baby beside the mother in the row of family members. There is a sense in this scene that the baby is excluded until she protests and cries. The scene ends abruptly when the figures are accidentally knocked off the table.

One of the few pictures drawn in this stage also contains a similar theme. Initially the drawing (Figure 5.12) looks like another hatching scene, but when asked Lea explains:

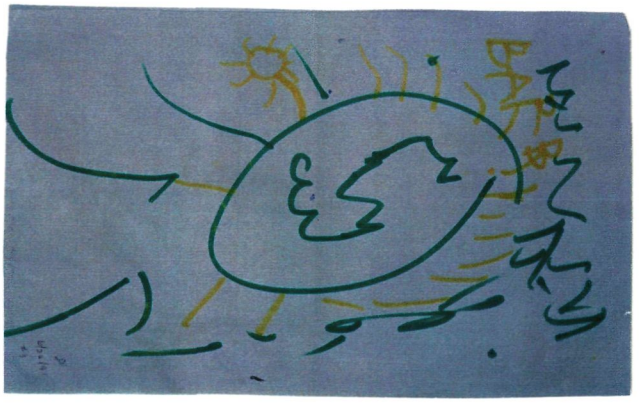


Figure 5.12
The Mommy and Baby Sun

> L: That is the baby sun. It came out, and its grass. It was climbing and climbing and its mommy took it up to the sky.
>
> B: Its climbing and mommy took it up to the sky?
>
> L: (Ignores me.)
>
> B: And what happens when they get up to the sky?
>
> L: The mommy and baby are together. Mommy holds onto the baby.

A depiction of family members falling is built into the play during session 10 and also results in a play disruption. This is a brief scene nestled between enactment's of danger in the sand tray. Within a one minute scenario, Lea takes a father and daughter figure, walks them toward the doll house saying "daddy

says lets live with our mommy". As they approach the doll house, she first knocks the dad, then the mother onto the floor saying "but daddy fell and then mommy fell". She disrupts play and returns to the sand tray.

The final scenario in which the baby accesses her family is later in session 10. I engage Lea in a mutual story telling session after she has complained of her head hurting and her stomach ache. My contribution is only to add transition sentences that do not add to the content or plot. I begin the play with "once upon a time there was a baby". Essentially Lea depicts the baby going to the park by herself, getting lost, unable to find her way home. In the park she finds a puppy who is also lost. At that moment:

> The baby said I am a bigger baby, in fact I am a girl now, and so she grew up. She knew how to get back home. She even knew how to help the puppy get home. She followed the puppy's foot prints home and then she said "Hi mommy, Hi daddy, I'm too little".

Lea's story seems to parallel her own progress through play therapy. As she presents a more competent self in therapy, the projected self figures reflect greater self efficacy. Of course the ending of "I'm too little" also displays the ambivalence and tenuous nature of this progress.

Mother-Child Nurturing Play. Parental nurturing play scenes are enacted in the greatest detail during this stage. They revolve around the table, play dishes, pretend food, the baby bottle, and the baby doll. In each scenario, Lea assumes the role of the mother figure. Her demeanor is that of a busy, harried mother, tending to too many burners at once. The play

starts out with the parent serving food that are Lea's favorites. She puts cheese on hamburgers, serves up nourishing soup, and sprinkles syrup (from the baby bottle) onto French toast. She also models a mother gently holding the baby, looking into its eyes, while she feeds it. Paradoxically, the food ends up being bad for the baby or child in some manner.

In session seven, Lea repeatedly attempts to feed the baby. First the baby chokes on the food. Next the mother drops butter on the baby which ends up burning her. After she rescues the baby by removing the butter, the infant again chokes. The mother then spills hot soup on the baby and replies "don't spill your soup". Feeding resumes and the baby again chokes, and then has "a little throwing up". One of the fascinating aspects of this scene is the contrast between the "mother's" outward demeanor and the reality for the infant. In the role of the mother, Lea holds the baby gently, looks into her eyes, burps her on her shoulder, carefully leans her forward, and wipes her cheeks when she vomits, all the while talking in a gentle and empathic voice. It is only her quiet sub commentary that informs us that the food chokes, burns, and gags the baby!! The underlying message is that though caretaking looks idyllic on the surface, it is indeed hurtful and/or toxic in reality.

In session ten, the well intentioned nurturing again goes awry. "Mother Lea" makes an elaborate dinner for the "daughter". There are eggs, hamburgers, and cheese. She carefully cooks each one, commenting on the process as she goes. Immediately before she serves each item to her child, the food burns. The mother exclaims that the food is burning, lifts it from the fry pan with

the spatula, and dumps it on her child's plate. In both of these poignant scenes, there is the undeniable depiction of seemingly well intentioned mothering and nurturing being either inept or toxic to the recipient.

In all of these mother-child scenes there is a clear progression from the first six sessions of therapy. It is as though, within her family play Lea is moving chronologically through her life since the first major trauma of her mother's death. In the first stage Lea focused on the death of her mother. She depicted the self figure as yearning for and needing a mother figure. The infant was often unsafe and sought rescue and nurturing. In this stage, however, the play enacts the self being returned to and engaged with parental figures. Unfortunately caretaking is not all that the child has imagined. The baby is often left out and needs to cry in order to be included. When she is nurtured, the food is either spoiled or toxic.

House and Family Scenes

In the first stage Lea avoided any spontaneous mention of herself or her current family. When asked to draw them, her pictures depicted indistinguishable faceless characters. When I asked about her family, she often changed the subject or ignored me. Spontaneous drawings related to family were all related to the past and/or her mother's death.

Distinctive to this second stage is the comfort with which Lea talks about her current family. She shares information about a recent trip to Grandma's: "you wouldn't believe it there was a

birds nest on her porch". She tells me that her family is going to have dinner with mom at her work after school, and she shows me the mosquito bites from a recent trip to the islands. Though she does not expand upon these topics, there is no longer the anxious avoidance of family talk. In contrast to the toxic nurturing play described previously, the more conscious verbalizations about family are generally positive in nature.

The one family related picture (Figure 5.13) in this stage is also positive in nature. It is a door "with a very big handle, and a large door bell". When I ask what happens when you ring the bell she says: "The mom, or dad, or kid opens it. Then you go inside and play". This image seems to complement some of Lea's story lines in which the child has slightly more access to the family.

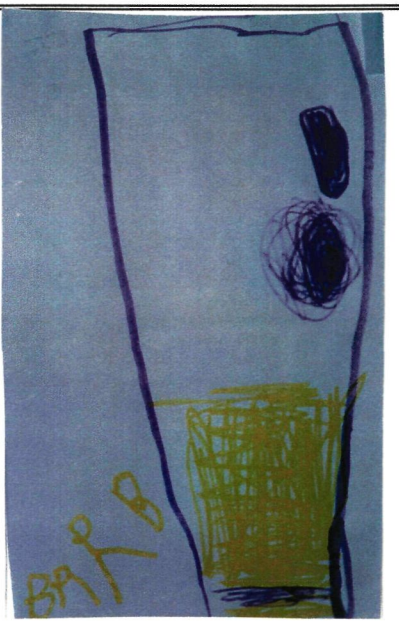


Figure 5.13
The Door with the Large Handle and Bell

Healing Themes

Doctor play and healing themes are a prominent and intrinsic part of the second stage of therapy. Like the nurturing themes, Lea is an interactive player in the medical play. She assumes the most active role of doctor or healer, rather than patient. In contrast to the frenzy and tension inherent in the sand tray or feeding scenes, the healing play is calm and serene. It seems

to be a compensatory play, focusing on Lea's new found body awareness.

The first scenario is seen in session seven, after Lea shows me a scrape on her back, and asks for a Band-Aid. Once I give her one, she puts one on the baby's head and gives her a shot. She then tells me "the baby is bleeding like crazy" and places more Band-Aids on her. Then she moves her ministrations to the dog, telling me that he needs one too.

In session ten, she takes on a more extensive doctoring role. She listens to hearts, gives shots, cleans out ears and wraps up sore feet and legs with an ace bandage.

The healing play is most often enacted toward the end of the sessions. It frequently follows the more difficult themes of danger, anger, or scenes of betrayal and predation. Through this play Lea seems to calm herself and to regain control. Her affect is usually positive and congruent. My impression is that it is part of a metaphoric ritual of healing psychic wounds.

Dog Themes

The dog continues to be a minor, but recurrent and interesting figure in Lea's play. I have the sense that this figure may represent a part of self. As described earlier, it is bandaged along with the baby in session seven. Likewise in session ten, also paired with the baby, it is lost at the park and returned to its home by the baby.

Themes of danger and Rescue

The danger themes are less dominant in this stage. When they occur they are enacted in the wet sand tray and are brief. In session seven, I become the temporary victim. Lea has just enacted a small scene in which she pretends to paint my nails and spray perfume behind my ears with a sssss sound. She then abruptly turns, picks up the long rubber snake and wraps it around my neck, making the same sssss sound. She turns her back to me and when I ask what I should do, she says "Its a poisonous snake". She removes it from my neck and buries it in the sand, saying "in one minute it would have stung you". Similar to the scenes in stage one, I am left with the impression, that Lea as victim, experiences confusion as to who is benign and who is dangerous in her life.

A scene in session ten also repeats the themes of confusion regarding danger, safety and betrayal. Small animals are in a panic in the wet sand tray as a tiger comes toward them. The tiger says " I scared the bad guys away". As the little animals start to relax and say, "Yea Yea!", the tiger then turns into predator. As in stage one the little victims are again duped as to who is safe and who is dangerous.

Themes with a Sexual Connotation

Sexual themes become more explicit in this stage. In session ten, Lea pretends to take the bop bag's pants down. She then lies on top of him and says "he wants to show me". When I

say "what does he want to show you?", she sticks her tongue out and says "babble babble" as she walks away.

As described earlier, in session eleven Lea enacts a small scene in the doll house prior to extensive disclosure of sexual abuse. She bends the male doll over saying "he wants her to sit like this". Taking the girl doll, she attempts to remove her pants and look at her bum saying "yuk!". I show her dolls that allow easier removal of clothes and as she plays with them she discloses the sexual abuse (discussed above) by her brother.

In summary, though many play themes are similar to those in stage one, Lea's play takes on many characteristics unique to this stage. Most obvious is the fact that she is much more active and interactive as a player in her scenes. Whereas in the early sessions, she took a more distant narrator-like role. In this stage she is part of the play. Further, she includes me as an active, though usually not interactive, object in the play. It is also interesting that the projected self figure is older. Instead of being the "tiny baby", the self image is more often an older baby or child. Additionally, the child is no longer alone and in need of rescue, rather it is usually part of a relationship (family, dyad, or group). Despite this progression, the protagonist's experience is predominantly negative. She is either being left out, betrayed, or hurt.

I have the impression that the primary focus of play in this stage is the exploration and reparation of the confusions and wounds caused within relationships. Dramatic play is the most common modality. It is interesting that Lea takes on the role of caretaker, as if in an attempt to understand it. She plays out a

caretaker who appears well intentioned on the surface, but whose ministrations cause harm to the child. She also continues to enact her brief scenes of danger and betrayal in the sand tray. These also convey a sense of confusion over who or what is safe and good, and what is unsafe and evil.

Child-Therapist Relationship

In the first stage of therapy, Lea demonstrated a clear ambivalence when relating to me. As Lea's self figure emerged from her protective metaphoric shells, there seemed also an emergence of a less defended authentic self. This less defended self in relation to me continued in stage two. Instead of a composite of defenses, it is a real little girl, with real experiences and emotions that relates to me in this stage. She shares brief vignettes about her current family. She faces me as we talk and play, making frequent though brief eye contact.

Though she openly engages me as a playmate, a clear ambivalence remains in Lea's interaction with me. It differs from the early ambivalence in that it is not compulsive in nature. Rather, her conflict seems to arise from her genuine wish to become more attached to me and the playroom, while at the same time fearing rejection. There also seems an angry transference that accompanies her increasing trust and attachment to me. As she becomes more open, she also starts worrying about sharing me with others. Inevitably, at least once in each session, she briefly asks about other children who come to the playroom: "Who else plays with these Band-Aids?" or "How many other children came here today".

These moments of jealousy, accompanied by subtle angry gestures, most often follow play scenes depicting inadequate nurturing or parental unavailability. In session nine, Lea has just returned from a vacation with her mother and grandmother. She shows me nasty looking mosquito and red ant bites that cover her legs. In the midst of a cooking scene, she stops, retrieves a spider and ant from the shelves and mimes them biting me. In session ten, she dresses like Captain Hook, making slashing gestures as she approaches me. One is aimed to slice me down the middle, and one to cut my eyes. When I reflect her anger, she diverts to cutting X's in the eyes of the bop bag.

Her anxiety within our relationship is also expressed around leaving the playroom. This first becomes evident in the tenth session. Ten minutes before the end of the session, she disrupts play and asks "is it time to go yet?". I ask if she wants to leave early today and she emphatically replies "no". Her play becomes more frantic at this time, as if there is insufficient time to fit everything in. When I give the five and one minute warnings, she ignores me. When it is time to go, she uses a variety of ruses to delay leaving.

In session ten, her anxiety about leaving occurs even earlier. When there is 20 minutes remaining, she again asks if it is time to go. When I reply that we have 20 minutes remaining, she stands up from her play and stretches, then complains "ouch, my leg hurts and so does my head" and then "I'm going to play fast". When it is time to go, she again expresses her dismay through body pain:

> I don't feel like going. My stomach hurts...my side hurts .. my head hurts.. I'm too bored... I'm too weak. I need something soft.

It is not until the third stage, that Lea has enough trust in our relationship, that she is able to internalize the positive aspects of the playroom and take it with her.

Summary of Second Stage of Therapy

It is in this second stage of therapy that Lea begins to exercise her new found sense of self. Her body relaxes and begins to be interactive with both myself and the toys. She shows an increasing self awareness as evidenced by her focus on body hurts and her wish for the camera to see her.

This emerging awareness of the self also longs for relationship, but in a more conscious, less obsessive manner than seen in the first stage. She involves me in her play in a planned and purposeful way, although her play with me is controlling and more egocentric than interactive. I am an important object in her drama rather than a playmate. This increase in contact and proximity also engenders a different level of ambivalence. Her interactive mannerisms are reminiscent of the toddler period of development, one minute pulling me in, the next pushing me away. As she becomes more genuinely attached to me, she writes "I love you" on her paintings, and her face and body tell me she means it. She also tells me that she is too dizzy or in too much pain, when it is time to go, indicating that she has not yet internalized the goodness of our relationship.

Her dominant play is mostly about relationships and I understand more clearly about the source of her ambivalence.

Play in the sandtray is sparse but continues to reflect themes of danger and betrayal where helpers end up scaring and hurting. The most powerful and prolonged play themes are enacted through dramatic play. Through the medium of cooking and serving food, Lea conveys that seemingly well intentioned nurturing has ended up toxic to the child figure. In contrast, she also uses the dramatic play to begin to repair the hurts that have occurred within relationships. She uses the doctoring supplies to bandage, swab, and inject medicine. She first seeks my help by asking me if I have tweezers to remove a sliver. Just as in this stage she expresses her emotion through her body pains, she also begins to heal through administering to the body.

The movement towards a genuine relationship with me, creates fear of being too close, or perhaps of being hurt or abandoned. She therefore appears to test whether I will still accept her if she shows her darker side. Through this stage she intentionally creates messes, threatens to throw sand at me, and makes aggressive gestures. As I continue to accept all aspects of her, dark and light, her barriers tumble. As her defenses lessen, her messiness and tensions increase, until her words and feelings break through with a detailed description of feelings and events surrounding her sexual abuse by her brother. I listen support her, affirm her feelings, and solicit more support and protection for her from her parents. This disclosure seems to be the pivotal point that moves her into the more verbal, expressive third stage of therapy.

Analysis

This stage marks the beginning of the emergence of a "true self" or non defended self. The most obvious part of Lea that breaks free of her defenses and entanglement with her mother's death and the subsequent trauma is her physical body. The physical body looks and acts different. In the second stage it is unencumbered relaxed and freely moving. It is through the physical body that Lea expresses her internal state, her needs and her feelings. It is also through physical actions that she tests the limits of my acceptance and commitment to her.

Whereas in the first stage, the play emphasis seemed to be on self, in the second stage it seems to be more on self in relationship. It is as if once a part of the self has emerged, there is an ability to examine the relationship separate from the self. Lea does this is by taking on the "other" or caretaking role, using the medium of dramatic play. The self that has been hurt and betrayed within relationships becomes more apparent. As an observer, I am able to see the different layers of the experience that she has endured in relationship to caretakers. The paradox and contradiction of Lea's life continues to be a dominant theme into this second stage, but it is expressed in a different way. What we see in this role play is the dramatization of the discrepancy between what is seen on the surface of the nurturing experience and what is experienced by the child recipient. Seemingly gentle and well intentioned nurturing ends up burning, or poisoning the recipient.

The developmental nature of the play is markedly different as well. Whereas, in the first stage Lea's play was older

"infant like", her play and interaction appears more like that of a toddler in the second stage. Furthermore, it appears that whereas Lea's first stage play externalized her earliest traumas of late infancy, this stage speaks more of her experience during her toddler years, experiencing the multiple caretakers, and chaos during the year following her mother's death.

Finally, the extremes of ambivalence that Lea expresses to me during this stage are also toddler like. She openly engages with me. She shows joy in being with me, and reluctance in leaving; and yet she tests, messes, and shows aggression as if to drive me away. I interpret this behaviour in two ways. First it seems a part of the developmental process that appears to be occurring within the therapeutic relationship. Her behaviour is like the toddler who has a love/hate relationship with the parent as she attempts to define self but stay in relationship. Second, from the simple process of developing trust, it appears that this child is testing my ability to accept all aspects of her being and experience, before she proceeds in her process of emergence of the true self.

Mid-Therapy Review and Classroom Observation

Parent and teacher interviews, classroom observations and teacher response to the classroom observation form were completed between the twelfth and fourteenth session of therapy. It is interesting to note that though Lea demonstrates some significant symptom reduction at home, her classroom behaviour does not yet overtly reflect the progress seen within therapy. In fact, in

many ways she seems to be acting out in more obvious ways at school.

Parent Interview and Early Intervention

Early Therapeutic Suggestions to Parents

Though I was in frequent telephone contact with the parents throughout therapy, it was usually impossible for them to come for personal interviews. There were a number of parenting interventions that I made during the first 12 weeks. In the early weeks I shared with them the degree of vulnerability and fearfulness that Lea displayed in her play themes, and asked them to assess the safety of her contacts and of her environment. Additionally as I observed the intense longing for female contact and identification, I suggested that stepmother Sarah set up bedtime rituals that would increase Lea's sense of connection with her. Though Sarah tried to organize her busy life to accommodate this request, the only consistency she could provide were sporadic five minute sessions. The unfortunate reality was that all of the children in this family were needy and that individual attention to one, set off increased neediness in the others.

Finally, after Lea shared a more detail disclosure of her sexual abuse by her brother, informing me that they were still sleeping in the same room, I asked the parents to work out a new arrangement for Lea to have a room of her own. They put this suggestion in place immediately.

Mid-Therapy Parent Interview

The parents were pleased with the changes in Lea since therapy had begun. The most significant were around toileting and bedtime. She stopped soiling by the third week of therapy, and nightmares diminished considerably by the fifth week. Once she and her brother were in separate rooms, the bedwetting stopped as well. Finally parents found Lea to be less clingy, with fewer episodes of crying.

Mid-Therapy Teacher Interview and Classroom Observations

The teacher reports that Lea's crying has decreased considerably in class. She cries one to two times a day, rather than the eight times a day reported earlier. She is reported to be less sad and anxious, but is acting out significantly more. She is easily angered, lashing out at other children through hitting and kicking. She alternates between being withdrawn and fighting. The teacher describes her as frequently being unable to work with other children in small groups.

Whereas in the early stage of therapy, Lea was perceived as able to function at class level, she is now considered behind. She is described as showing occasional enthusiasm, but most frequently presents as disengaged. She often neglects to do her individual work in class, or throws it away and says she has lost it. She is however, able to concentrate on large group activities such as story and circle time.

She continues to be "clingy" with the teacher. She tries to walk directly beside her, wherever they go. She also continues

to sit beside her in class. She is frequently observed crying on the play ground, and approaches teachers and aides, soliciting sympathy for cuts or bumps. She is often seen in the office complaining that other children have pushed her. Her affect is considered predominantly negative. Whereas earlier she was ignored or rescued by classmates, at this time she is most often an outcast because of her whining and aggression.

Classroom Observation

Lea was observed both in the classroom and on the playground. At circle time, she is more engaged, indeed, she seems to track the conversation and activities when both teacher and students are speaking. She sits very close to the teacher, and focuses much of her attention on her. She shows a fair amount of self stimulating behaviour in the form of twisting her hair and sucking on her fingers. During the ten minute observation, she raises her hand twice to answer questions. The one time she is called upon, her answer seems unrelated to the question asked. Lea's predominant affect is negative. She scowls much of the time.

During the observation period Lea is engaged for ten minutes in a group project. I am not close enough to hear the conversation, but there is a good deal of scowling and arguing as the three little girls try to cooperate. In the middle of this bantering, Lea appears to storm away from the group, and remains reading alone in the book corner thereafter.

During recess, the playground aid reports that Lea has gone to the office crying. I see her walking toward the office with

an exaggerated limp. She talks to the office secretary with tears streaming down her face. When I talk to her, she reports that one of the children tripped her. She talks in general about children "picking on her and hurting her". After I talk with her for some time, changing the subject, she walks away forgetting her exaggerated limp.

Third Stage of Play Therapy (Sessions 12-21)

Overview and Relevant External Events

Lea has been moved into a bedroom of her own. Her parents report that both she and her brother have stopped wetting the bed since separation. Lea's nightmares have also diminished.

This is a particularly complicated time in Lea's life. During the first half of this stage, her stepmother's job becomes even more demanding than usual. She is temporarily required to work late into the evening as well as being away from home a number days each week. Baby-sitters are somewhat inconsistent, and the family home becomes infested first with rodents, and later with fleas. Toward the end of this stage, Grandma Suyi, accompanied by Lea's oldest brother, returns home after a years absence.

The third stage of therapy spans sessions 12 through 21. During this period Lea shows marked change in both her conscious as well as her unconscious presentation. She is clearly more focused and self directed. The testing during the second stage has given way to a comfortable trust. This trust allows Lea to direct more energy into the deep work that is processed through projective play. In addition, her verbal and nonverbal language conveys a greater openness. Whereas Lea communicated through the medium of food in the first stage, and through reference to her body in the second; in the third stage, she expresses herself verbally.

Projective play and conscious interactions are enriched with a wide range of internal state language. She uses a variety of

feeling words to give live to her experiences, conveying vivid descriptions of home and school life. The characters in her play are likewise attributed a wider range of explicit feelings.

It also becomes apparent that the self figure in play is more often an older child. She refers to "the girl who has to stay in her room". Her pictures contain children rather than exclusively babies, and themes enacted in the sand tray and the doll house are more frequently suggestive of events during her preschool years. A chronological pattern to events reflected in Lea's play now become apparent with each successive stage of therapy. Her play behaviour has also progressed along a developmental continuum, and is best described as cooperative and interactive play. Not only does she include me in her dramatic play, but she also assigns me active, and interactive roles.

Lea's projective play is more extended and complex. There are fewer disruptions as she seems able to tolerate more prolonged and evocative play scenes. There is a sense that she is accessing a deeper level of pain. Her paintings, as well as her play within the sandtray are contextual and portray more explicit and disturbing scenes of fear, terror, and abduction. The children are in a church, the family sits on a couch watching TV, a detailed bedroom is created for the witch. Further, the self figure becomes more active, showing more initiative. No longer is the child or baby figure simply the victim. The mother and baby together squeeze the predator until he falls asleep, and then eat his heart. The children decide to go with new parents because their parents do not feed them.

Manifestations of Self and of Self in Relationship

Self Presentation

In this third stage Lea continues to demonstrate the kind of self awareness and self consciousness that began to emerge toward the end of the second stage. She seems increasingly aware of her own position, needs and environment. In her conscious interaction with me she is now more grounded in the present, than dictated by defenses developed in the past. She is able to let me know when she needs more snack and when she wants help. She seeks my affirmation when she makes a picture, and asks my assistance when she doesn't know how to achieve her goal. She is more likely to value her work. She makes sure that I write her stories down word for word, and asks that I read them back to her afterward. She begins asking to hang her pictures on the wall. There is always a point within each session in which she confirms that the video camera can see her.

There is also a more cohesive conscious self presentation. She no longer presents simply as a compilation of defenses. Rather there is a distinct little girl with a sense of direction, purpose and beginning self awareness. For the first time she is able to discuss both feelings and events related to her current life, rather than being driven exclusively by her past. At some level there is a conscious, as well as unconscious, recognition of the playroom and our relationship as a source of safety, support and help. She brings more of her outer world into the playroom. She tells me about adventures, as well as rejections by her little friends. She relates stories of having her

feelings hurt in school, and shares incidents from family life. Whereas in the second stage, anecdotes from home were brief and chiefly positive in nature, she is now able to relate both positive as well as painful experiences in a conscious manner.

She also continues to be ever more congruent, or synchronous, in her presentation. Not only do her actions, words, voice tone, play, and body language show a synchrony, but her face also becomes expressive during this stage. She raises her eyebrows, squinches up her cheeks, frowns and smiles. Eye contact is more frequent and prolonged. The only aspect of that remain generally unexpressive are her eyes. They continue to be unreflective of her feeling state more times than not during this stage.

Developmental level

Lea is moving closer to more age appropriate verbal and relational behaviour at this time. Her play shows the style and vocabulary reminiscent of a late preschool child. Her interactive play shows a greater sense of reciprocity. Though as a therapist, I naturally wait for the child's direction, the role play assignments that she gives me are more active and interactive. Her comfort in my companionship is also demonstrated by appropriate requests for help. In one session, she makes a series of houses, deciding that each should have a different color. She then assigns me the job of coloring three of the roofs. As we draw she says with delight, "Look two hands coloring at once". Another time as she chooses the color for a dress in a drawing, she asks, "What is your favorite color" and

then uses that color for the dress. My impression is that this reciprocity reflects both her trust in me, as well as a clearer definition of her self and self boundaries. More distinct boundaries allow her to engage in a give and take without fear of being overpowered.

Though Lea continues to play with baby dolls, the projected self figure in the play is more often described as a girl or a "kid". The portrayal of the self figure seems to vary between one that is dirty, shameful or neglected and one that shows strength and initiative. This sense of conflicting models is similar to the dichotomies of self presentation seen in previous stages. In the simplest analysis there is the contrast between the alternates in Erik Eriksons (1968) preschool developmental tasks of "initiative versus shame and doubt".

In the early sessions, the sense of the child figure as bad, neglected or shameful is most prevalent. In session 12, Lea finds the naked feeling dolls. These are a set of six pixie like dolls each with a distinctly different feeling expressed on its face. She lies them all face down and spanks them for "being naked". In session 13, she sniffs the baby's diaper and looks away disgusted, saying, "They're poopy". She then buries this baby in the sand. In session 14 the girl is sick and crawls into bed with mother, but mother then gets up and goes downstairs. In role play she also makes derogatory remarks about herself. As she gulps her play food she repeatedly remarks, "I'm a pig". And when she spills she remarks that she always makes a mess.

During the latter part of this stage there is less evidence of shame as the projected self becomes more active, taking more initiative. The self as baby snake seeks revenge by squeezing the bad doctor figure and making him go to sleep. In session 16, the girl waits for the witch to come. When the witch arrives she lets her know that she is mad at her because she waited and she didn't come. Puppet play in this same session shows the child figure actively aligning with stronger puppets to battle the "bad guys". In session 20, the children band together and hide in a cave during a sand tray scene.

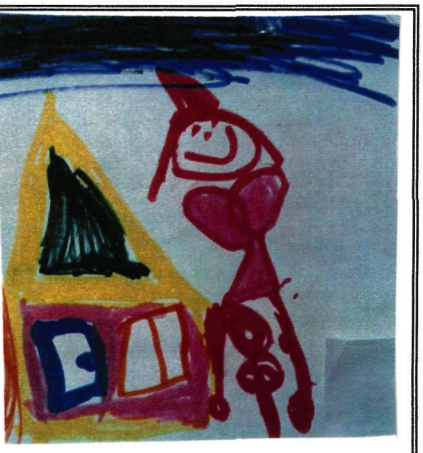


Figure 5.14A
Sexualized Self

Even as the self figure shows more strength, there is a disturbing change in Lea's art work. The black becomes more encompassing. As scenes of bad churches begin to appear in drawings, female and self figures also take on a more sexualized appearance as noted in Figures 5.14A through 5.14C During this period, the self figure has a small waist and exaggerated breasts (Figure 5.14A). There is also the ongoing negation of the pelvic area. The pelvic area has the consistent X or crossing out as shown in Figures 5.14A and 5.14B. The self, as shown in Figure 5.14C, displays the blackness that previously enveloped the house is now lodged in the pelvic area.

Conscious Communication About Self

Lea's ability to express herself in a conscious manner is one of the distinctive characteristics of the third stage.

Surprisingly, she is able to express both positive and negative affect with equal facility. Both her conscious talk, as well as the dialogue of projective play, is enhanced with affective descriptors.

Figure 5.14B
Sexualized Self

In session 13 she plays in the doll house, placing the mother figure in a chair. She states "the mother doll is tired, she is putting her feet up". And later as she talks about it getting dark inside the house, I ask, "And what happens when it gets dark?" She replies, "They get scared".

This inclusion of appropriate feeling words within her projective play continues throughout the duration of play therapy.

Lea is also able to describe her own feelings and desires to me directly. In session 12 she tells me she is still thirsty and asks for a second juice. In session 13 Lea conveys the strength of her trust in me and her attachment to the therapeutic process. I inform her that I will be away for one week at a conference. She makes direct eye contact with me and says:

> L: But who will bring me to the playroom?

Figure 5.14C
Sexualized Self

B: You need to come to the playroom.

L: Yes. It makes my headaches go away.

B: Would you like me to ask Ms. Black to bring you here next week?

L: Yeah. If I don't come here I get dizzy.

When I return the next week she tells me, "Its bad when I don't get to play with you...I wished I could go...I like to play with you here".

Conscious Verbalizations Regarding Relationships

Lea's ability to sustain conscious conversation about her family likewise shows a clear change. In the first stage, Lea was clearly avoidant of talking about family in the present. In the second stage spontaneous discourse regarding current family focused only on positive experiences. In this stage, her verbalizations about home, family and friends contain negative as well as positive affect and content. She comes to the 12th session looking disheveled and sad. She shows me her flea bites from home explaining that:

L: They are bites from the cat that we got. We got it to catch the mouses and rats. But we had to send the cat away because it got fleas.

b: So you still have fleas?

L: And rats and mouses....but they are afraid to come out because they still think the cat is there.

In session 14 she tells me that her brothers play vampires with the vampire teeth, while she plays princess with the princess teeth. "They play like they are trying to eat a bear or puppy". When I ask if this is fun or scary, she emphatically tell me that it is fun. Then she goes on to tell me about "a guy they

like to play with who has a yellow shirt and glasses and they like to put him in jail".

In session 15 she relates to me that her brothers get to play with their friends while she has to stay with the baby sitter. She describes how her baby sitter is solicitous to her own son, but ignores Lea's hurts or needs for protection. "She doesn't care about me, only her son." After some reflection I say "so you aren't happy at your baby sitter's", and she replies "no, not there or at home".

Lea's stories from home seem to be both reality, as well as a real life metaphor for her unresolved hurts and issues. The above conversations seem another example of the confusion around who and what is good and bad, scary and safe, seen previously only in play and drawings. Like Lea's play, conscious talk about family often contains paradox and image transformation. We begins talking about something fun and suddenly it sounds scary or visa versa. For the first time, Lea's verbalizations seem to parallel the themes seen in many of her drawings and projective play. Her brother's games are perceived as fun, but seem to replicate a sense of victimization. The cat that is meant to rid the house of predators, only spreads fleas, leaving great itching welts on this child's body. It appears that as Lea progresses in therapy, there is more congruence between projective work and conscious conversation.

Self Confidence and Self Efficacy.

As this stage progresses, Lea's access to feelings also lead to more confidence and initiative. In session 17, she picks up

the mother and baby kangaroo, throws them in the air and then catches them holding them close to her. As she hugs them she croons, "I love them so much, can I have them?".

Her confidence is also evident in session 18, when I bring her to the playroom at a different time than usual. She hears the music coming from the choir room. She looks at me and says "I love to sing". After finishing her snack, she decides "I think I can leave early today". This ability to access her own feelings and needs, and to feel comfortable with telling me that she wants to leave shows tremendous progress. This not only demonstrates a comfort in our relationship, but also that such comfort allows her to move away from me more easily.

Leaving behavior.

It is interesting to note that as Lea leaves the testing behaviour of the second stage behind, the attachment anxiety in relation to me is also extinguished. The third stage contains neither the queries about other children nor the aches and pains when it is time to go. Her ability both to separate and to share my attention reflective a confidence in our relationship. Her separation behaviour becomes more jovial, like good friends parting. Sometimes she gives the ref (bop bag) a kick and then a hug saying, "I like playing with this so much". Other times she walks to the door, surveys the toys and says "good bye everybody".

Child-Therapist Interaction

As can be surmised from the above, Lea shows an ever increasing comfort in our relationship. Protective defenses and relationship testing have given way to fairly easy communication and sharing. Her physical stance in relation to me has also evolved. She makes recurring eye contact, angles herself in my direction and is in frequent, appropriate physical contact with me. As we are engaged in the various puppet and role play themes, she rests her hand on my shoulder or knee, as if steadying herself. As we draw or read a story she may lean against me in a comfortable, casual stance.

This non-verbal comfort is conveyed in another small way. At the beginning of this stage, she begins to ask me to fetch small items for her. As the stage wears on, she began to gesture in the direction of the item without using words, sensing that I will understand what it is that she needs, and of course I usually do. As I look back at the video tapes this type of gesture usually relates to symbols of nurturing such as the baby bottle or the plush kangaroo puppet and her baby.

Finally, progress in the quality of our relationship is demonstrated by Lea's conscious effort to identify with me. In session 15 she asks:

L: what is your favorite color Barb?

B: Mine is pink.

L: My favorite color is pink too. wow.

L: And I have pink on my pants.

B: And I do too.

L: And I have pink on my socks.

B: So do I.

L: (Writes both our names on her picture as she says.) Just like twins.

A similar exchange occurs in session 18. She enters the playroom in a pretty skirt and blouse and little shoes with bows on them. She looks at my black flats, then down at her shoes and says "I got high heels too".

In summary the third stage finds Lea shedding much of her defensive posture. Within this space and relationship she is able to relate from a more open and congruent stance, discarding many of her old models of self and of self in relation to others. Her self presentation is predominantly synchronous. Her increase in comfort allows her to function from, and communicate about current needs, feelings and experiences. She is able to share difficult experiences outside of the playroom and seek support.

Play Themes

In the third stage of therapy appears to be a true working stage, Lea returns to many of the themes seen briefly and incompletely in the earlier sessions of therapy. The projective play becomes more graphic, complex and sustained. In the first stage of therapy, Lea's play seemed to highlight the longing, fear and vulnerability of the self or victim symbol. In the second stage the "other" figure in the form of either caretaker, healer, or predator became more clearly delineated. In this third stage, the self figure takes on further definition. In addition, there is more detail in the realm of interaction and relationship between the self symbol and other characters.

Finally, the play is generally enacted within a more defined context.

As Lea's play themes become more complex and sustained, the confusion and ambivalence intrinsic to her characters and themes are also more obvious. Characters may start out good and turn evil. Those who have the role of a helper or caretaker end up hurting. Still other figures begin with one identity and finish as an entirely different person or object. Whereas in the second stage, this symbolic transformation occurred mostly in relation to nurturing themes, in this third stage it occurs most often in relation to trauma, danger, betrayal and abduction.

Mother / Baby Themes

During the third stage, mother baby themes are exclusively enacted using dramatic play. In the first half of this stage the baby doll and dishes continue to reflect themes of toxic or neglectful nurturing. In the last half, the mother and baby kangaroo receive Lea's doctoring, cleansing and reparative ministrations.

A particularly poignant scene is enacted at the end of session 13. It portrays Lea's sense of neglect at the same time that it conveys her perception of self as bad or disgusting. She lifts the baby doll, sniffs its diaper, makes a face of disgust, and says "oh, pooh pooh, I need something to wipe her off". She holds the baby precariously upside down and wipes her bottom with rough motions saying:

> Baby needs diapers, but I have to put the poopy diapers on because there are no clean ones. (she replaces the old diaper and holds her upright)

> I want to put a Band-Aid on her because her eye is bleeding. Poor baby. (she wipes her eye with a gauze pad) It will sting. (she takes her over to the sand tray and starts burying her)

In addition to playing out her pain and neglect, Lea is also acting out the sense of being bad because of the neglect. Following this scenario, there are a series of attacks on the baby that suggest experiences of repeated victimization.

In session 15 the play becomes even more specific. Lea has been drinking thirstily from the baby bottle. She shakes her finger at the baby and says:

> L: come on baby you have to have your bottle. (As she feeds the baby, she begins pounding on the bottle, conveying a distinct sense of force feeding)
>
> B: You want to give the baby so much.
>
> L: Oh oh. Give me the bucket. The baby is throwing up (sits baby up leaning her over, making vomiting noises)
>
> B: The baby can't eat what mommy gave her.
>
> L: Its because she's sick. (She wets the cloth and wipes the baby's cheeks, eyes, and ears.)
>
> B: She got throw up in her ears and eyes.
>
> L: No, I was cleaning the fleas out. (She takes her over to the sand box then brings her back). oh oh, she didn't have her diapers on. (Pretends to wash the diapers out in the sand tray then puts them back on.)

This is the last time that Lea acts out the toxic nurturing theme. This scenario, seems to incorporate her own current sense of neglect in the form of the fleas, as well as an impression of oral rape. The sexually assaultive undertone is also conveyed in the statement "oh oh the baby didn't have her diapers on", and the depiction of the baby as dirty and infested with fleas.

Following this scene, Lea switches to a reparative role as

she washes each of the baby's sensory organs, as well as the diaper. Mother/baby scenes in subsequent sessions are exclusively nurturing and healing in nature, enacted through the characters of the mother and baby kangaroos.

In session 16 Lea picks up the kangaroos after telling me that her own head is hurting. She gives the mother a shot, followed by a Band-Aid and a cup of medicine. She explains that "they were walking along and they got a cold". She is solicitous with the baby as she doctors it, giving it the "little Band-Aid". She cleans the baby's eyes, ears, nose and throat as if again repairing the sensory organs. Lastly, she listens to the baby's heart and assures me that "she's all right, its still bumping". Finally she listens to the mother kangaroo's heart and has the mother kangaroo listen in turn to her heart. There seems to be an internal process of healing and repair that accompanies this play. It has a hushed almost spiritual quality to it.

Similar doctoring scenes follow the trauma work enacted through paintings and sand tray work in sessions 17 and 18. The healing play inevitably transforms Lea's demeanor and energy from heavy and sad to energetic and light.

Dog Themes

The dog continues to be a brief but interesting symbol. In session 13, Lea again plays at preparing and serving food. She cooks, and then piles our plates high with the pretend food. After emptying the baby bottle into the cups and bowls, she drains one after the other in loud, slurping gulps. When these are gone, she gulps her juice. I reflect her emptiness,

suggesting that nothing seems enough today. She agrees emphatically and begins stuffing the pretend food into her mouth, indicating that with each piece, she is being burned. When I again reflect her emptiness, she brings the dog from the doll house who begins to eat her food. When I suggest that she is nice to share her meal with the dog, she in turn eats the dog. This gesture seems to clarify the dog symbol. He may represent competition for the scarce nurturing resources available in this family.

The dog appears once more in a story in session 16. The story tells of a baby who finds a lost dog in the park and returns it to its owner. The baby's mother, who is also lost in the forest finds her way home as well. The family lives happily ever after.

Finally in session 21, the dog serves as a protector for the mother, baby and children who are frightened by a ghost in the sand tray scene.

Themes of danger, fear, protection and betrayal

Play themes in relation to danger, fear, and betrayal are prolonged, detailed and prominent. Lea's body, voice, and face convey an emotional connection with the play. The self figure is more active, more resourceful, and occasionally turns the tables on the aggressor. The mother figure is also more likely to either rescue or retaliate against aggression. At the same time the predators are sneakier and more likely to pretend to be helping. The scenario described below is just a small part of a

15 minute segment, but is typical of the detail and confusion of the predatory play at this stage.

The baby doll has been changed and given medicine and then is buried in the sand tray. She is attacked by a variety of sand tray figures including rescue vehicles. The ambulance approaches her but ends up stabbing her instead of helping:

L: He stabbed the knife into her heart.

B: She thought he came to help her but he hurt her instead.

L: (a variety of figures hit the baby on the head) "wah wah".

B: She is scared, she does not know why everyone hurts her.

L: (The monster attacks) It bites her. (more animals attack her) She's having a dream. Lots of animals eat her.

B: They're all eating her.

L: (Bringing the cobra toward the baby) The cobra's scaring her. He made her sick. She thought she was alive. She keeps looking away she doesn't want the cobra to hurt her.

B: She can't look. She's too scared.

L: Then the good snake comes along and wraps her up and takes her to her family and says don't eat her. Everyone has been hurting her. (She loops the snake around the baby's chin and carries her in this manner to the doll house.)

B: The good snake says don't hurt her.

L: (Lea then has the rescuing snake and the monster pound the baby)

B: It is confusing because that snake said that he would not hurt her and then he does. Oh the poor baby.

L: Wah wah. These are hurting her. (The snake wraps around the baby) You are getting sleepy (in a dreamy malevolent voice).

Lea plays this scene with intensity and emotion. The betrayal by those figures who are supposed to be good and trustworthy, and the confusion about who is safe and who is

dangerous is evident in her entire demeanor. It is this reality that must be reflected in the therapeutic response.
It is also interesting to note that whereas in earlier stages, there was a separation or isolation of themes between play areas (i.e. doll house vs. sand tray), in this stage the action moves freely between these play centers.

The themes of abduction, stabbing, burying, sinking in quicksand continue throughout this stage. The scenes may differ, but the feelings remain. Rescue continues to come from such questionable figures as snakes and crocodiles. As I watch and reflect, I am filled with a sense of the paradox, bewilderment and futility with which this little girl must live. In session 20 she makes this awareness even clearer. She is again playing in the sand tray. The snake wraps around the neck of the shy snail puppet. I ask if it hurts or scares the snail. She replies in a quiet hesitant voice "no, he does it gently". The snail brings the snake towards me and says "now you try it", while she wraps the snake around my neck. I feel her terror as the snail instructs the snake "now don't you bite her". As I stay in the dramatic role reflecting those fearful feelings to her, I have the impression that she feels understood.

Though the characters and action do not differ significantly from the earlier stages, the complexity of the scenes and the emotional overtones convey a different level of this child's processing. The sense of fear, confusion and victimization is unmistakable. Though cloaked in metaphor, one cannot miss the feeling of being tricked by someone who pretends to be the child's friend. Dialogue is more clearly reminiscent of an

abuser who chides the child not to be afraid of his molestation because he will be gentle.

House and Family Themes

House and family themes occur consistently within each session of this stage. In fact there houses are drawn in eight out of ten of Lea's pictures during this working phase. Home and family are no longer entities that are separate from self symbols. Pictures and play scenes show a dynamic interaction, often within a detailed contextual setting. Lea's scenarios depict self within the house, self in relation to family, and children in relation to a house that becomes a church. All figures now have faces as well.

Figure 5.15
A Revisitation of Mother's Death

Lea's spontaneous drawing of a house (Figure 5.15) in session 12 seems to be a revisitation of her mother's death at a deeper level. If we compare this house drawing to the initial house drawn in the first session (see Figure 5.9), we find the shape and emphasis upon the dark to be similar. But this house is "peopled", not only with the family, but with emotions.

Because Lea's dialogue tells us much about her progression and process, a fairly lengthy dialogue is presented below. For

the sake of brevity, I have deleted therapist responses as they are only reflective in nature.

> L: (draws the house) This is someone's house. It is for a big family, All this yellow is upstairs. Sometimes they stay downstairs...the kids.. Here's the baby, the kids are hers and here's the mother. She was just getting something and she went boink. She hit herself on the head. (small smile, as she shakes her head.)
>
> The baby said wah wah. And here's the father. Look it, and here's the daughter, and here's the black sky. (she spends a long time creating the black). Its so dark. It is morning at the bottom. It is dark at the top. (quiet eerie voice)
>
> But this side is going to be morning (the green to the right of the picture). There's is very dark and they say "how come they get to have light and we don't, so they went downstairs, but their mother stayed upstairs.
>
> Up here it isn't light. Its blocking the morning. Now light comes along. (carefully draws it around the bottom of the house). And they had a nice morning. And when they visit upstairs its dark and the baby falls asleep. Its so quiet because there's only one person who lives there. The baby likes living up there, she falls asleep all the time. If you look at the light too long, you get blind and then you have to sleep. My brothers sit in front of the TV, sitting so close and I say move over, I need room. (Draws the purple figure to the right and when asked says) that's the funny guy.

When I later ask a number of questions about the house, she replies that the house wishes, "that it could be light all of the time". She explains that when it is dark, "they are afraid of the monsters".

There are many ways of looking at this dialogue and drawing. If we look chiefly from the vantage of accessing Lea's process, we note that the self may be divided between the baby and the daughter figures. Self is also depicted in clear relation to family. Additionally, there is a sense that at least a part of Lea is choosing to take one more step toward separating from the darkness surrounding her mother's death and from the sleepiness

(perhaps meaning stagnation) or dissociation therein. There is also a part of self that tells us it is far from letting go, "because if you look at the light too long you become blind". I am reminded of the parents comments that from the time that Lea could talk, she had constructed a parallel family that stayed with her mother in heaven. I wonder if this picture is also about the choice between the loneliness of the parallel fantasy world and the reality of fighting for a space in the real family. The image of the funny guy and the later talk about monsters seems to again link her early separation from mother with the subsequent fear and abuse.

A spontaneous house is again drawn during the fourteenth session (Figure 5.16). She draws the house and then the rainbow roof, telling me as she draws the details:

> Now the ringer, and the thing that you knock with. These are the guys. This is the weirdest. He knocks his head on the door (she laughs as she mimes this action). And the big sister came and said what happened and she says oh dear and she has a big smile (adds a purple smile to the yellow sister), and he has a sad face cuz he got bumped on the head. (The last is in a shrill voice. At this point she disrupts play and will not pursue this subject more).

Figure 5.16
The House, the Weird Guy and the Ringer

In looking at the progression of house images, in combination with Lea's concurrent themes of non protection, betrayal and infestation of the house, this figure may represent the early violation of family boundaries by hurtful or confusing figures. Both the drawing and the dialogue contain a paradox common to this stage. Though the house is bright and colorful,

it admits bizarre behaviour that is reminiscent of mother's death (the figure bumping it's head). Further, while one figure laughs, the other is sad and hurt. It is also interesting to note that as the house symbols progress the buildings become larger, more peopled and more colorful. It leaves the observer to wonder whether this represents the ultimate paradox of the abused and neglected child who prefers abusive contact to being alone and isolated.

In session 15, the family is depicted as actually welcoming the predators into its home (Figure 5.17). This picture is drawn during the time when Lea's stepmother is away on business and the house is infested with fleas, rats, and mice. She draws the house, then fills it with fleas, bugs and red ants. She explains that the house likes the bugs because the bugs said, "Please be our home".

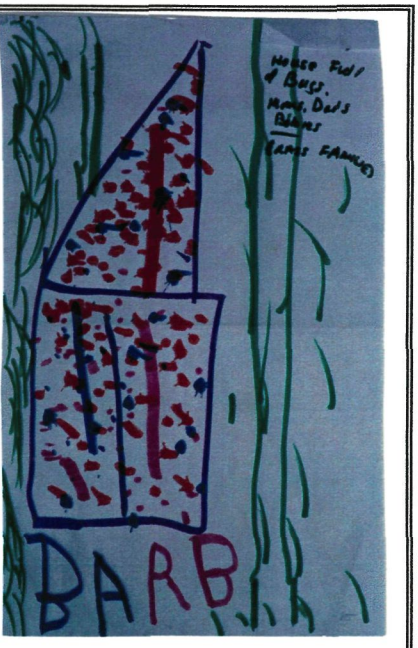


Figure 5.17
The Bug Infested Home

A number of themes common to maltreated children are present here.

The house (as symbolic of family) places a higher priority on the needs of the predator over the needs of the victim. It might likewise be interpreted that at least part of the child is also putting her need for contact with the predator above her own needs for safety.

The house more clearly becomes a place of abuse in sessions 19 and 20. In both instances Lea begins to draw a house, which

is subsequently described as a church. In later disclosures, we find that the church was where her adult perpetrator lived and was the location of her most frightening sexual abuse. In session 19 she paints the first house, then as she adds a second (figure 5.18) she says "Its a witches house, no I tricked you it's a church".

Figure 5.18
The Good Church and The Bad Church

When she finishes painting, she begins to move immediately to another play focus. I ask her to first tell me about the picture. She replies:

L: Its about the church. Its about the bad people living in the church. They threw out the good people... and the good people threw out the bad people.

B: They threw them out.

L: This is the good church and this is the bad church. They get the bad people in there ... and the candle ... and then the good people say "we'll bop their house off and get them out"

B: (Totally confused I ask) and if you were the church what would you do?

L: I would turn off the lights and they'd bump into things and they'd light the candles (makes circular motions).

B: The candles, and then....

L: I'd lock all the doors

B: The doors.. and....

L: They'll wreck the windows and get arrested. (Disrupts play at this time, going to the snack table, refusing to engage further in dialogue about this painting.)

This painting took place before the disclosure of Lea's abuse by the "uncle". The artwork and dialogue represent a typical conundrum faced by the play therapist. I felt the fear and the tension conveyed as Lea painted. I knew that this was important, but I was left totally confused by the dialogue and images, and could only resort to minimal surface reflections. Many sessions later, as Lea eventually fills in the details of her abuse, this picture makes more sense. Lea's adult abuser lived in an apartment in a church. He would often play games with the children while the other adults socialized. Some of those games entailed hide and seek using candles in the dark. We can only guess that some of the abuse may have taken place during these activities.

What is relevant to this analysis is the fact that Lea's psyche has its own timetable and process by which memories move into her projective play and communication. Over the weeks of therapy there has been a gentle, systematic progression by which her house images convey the sequential representations of pain and loss within close relationships.

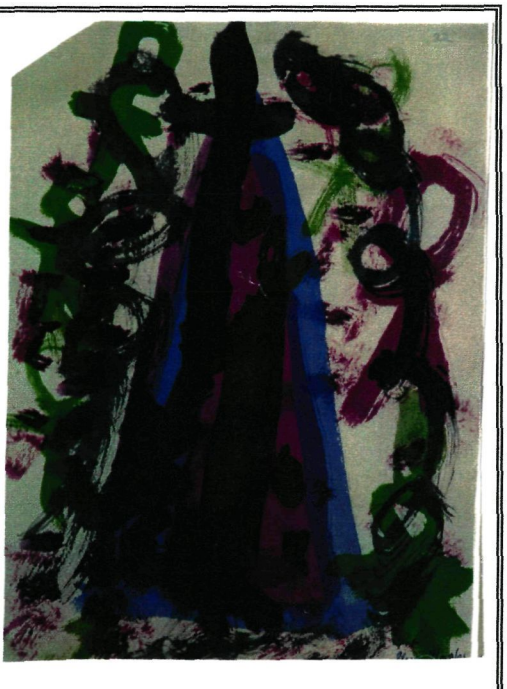


Figure 5.19
The Church Taking the Kids Away

The church theme continues to dominate in session 20 (see Figure 5.19). As Lea draws this second church her voice changes to a more dreamy tone as she

descends into the painful unconscious processing. As she paints the triangle that is the house she says:

> This is the house.. (paints the green children around the outside) ... and there are so many kids. And she was in the roof. (voice changes to a baby voice). You see it takes up the whole yard. ....Actually its a church. The kids live in the church. Its god's house. (voice becomes pensive) and there's all the black. The black's going to take the kids away. Its going to take them away and get them new parents. (picks up baby bottle and starts drinking) New parents because they never ate. They're going to different homes.

There appears to be a connection in this dreamy, disconnected dialogue between the mother's death ("...black at the top...and she was in the roof"), neglect ("...the parents never fed them"), and Lea's abuse (the church). And of course, it is of course her reality that danger came both times that her female protectors left her. The connection is still cloaked in a thinly veiled language of metaphor.

Figure 5.20
House and Family Drawing

With the final house picture (Figure 5.20) many aspects of Lea's multiple abuses are again combined, but without the symbolic cover. This picture is the result of a request to draw a picture of her family. As she draws she says:

> Here's a big house. Here's the top of the house. Pull the curtains. (Draws the middle floor windows, darkening one) I have windows like that. Here's me right here (right hand window, then in an anxious voice). My face.. oh my face. No, its Serena's face (the daughter of Lea's abuser). I'm in the basement with my brother.. this is my dad playing a game. I'm little (draws dad's face behind her). It my dad, he's trying to get through the door.

The house and family drawing, at the end of session 21, seems a pivotal point that allows Lea to move into the next stage. In the drawing Lea places herself in the same picture with her family, within a context that suggests elements of her recent abuse. Both the self figure that transforms into Serena, as well as the self with brother in the basement, seem suggestive of Lea's sexual abuse. The sequential drawings and play during this third stage seems to document a process by which the experiences of her most intrusive abuse rise incrementally toward the surface of consciousness. I would suspect that Lea would have made a disclosure of the abuse by "uncle" within the next few sessions. What occurred instead, was that her abuser disclosed his abuse of Lea to his own therapist, the same week as the above drawing was made. He disclosed that he had been sexually abusing her from the age of two and one half and stopped abusing her shortly before she began therapy with me.

Summary of the Third Stage of Therapy

This third stage of therapy is truly a working stage. Lea's openness and trust in the therapeutic relationship allows her to work on the most recent and terrifying of her experiences. Not only is she able to enact her experiences at a deeper more sustained level of projective play, but she is also able to consciously share issues in her ongoing home life. She conveys a visible trust that I will be there for her and provide support, as evidenced by her non verbal gestures and requests for help. She begins a conscious process of identification with me. As she

internalizes the validation and consistency that I provide her, she is able to communicate more openly, and separate more easily.

There is an interesting confluence of her more conscious verbalizations with her play. She brings stories into therapy, which seem their own metaphor for her recurrent issues of loss, betrayal and confusion. Our discussions provide another format for repairing her internal self and relational structures.

Lea's self presentation and relational behaviour has evolved over the weeks of play therapy. Her play is most like the interactive, somewhat cooperative play of a preschool child. Her demeanor also takes on the look of a less conflicted child. For the first time she presents a synchrony of affect, verbalizations, play themes and body expression more often than not. The only part of self that remains closed off in interaction are her eyes. Though she makes frequent eye contact, they remain unreflective of emotional expression.

The most prominent emphasis in Lea's projective play is on the trauma of the last two years, and the issues of self in relation to home, her family and her abuse. Her play is contextual, and the themes are prolonged, complex and result in few play disruptions. The images of danger and betrayal seem to move to a new level of consciousness, enacted using human figures. There is also an interesting phenomena wherein play themes occasionally flow between the varying play stations of the playroom. We also see a new pattern of combining a variety of traumas into the same drawing or play scene.

This fluidity between play themes and stations, most likely indicates communication between previously split off memory

systems. This also parallels Lea's increased confluence between play and conversation. No longer does she present as a series of brief, disconnected play scenes, unrelated to her outer world. The stories that are told about current family life generally parallel and contain some of the same issues played out in her projective play. It is likely that the defensive structures between the conscious and unconscious self are lessening. Not surprisingly this corresponds with a greater consistency and openness within our relationship. There is not further evidence of conflict between parts of self, rather there is a general synchrony in Lea's self presentation and play.

The Fourth Stage of Play Therapy (Sessions 22 through 28)

Overview and Relevant External Events

Movement into the fourth stage of play therapy is a more subtle shift than those of previous stages. It may be at least as reflective of events in Lea's outer world as it is of the process of change in therapy. After the twenty first session, Lea's adult abuser disclosed to his therapist, as well as to Lea's parents, that he had been sexually abusing Lea between the ages of two and one half and five years of age. He further admitted that he stopped abusing her when he found that Lea was to begin therapy.

When Lea's parents called me, clearly in a period of crisis over such a horrendous betrayal by their closest friend, I supported them, but also reminded them that this was a crisis for them and not for Lea. For Lea, the abuse had stopped 10 months earlier. Her parents' knowledge of the abuse, and their subsequent support and protection, would be nothing less than a relief for her. I therefore worked with the parents to help them reach a point where they could be available to Lea, when this topic was broached with her and the entire family. Indeed, this intensive counselling of the parents allowed them to be much more supportive and available to Lea. In sessions separate from the child focused play therapy time, I helped them tell Lea that they knew of her abuse, and to communicate that it was not her fault and that she was not to blame.

As other issues arose, we used time periods separate from the child lead, non directive therapy to work with parents and

child in a conscious manner. This system worked well. In this fourth stage, Lea evolves to a place where she can focus on her current hurts for short periods of time. Indeed I believe that her unconscious had already begun to process this material in the less threatening media of metaphor and projective play during the third stage. As importantly, having developed both trust and boundaries in therapy, she feels comfortable in letting me know when she does not want to talk. The separation of the parent focused directive work from her child focused, non directive work seems to allow the rhythm of the natural healing processes to continue.

It is also helpful that the disclosure came at a time in the process of healing when Lea was able to trust enough to seek help with this trauma. Over the course of the first three stages of therapy, Lea's conscious self has evolved into a self aware, self directed child. She had become able to tolerate more prolonged processing of her experiences of loss, betrayal, and trauma. In fact, as we look over the projective play themes of the previous weeks of therapy, it is apparent that significant aspects of the unconscious work related to her sexual abuse is already well under way.

This section will focus on the regularly scheduled play therapy sessions. These continue to be child directed. Because of the external influence of the disclosure in her life, I extended the research to cover three additional play therapy hours. This fourth stage of therapy spans sessions 22 through 28. This stage is most clearly defined by Lea's conscious behaviour within the play as well as our relationship. Her

conscious behaviour is striking because it is more characteristic of a securely attached child than one who is anxiously attached. During the vast majority of this stage, Lea is open, congruent and developmentally appropriate for her age.

Her interaction with me is best characterized by trust and reciprocity. Her trust is demonstrated by an ease in asking for help, in stating her wishes, and in talking freely about herself, her family and friends. Her conscious play is reciprocal in that for the first time she asks if I would like to do things. In almost every session, she brings games or stories from her outer world into the playroom. She proudly teaches me games such as tic tac toe and tells me stories that she has heard in class. Additionally she is clear in telling me what she likes and doesn't like and when she doesn't want to do something. She is also able to leave without anxiety.

This conscious interaction is not a substitute for the work of her unconscious. Lea continues to work on her issues through drawing, sandplay, and dramatic play. The play and art themes are even more detailed, less segmented, and seem to more closely parallel her reality. The verbalizations that accompany this projective work are also more descriptive and coherent. Play continues to be a means of processing loss and trauma. There is also a thrust toward defining the self, as well as the self within her family. It is of particular interest that a number of the spontaneous drawings refer to masks, which seem a more concrete representation of the paradox and symbol transformation seen in earlier sessions. As the sessions evolve, there appears

to be a process of shedding the masks. Likewise the sexualized elements are also gradually discarded from the self images.

Manifestations of Self and Self in Relationship

Self presentation

When tracking Lea's presentation of self and it's changes during the first stages of therapy, I felt the need to clearly delineate her self presentation from that part of self that related to me. This was because Lea's selfhood seemed obscured by a multitude of defenses. In searching for this small child's identity, as well as her individual story, I felt a need to take my clues from her projective play and defensive patterns. The self within relationship seemed clearer, more visible and tangible. As Lea changed during the course of therapy, the delineation between these categories became progressively less important. By this fourth stage, there is a clear sense of Lea's conscious cohesive personality, accompanied by an openness and authenticity of interaction with me. I no longer feel the need to make meaning from multiple conflicting cues. Lea's presentation of self is indeed congruent and is also the self that relates to me.

In this stage Lea's behaviour in the therapy room is nearly indistinguishable from that of a securely attached child. Her body is relaxed and open, her movements are graceful. She looks directly in my eye and there is feeling conveyed in that glance. There is synchrony between her voice tone, her play, her facial expression and her words. When she speaks of, or plays about sad

things, her body, face and voice are also sad. Our conversations have evolved to a point of fluidity and reciprocity. Seldom does a topic of conversation or play evoke a defensive disruption. For the first time Lea's eyes are expressive, reflecting the content and feeling of her play or conversation. When she is happy her eyes "crinkle" at the corners and light up. When she expresses fear, they widen, and when she expresses sadness they convey that despair.

Her attitude toward, and verbal access to her world, is also more open and fluent. Frequently, an occurrence within the therapy hour reminds her of events related to family or friends. Whereas in early stages this connection most often resulted in a play disruption, or even a trip to the bathroom, this no longer happens. Instead she now stays with, and processes or enacts this connection. Likewise discussion of current life events may result in a related play scenario. As an example, in session 25, Lea teaches me the game of Tic Tac Toe that she has just learned from her brothers. She cautions me "you can't just let me win". This next leads to a puppet play, in which I am assigned the role of snail, while she plays the character of the pig. As we take turns being "it", she seems to be practicing rules of sharing and displays empathy for my snail figure when I am instantly tagged, and return to being "it". She then tells me with a discouraged voice that sometimes "kids call me pig". She follows this revelation with "but sometimes when they don't have anyone to play with they play with me and that's fun".

The above example also points out another area of Lea's change. She now shows an ability to concurrently hold in

consciousness both positive and negative attributes of a person or situation. Over the term of therapy she has moved progressively toward more fluent access to and expression of affect. In the first stage Lea showed an inhibition of any conscious display of affect, especially in relation to self, family, and friends. In the second stage, when referring to family, friends, or self, she had brief moments of positive affective expression. In the third stage, conscious family exploration took on a predominantly negative affective tone. In this stage, she shows an ability to express both positive and negative affect within the same conversational topic.

The self efficacy that is demonstrated in Lea's conversation and initiative, also emerges in the projected self figures of her play. The self as victim is replaced by a cunning, resourceful image. For instance in session 25 the scared children find a cave in which to hide from the ghost. In session 26, when the small animals are buried in the sand, hiding from the monster, "they have little bottles of air to breathe".

The sand tray is used to hold a dramatic enactment of the Hansel and Gretel story from beginning to end. At first Lea asks if I will tell the story while she moves the characters. Part way into it, she becomes frustrated with my incorrect detail and says "I'll do the whole thing". She continues to narrate and to enact the action through to the conclusion of the story. Her narration contains more emphasis on the "cleverness" of the children than on their victimization. She describes them talking over the plan to spread bread crumbs. She emphasizes the trickery as Gretel uses a bone to fool the witch. And finally,

she describes in detail how the children find their way home, including their father's joy as he hugs them. This dramatization also typifies the greater sense of optimism portrayed throughout this child's actions.

During this fourth stage, she also conveys a palpable confidence and enthusiasm. When engaged in conscious interactive play she takes purposeful initiative. She tells me the stories that she learns: "Did you hear about the mouse who dropped her glove? All these different animals came to look, then the dog barked and they went away". She teaches me how to play marbles, and shows me "the better way to do it".

Verbalization about self

As was seen in the third stage, Lea is able to express both positive and negative affect, as well as internal states of being cold, hungry, and tired. In addition to expressing her feelings, she is able to use a problem solving approach aimed at altering her situation. Toward the end of the twenty-seventh session she tells me. "I like coming here. I wish I could come here every day". When I reflect that once a week doesn't seem like enough she replies that it is not. She then begins a series of questions that are geared toward getting me to come to her school daily. When I explain that I work at another location, she asks who my boss is, how old she is, and whether she is bigger than me. From her six year old perspective, if I am older or bigger than my employer, I may be able to bully her into letting me come to see Lea daily.

When it feels right for her, she shares her experiences of being visited by the police woman. She talks of missing the children of her abuser, and her occasional feelings of confusion. She is also able to let me know when conscious talking is bothering her. If I broach a topic and she is not ready she says, "I don't feel like talking today".

Self Representation in Drawing

The most visible change in self representation during this stage is evident in Lea's drawings. It is interesting to remember that the topics of home and family were the most conspicuous subject of Lea's impromptu drawings during the third stage. In this stage, images and layers of self become prominent. In the early sessions, Leas pictures depict masks, disguise, and image or symbol transformation. In session 23 she draws a series of characters that are not what they first appear to represent (Figure 5.21).

Figure 5.21
Things That Are Not What They Seem

With each figure she asks me to guess what she is drawing, and my guess is always wrong. As she tells me the correct answers, there is an element of disguise or transformation to each. The topmost figure looks like a bunny but, "...it is a person dressed up like a cat. It has holes in the mask so they

can see". The large figure on the right is, "...an eagle with teeth showing". She then colours its feathers and it becomes a parrot. Next, she makes three stars to the left. She then encircles them and instructs me to "Look carefully, it will tell you what it is. They got all eaten up ... Its a monster who ate them." The butterfly, the ultimate symbol of transformation, is drawn last.

In session 24 her spontaneous drawing portrays a girl who is wearing a heart shaped mask (Figure 5.22). She explains: "And these are the holes she can see out. She's a person who wears masks. Some of their friends gave them the masks, and the costume was for her birthday." Looking closely, we can see that there is the recurrent crossed out genital area beneath the skirt. When I ask how she feels with a mask on her face, Lea says that she feels fine because it is solid. I am left with the impression that the mask (perhaps persona) has protected her.

Figure 5.22
The Girl Wearing the Mask

It would appear that Lea is displaying the parts of self; perhaps the layers of artifice and adaptation that have been forced upon her. The impression is left, that these are becoming more apparent or transparent.

Paradox and symbol transformation have occurred intermittently throughout Lea's drawings and play themes since the beginning of therapy. A common, recurring impression is that nothing is quite what it seems at first. Helpers end up hurting,

boundaries that are proclaimed are violated, self figures become someone else. In the third stage this sense permeated a number of her house and family drawings as well. The two drawings described above seem a more overt representation of this reality, specifically in reference to the self.

In the final directed drawings, intimations of the separate self layers are seen in each of the self representations. The person from the "House-Tree-Person" projective drawing appears to be the mask or persona of the adaptive sexualized self, created to deal with her abuse. The self portrait may represent the newly social self as evolving in the play therapy relationship. The rosebush generally reflects the deeper self structures. Finally, it is interesting to note that the tree drawing seems to combine all three of these images in one.

Figure 5.23
Final Person Drawing

Similar to the person in her first House-Tree-Person drawing, this last person (Figure 5.23) is also the most bizarre and sexualized of her projective images.

Lea explains that the picture is of herself, looking in the mirror. "I have a necklace and lipstick on. My mouth has a heart on it. I haven't been hurt but I feel a lot of sadness." In her self portrait (Figure 5.24), Lea feels comfortable enough to draw her whole self. She is upright, firmly grounded, has and uniformly happy face, and arms that reach out to enfold. She tells me that

she has just curled her hair and that she is going to school with her brothers. The staring eyes are replaced by eyes that are as happy as her face. She has hands and feet to help her act for herself. Her arms are held as if they are ready to embrace. A bright sun has been substituted for the phallic slide seen in the first self drawing (refer to Figure 5.1). She says that she will see her friends at school. An encouraging aspect of this drawing is that Lea draws herself within the context of her present reality. No longer is she exclusively alone, longing for and entangled in her past trauma, as conveyed in her first self portrait.

Figure 5.24
Self Portrait

The dialogue also gives conveys hope for this child. Whereas in the first self portrait, Lea portrayed herself alone in the park. In this picture, she has curled her hair and is on her way to school to play with friends. She has moved from a sense of self as lost and isolated to one that is capable of joy and of joining with others.

Her rosebush (Figure 5.25) also shows a powerful transformation. Lea's original rosebush was ungrounded, in need of protection, and rescued by the dog who takes her to her family. Whereas the first rosebush looked like a cut flower, the rosebush of session 28 has a strong inner structure, a root

system, lots of leaves and large roses. Though the roots are not embedded in the ground, they are at least close to the ground.

Lea's dialogue that accompanies the rosebush, likewise shows her progress. First she draws a solid trunk and an inner branch structure. Brown flowers or buds are attached to the ends of the branches. She covers these over with green saying "these are all the leaves". She then adds four large blue flowers on top of the green saying "there are blue roses you know. These blue flowers are my friends". Pointing to the largest rose she says "this is you". There is a sense of beauty and solidity to Lea's rosebush. Within the self as rosebush, she appears to have internalized symbols both of her lost relationships (the dead buds), as well of new healthy relationships. I believe that the portrayal of myself as the largest rose is symbolic of the import of the therapeutic relationship in this child's growth of self. Just as the internalization of a positive caretaking figure allows a child to move beyond the physical presence of that figure, Lea's internalization of my affirmation and validation allows her to grow and thrive independent of me.

Figure 5.25
The Final Self As Rosebush

The final projective tree drawing (Figure 5.26) shows an equally impressive transformation from the initial tree image, though many commonalties still remain. Like the first tree, there are two figures portrayed in this final drawing. In

contrast though, the tree looks like a real tree, rather than a teepee. It is a thriving, fruit bearing tree with a clear root system reaching to the ground, although it is not yet fully grounded in the earth. The girl figure shows both the growth of the self figure as well as the mark (in the genital area) of her abuse.

Figure 5.26
The Final Tree Drawing

Like her first tree drawing, Lea's issues regarding relationship, safety, and boundaries are similarly embedded in this last one. In answer to my questions, Lea replies that "the tree has roses, no they're plums. It has roots so that it can get water. The girl is trying to get the plums and the tree says No!". This image tells me more regarding Lea's status in therapy than any other self related picture. My interpretation is that she has made definitive progress in: (a) the definition of self; (b) disentanglement from loss and trauma; (c) boundary definition; and (d) in an ability to recognize her rights for self safety. Her image shows an obvious flowering and growth.

Her need for continued therapy is also evident. Though growing and fruitful, the tree is only tenuously connected to the ground. It's connection with its source of nourishment is not yet firmly embedded. There is the sense that it could be toppled by external forces. The drawing also portrays a sense of conflict between parts of self. The tree is afraid that the

child who still retains the mark of her abuse may rob it of its fruit.

In summary Lea's self related drawings show both the affirmation of her growth in therapy as well as her need for continuing help. Consistent with her early projective self drawings, there is an interesting portrayal of the varying layers of self, and the relationship between self and her trauma.

Child-Therapist Relationship

Lea's comfort in our relationship continues along the same lines as described toward the end of the third stage. Growth and change in this category is subtle, taking the form of a deepening conviction that I will be there unconditionally for her. This is evidenced by the casual, comfortable way that she seeks my help. There is no hesitancy nor game playing. This help seeking without excessive dependence nor neediness, rather in an atmosphere of give and take. She gives of herself freely, in the form of sharing stories, ideas, games and anecdotes, and expects that I will likewise play with her and help when she genuinely needs it.

I pick her up from the classroom for a therapy hour in the twenty seventh session. As soon as she sees me, she shows me that she is soaked from falling into a big puddle. I take her to the playroom and help her dry her hair, roll her pants up and hang her wet socks on the heater. The effort is companionable and cooperative. There is no sign of regression with this caretaking. As we get her warm and dry, she chats, telling me a

related story from her family: "one day my dad dropped his sock in the bath tub, and mine fell in the toilet". She chuckles with delight as she relates these "silly" events. Whereas in earlier sessions, a closeness or dependence on me seemed to trigger conflicting memories of betrayal or unavailability within her family. In contrast, it now triggers positive or neutral memories. It is as if the automatic connection between caretaking and hurt has been broken. No longer is there a need to protect against accessing memories of family.

Another subtle change is evidenced by Lea's ability to see me as a person distinctly separate from herself and her needs. She asks questions and notices things about me that she has never mentioned before. In session 26 she asks me "do you have children? Where do they live?" I surmise that all of a sudden she sees me as a person with a life, rather than exclusively a person to meet her needs. At the beginning of session 28, she looks at me inquisitively when I smile. She grabs the flashlight, looks in my mouth instructing me to "say aah", and informs me that I have two gold teeth.

Figure 5.27
Spontaneous Drawing of Lea and Barb

And yet this awareness of our separateness does not negate my place in her happiness and her growth. When I ask her to draw a picture of herself in the last session, she draws the open, embracing self figure (see Figure 5.24) shown earlier, and then completes a spontaneous

picture of the two of us together (Figure 5.27). There are a number of interesting components to this drawing. The black spot that has so commonly accompanied Lea's

earlier pictures of family and relationships, is now replaced by a healthy green spot. Further, both of us are grounded, and cover most of the page. She has identified with me, but in an individualized way. We stand close but separate. We reach toward each other, yet she is neither hanging onto me nor leaning against me. There are similarities as well as differences in our images. Though we have similar body positions, hair, and facial expressions, she draws me as the bigger, wider figure. She also dresses us each in our favorite colours. Though our arms are both poised to hold and enfold, they also reach for each other. I interpret that Lea has identified with me, but has achieved a comfortable and distinct sense of separateness.

Finally there is the kind of moment that keeps play therapists devoted to their work. It is at the end of session 28. Lea goes to the easel and begins a spontaneous painting. While she paints she asks me to name what she is painting. First she paints a large, brightly coloured rainbow, then a heart and finally a butterfly. She then asks me to turn my back saying "now I am going to make something really special". When she instructs me to look, she is grinning from ear to ear as she points to the "I love you Barb". She has inscribed "I love you" on pictures before, but there is a different essence to this moment. This is painted by a little girl who knows that her love is special because she now knows that <u>she</u> is special and lovable.

Communication about family and friends

This greater comfort in self and in relationships allows Lea to share occasional anecdotes from home. Of course, the aftermath of the disclosure of Lea's abuse by the family friend can't help but affect her household. She is able to tell me about how her family cut the abuser's image out of a group picture on the mantle. She also tells me about her visit to the police station and getting a police teddy bear. Following this conversation she tells me, "It's not my fault, its his fault". She is able to share lighter anecdotes such "the boys running down the stairs to see the cake and presents" in the spontaneous picture of her brother's birthday party (Figure 5.28).

Figure 5.28
Lea's Brother's Birthday Party

Play Themes

As mentioned previously, there is less demarcation in this last stage between what is play behaviour and what are manifestations of self or self in relationship. This is the result of Lea functioning both within the play and within the relationship from a congruent presentation. Lea's play, like her interactional style is more reminiscent of a securely attached child. Her play reflects her current issues and relationships,

as do her verbalizations. She can talk and play about self and family without defensive play disruption.

Sexual abuse and related play

Lea uses the play during this stage to work through the issues of abuse, to empower herself, and to practice appropriate peer social interaction. The ref bop bag is clearly the symbol of her abuser. She beats upon him at least once each session, using words as she pounds. She knows what she wants to do. In one session she pretends to take his belt off, pretends to pull his pants down and beats his lower half with the foam bat. Often she instructs me "now you hold him while I punch him. You're bad!! (to the bop bag) ..... Now you hold him while I kick him. Get away from me!!!" as she kicks.

It is interesting to note that Lea participated in the sexual abuse prevention program during her first year in school. The dolls used in this "care kit" had always sat in a visible place in the playroom, yet she had not previously interacted with them. In session 27, she enters the room, goes directly to the dolls and informs me that we are going to put on a play. She directs me in a variety of characterizations as our two puppets act out a number of the scenarios that define good touching, bad touching and secret touching. Her precise and detailed direction and enactment demonstrates that a part of her has retained a great deal of the lesson of many months before. One example from the drama:

L: This doll gave her a kiss for too long.

B: Are these the dolls that Ms. Black uses for teaching about bad and confusing touching.

L: Yeah. Knock! knock! (pretending to knock on the door)

B: What should I do? Should I let him in?

L: Yeah. Its nice to see you again.

B: What do you want him to do?

L: He kisses her too much (I have the puppet do as she instructs). I don't like that. Stop! (She continues to direct a variety of similar scenes.)

In a doll house scene the little girl is sleeping in her bed. A robot man is trying to get into her room. She blocks the door. He piles furniture up in an attempt to crawl over the roof, but the furniture keeps falling. Everything falls on top of him and he is immobilized. When he is no longer a bother, the girl jumps out of bed, and easily climbs to the top of the roof. There is a sense of power and ingenuity in the self figure. When the child is on top of the roof, Lea shines the flashlight upon the girl and says "hurrah".

The flashlight is a brief, but ongoing source of play during this stage. Lea turns out the lights and explores with the small flashlight. At times she seems to be highlighting the powerful creatures in the playroom. Other times it is the ghosts and monsters. There is both a sense of curiosity as well as control in this play. She is choosing what to bring to light.

Family and house related play

Most of the family related play has been previously described. This section will focus on an examination of Lea's final house and family drawings. Both pictures are drawn during

the last two weeks of therapy when Lea's stepmother is once more away on a business trip. Although the self drawings are not reflective of the stress of mother's absence, the family and house drawings are. Irregardless, whether the drawings would have shown as much distress if mother was home or not, there is evidence that Lea's perception or experience of self, within her family reflects many feelings of ongoing vulnerability.

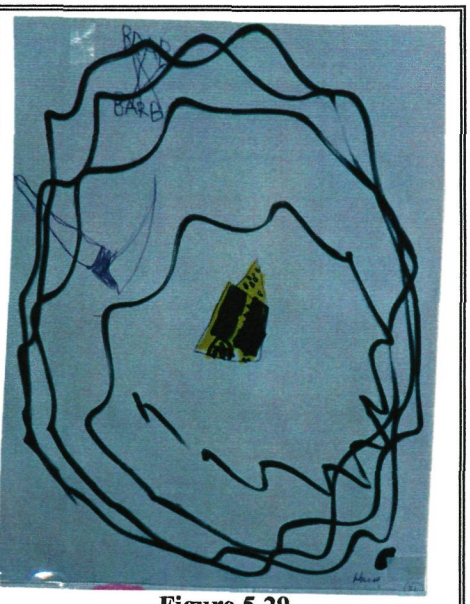


Figure 5.29
Final House Drawing

As Lea draws her house (Figure 5.29) she explains that, "The house belongs to Lea and Barb". She then adds the lines around it telling me that, "There is wire all around so that people can't get into it". She covers first the roof and then the door with black dots. She explains in a conspiratorial voice that this is to confuse people so that they cannot find the door handle. Not surprisingly, this little girl does not have a sense of natural safety. Yet, like her sand tray scenes, her drawings show an ability to use ingenuity to outsmart those who might hurt her.

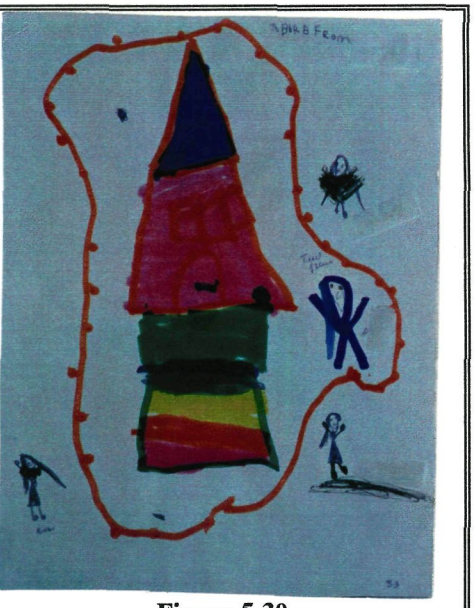


Figure 5.30
Final Family Drawing

Lea's final family drawing (Figure 5.30) similarly shows significant progress over the weeks

of therapy as well as a heightened awareness of the reality of her family experience. Her first family drawing showed an inability to differentiate self from other family members. Each member had a similar size, shape and stance. Furthermore, little about her experience within the family was revealed by the initial drawing. This final family drawing, however, reflects some of the processing she has done in relation to family. She draws the house, doors, and windows, then colors the house with pink. She explains "my house isn't really pink its peach". As she draws the various members of her family she tells me:

> They are having a picnic. It is when I was five. It's my old house. This is a rainbow blanket. This is my brother Corey (large figure closest to the house.) Guess who this is. Its me happy (lower right figure). I have boots on. I'm in the mud. Oh no, its really my mom. I'm up here. I'm so much littler. (Makes an orange circle around the house.) This is the trail that Corey followed to the picnic. He put slime on the ground, then he put the rest all over his face. No this isn't me, its Sally (the abuser's daughter). I'm over here (bottom left). I'm going to find my mom. I'm far away from her but I'm getting closer. My dad is inside cooking.

There are many interpretations that could be made from this drawing. Lea is clearly focused on relationships and events that have occurred within the family within the last 18 months. Identity confusion within the family continues. The ongoing yearning to be closer to her stepmother is overtly expressed, and there is evidence that the sexual abuse by Corey has left its mark. Despite these imprints of trauma, there is much evidence of progress. Family members have faces, and they are differentiated one from the other by their shape, size, and facial expressions. They also have arms that can hold and enfold. The house is colourful, and has an accessible entrance.

Summary of The Fourth Stage of Therapy

This stage marks the end of the study, but not the end of Lea's therapy. I was fortunate to have the opportunity to treat Lea for the next nine months, until she felt ready to terminate therapy.

The fourth stage shows a child who has achieved, within the therapeutic relationship, near age appropriate emotional and social development. Her predominant presentation is one of synchrony of self. Within my presence she is relaxed, has an open posture, a wide range of emotional expression, with frequent brief eye contact. Her play and interactional behaviour reflect a child who feels confident in her abilities and her worth. She exhibits an ability to take initiative and leadership in conscious stories and games. Additionally, there is a beginning ability to have empathy for others.

Her play themes are prolonged, detailed and include complex emotional and verbal content. She is generally able to maintain a scenario to its natural conclusion without disruption. Her play is focused on events of the last 18 months and the self character is a girl child who is usually able to use ingenuity and initiative to overcome evil. Play often triggers conscious verbal anecdotes and visa versa. She seems able to move relatively easily between the conscious and unconscious realms of her psyche, displaying a variety of emotional tone.

Lea now presents as a child whose interaction, as well as self and family drawings, are more like those of a securely attached child. She has used the safe and protected therapeutic

space to process those events and traumas that had heretofore shaped and forged her adapted or false self. The toys and projective media of the playroom have enabled her to externalize, process, and disentangle from much of her trauma. A more authentic, joyous and confident self has emerged and developed within the acceptance, consistency and acknowledgment of the therapeutic relationship. By the end of therapy, this evolved self is also more adaptive at home and in the classroom.

Final Teacher Interview and Classroom Observations.

The final interviews and classroom observation highlight significant aspects of Lea's change within the classroom setting. Lea's teacher describes her as appropriate and positive more times than not in class. Although she has periodic bouts of whining or pouting, these are the exception rather than the norm. She still complains more than most children about being hurt or rejected by peers.

Lea is described as significantly less anxious, with only rare crying episodes. She is able to work autonomously in most routine tasks, and only seeks the teacher's help when a task is difficult or challenging. The teacher notes that Lea is able to "keep up with the class and get her work done without guidance or intervention. The tantrums are also gone." She describes her as having the confidence to speak out in class as well as the ability to share her experiences during discussions. One of the greatest improvements lies in Lea's more appropriate orientation toward friends rather than the teacher. Although she still chooses a seat adjacent to the teacher, she does not cling.

She is also able to work in a group with other children, although she continues to be described as "pretty bossy". The aggression that was seen at the mid stage of therapy is generally gone. The teacher summarizes: "Before she would be mean, and then watch for a reaction, but that is gone. She is still not a leader, in fact she is more often a follower or one of the group." She explains that although she is not actively sought after as a friend, neither is she rejected.

Researcher observations confirm a great deal of the teacher's report. She is observed at circle time, individual reading, and during a group project. At circle time, Lea's "bossiness" is immediately evident. When one of the boys fails to sit, after the teacher instructs them to do so, Lea gently thumps him on the back reminding him to sit. In clear contrast to the early observations, Lea is an active participant, listening attentively both to the teacher's instructions, as well as the other children's sharing. She visually tracks each person who is an active participant. When the teacher asks the question, "Who is a quick person?", she puts her hand up with a sense of pride and enthusiasm. At no time during this observation, does she turn inward or lose her focus in classroom activities. Toward the end of group time, when a new child comes into class, Lea continues to sit compliantly, but watches every move with curiosity.

During individual reading time, Lea is self directed, spontaneously selecting a book from the shelf. She reads it alone for five minutes, and then is the first student to approach the teacher. She talks to the teacher, facing her directly and

making appropriate eye contact, then she reads the book to her. Another child approaches and Lea remarks in an enthusiastic voice, "Hey you got new glasses". The child smiles in return. She then takes her into the corner to show her a book. Lea is clearly an appropriate initiator of interaction in this exchange.

Finally, in a group project, Lea sits with three other children creating a conjoint drawing and chart. I cannot hear their conversation, but her body language is clear. She talks at least as often as the other children, listens when they contribute, and does her share of drawing and writing. There is an intensity and enthusiasm as she leans into the work. Her general mood is positive.

In general Lea's presentation is positive and confident with both peers and teachers during this observation. There is no evidence of aggression, sadness or anxiety. She is the first to seek out the teacher's attention, although it is in the proscribed task of reading. This may, however, reflect her knowledge of the story rather than a dependence on the teacher.

She stays focused during all classroom activity and participates appropriately. Children and teacher interact with her with acceptance. She is neither actively sought after nor shunned.

Conclusions Regarding Lea's Process of Change

This section will briefly summarize the process and patterns by which Lea changed during the twenty-eight weeks of play therapy. More detailed discussion will also occur in the discussion chapter of this document.

Patterns of Play

Lea used the materials within the play therapy room to communicate through the medium of art and play, those repetitive experiences and traumas that shaped her ways of being in the world. There appeared to be two levels of experience that were externalized and processed through the medium of play: (a) those emotionally laden, critical scenes experienced in relation to caretakers that shaped Lea's internal models; and (b) traumatic experiences, for which she received either insufficient validation or support.

The emotionally laden critical repetitive experiences were generally related to loss, and to the interaction, unavailability and inadequacy of parenting figures. These were enacted using the media of (a) human figures within the doll house, (b) dramatic play, (c) puppets, and (d) art work. Such play scenes generally followed a chronological pattern of emergence. It appeared that Lea went back to the earliest experiences of parental loss and unavailability occurring in late infancy, and proceeded to work through her negative experiences in a chronological pattern over the course of therapy. This began with the isolation, fear and loss experienced after her mothers death and ended with the first stage of processing her sexual abuse at the hands of the "uncle".

It is interesting to note that there seemed to be a parallel process by which she utilized the therapeutic relationship to concurrently rework the social-emotional tasks of each corresponding developmental stage. In other words as she drew

and played out the feelings and events related to her mother's death, Lea's interactional style and self presentation were also compatible with the late infant stage of development. As she moved onto those negative events experienced in toddlerhood, her style of interaction and play were also toddler like.

Play related to trauma, took on a different pattern of evolution. Trauma play generally occurred in the sand tray using fantasy creatures, and or animals rather than human form. The images were initially brief, disconnected from emotion, and cloaked in metaphor. Symbols relating to the trauma changed and transformed within a given telling, reflecting Lea's confusion within the experience. As therapy progressed, the nature of the trauma, and its impact upon this child became more explicit and detailed, with each symbolic expression. Over time, Lea was able to stay with the play longer before disrupting, and changing topics. Further with each "telling", the context and characters within the trauma, and their relationship to the rest of her life, also became more delineated. Toward the end of therapy, there seemed more confluence between traumatic experiences and other related emotional life events.

Lea also showed considerable movement in her level of engagement with the play. At the beginning of therapy, she enacted play scenes from the disengaged position of narrator. She played out the scenes with small figures, while her body, voice tone, facial expression, and eyes seemed disconnected from the telling. As therapy progressed different aspects of what I would call her authentic or true self began to gradually connect with both her play and with me. In the second stage, it

was her body that first seemed to connect with these play themes generated by her unconscious. First, her body became less stiff and turned inward. She leaned into the play, her limbs relaxed and she moved more freely and gracefully. At the same time she began to face me rather than angle away. Concurrently her voice lost it's monotonous tenor, and became more reflective of the action she was portraying. Later, in the third stage, her face became expressive of feelings, as she began to use feeling words both in our interaction as well as in her play. The last part of Lea to become engaged was her eyes. It was not until the last stage that her eyes seemed to light up and reflect the emotions about which she spoke and played.

Patterns of Emergence of Self and of Self in Relationship

As Lea played out her experiences, my ongoing reflection of both the content and emotion within the play, gave voice and words to these previously unacknowledged painful realities of her life. As the pain, loss, and confusion of her experience was validated, Lea was able to slowly shed the defensive structures and false ways of being that had traditionally maintained her safety within relationships. As she discarded these defenses, a freer, more engaging and authentic self began to slowly and gingerly emerge.

Over the course of therapy, Lea demonstrated a gradual incremental pattern of increasing levels of connection both with myself, and with her previously "split off experiences". With this process of greater engagement, she demonstrated a pattern of

moving from a predominantly dyssynchronous, paradoxical self presentation to a congruent synchronous way of being. Further she showed a simultaneous, gradual progression from an anxious, hypervigilant, and placating mode of interacting to one in which she is open, trusting, and authentic.

Lea's language also showed significant change. At the start of therapy her speech was "babyish" both in tone and sentence structure. Further it was entirely devoid of spontaneous reference to self, family, friend or school. Instead her conversation was focused on the inanimate objects of the play room. Further, in all interaction, she used no internal state words. She expressed no words that described affect or bodily states, either of her self, her world of play or others. Over the course of therapy as she became more self aware, she first started referring to her own physiological states such as hunger, fatigue or pain. The next step was a recognition and expression of her own emotional state. Finally toward the end of therapy she was able to express emotions within her play as well as to demonstrate empathy for others.

The emergence of self awareness was simultaneously accompanied by an ability to verbally share her experiences within relationship. As therapy progressed her language became increasingly more age appropriate in both tone and sentence structure. Her conversation also became more focused on relationships than on the inanimate objects of the playroom. In addition she showed greater fluidity in her play and verbalizations. Whereas in the beginning, she jumped from one play theme and conversational or play topic to another,

frequently being triggered and disrupting play; toward the end she was able to stay on topic, and move comfortably to related subjects.

Finally, Lea's mode of interaction showed a clear developmental progression. At the start of therapy she tended to be avoidant of me, engaging in an isolated insular kind of play. Verbalizations tended to be more a function of keeping me at a distance than in engaging me. In the second stage she began engaging me both in conversation and as a play object. This was also a period of testing my safety. Interaction was not unlike the ambivalent, parallel play of the toddler period. In the third stage she entered into an engaging, interactive mode of play, and, at the same time, she began the positive process of identification with me. Finally in the fourth stage, Lea began the reciprocal play containing more of the "give and take" characteristics of the "goal directed partnership".(Crittenden,1992)

Summary

In conclusion, Lea showed profound change over the 28 weeks of play therapy. She used the safe and protected space of the play therapy room to externalize, and play out those painful experiences that shaped her way of being in the world. As she conveyed these experiences, and found validation, affirmation, and acceptance within the therapeutic relationship, she was able to begin the process of disengaging from the trauma related to her mother's death, and the events that followed.

Over the twenty eight weeks of therapy we experience the gradual emergence of what seems to be Lea's authentic self. In her play, her self presentation, and her relational style; she seems to go back to her earliest trauma and rework her developmental stages. By the end of therapy, Lea's behaviour, self confidence, and interactional style is more characteristic of a child who is securely attached. It appears that through the therapeutic milieu and relationship, Lea has been able to not only process her trauma, but also to rework her models of self and self in relationship to others. Her overall mode of being is now more adaptive, appropriate, confident and authentic.

CHAPTER VI

DISCUSSION AND CONCLUSION

This chapter summarizes the major findings of the study. Conclusions related to the original research questions will be explored first, followed by a discussion of additional unanticipated insights during the process of qualitative analysis. The chapter begins with the restatement of the research questions. The commonalties between the patterns and process by which both children changed during therapy will then be summarized. Selected exploration of the differences in the children's transformation will be subsequently examined, specifically in relation to the nature of their maltreatment, as well as their attachment models. Finally those findings that are unrelated to the original research questions, but useful to therapists and theorists, will be highlighted.

Findings Related to the Original Research Questions

This naturalistic case study research used an attachment paradigm from which to explore a number of questions related to the therapeutic change process experienced by two children who were maltreated within the context of their extended family unit during the first two years of life. Analysis of the two case studies detailed the process by which each child changed during the 25 to 28 weeks of child centered, attachment sensitive play therapy. This segment of the discussion chapter will compare and contrast the patterns and processes of change that are specifically related to the original research questions.

Original Research Questions

The Initial research questions ask whether, during the course of therapy, there are:

1. Observable and identifiable patterns that the child goes through in the process of healing;
2. Observable processes by which the child alters his or her model of self in relation to others, that is apparent in interaction with the therapist;
3. Observable patterns or processes by which the child alters his or her internal image of self? Does this change correspond to the change in relationship patterns?;
4. Identifiable play and relationship behaviours that accompany the above changes; and
5. Patterns of representation of self and self in relationship with the therapist during therapy that correspond with changes in the child's self confidence and relationship patterns with teachers and peers in the classroom setting?

Overview of Findings Related to Original Research Questions

This study found attachment theory to be a practical and elegant paradigm from which to analyze and understand the process of change in young maltreated children during the course of therapy. The constructs of working models helped, not only to understand the child as he or she presented in therapy, but also to understand the probable process by which the children's

maladaptive patterns developed. The research (Cicchetti et. al, 1990; Erickson, et. al. 1989; Sroufe, 1993) delineating the behaviours of children who were securely attached from those who were insecurely attached also provided categories with which to analyze specifics of the children's' behavioural and interactive presentations, as well as their language, art and play.

The two children chronicled in this document displayed profound change and healing during the course of play therapy. At the start of therapy, each presented with a range of behaviours that were consistent with a history of trauma, maltreatment, and anxious attachment. Gunther's presentation was most like the demeanor of children labeled as avoidantly attached, and Lea's had characteristics of both ambivalent as well as disorganized attachment (Cassidy, 1988; Egeland, Sroufe, & Erickson, 1983; Main & Cassidy, 1988;). Further each child displayed language, play and relational patterns more characteristic of much earlier developmental levels.

During the course of therapy both youngsters used the safety, consistency, and acknowledgment inherent within the therapeutic relationship to slowly and gingerly develop alternate internal working models of self and of self in relation to others. The client centered, attachment sensitive therapeutic approach provided:

1. the safe and protected space that decreased anxiety and promoted a sense of safety;
2. a consistency, acceptance and affirmation for the child's feelings and experience;

3. a consistent, supportive, and reliable response to and affirmation of the child, thereby conveying a sense of self as worthy and good, and the sense of the therapist as safe and reliable; and
4. a validation and naming of the child's affect and experience which in turn engendered the beginning of self emergence, acceptance, an internal state vocabulary, and the beginning elements of empathy.

The projective play materials of the therapy space furnished the means through which the unconscious selves of the children could portray and process those internal states and experiences that had heretofore shaped and driven them. As the children's internal worlds were therein conveyed, the therapist was able to show acceptance and affirmation of the children's previously unacknowledged experience and affect. With validation of their internal reality, the children were able to experience a concomitant sense of legitimacy of the self. Through this process, the self was able to disengage from the trauma that had been stored within the unconscious, and to slowly move to a place of conscious expression and control of behaviour.

The disengagement of the self from the trauma, as well as from the old defensive patterns enabled the children to return to their earliest stage of damage, and then embark upon a process of reworking the attachment salient developmental tasks. This reworking of developmental stages, within the safety of the therapeutic relationship, furnished alternate models, complete with related adaptive behaviours, of self and of self in relation to others. The children utilized the therapeutic relationship to

practice, and test these new ways of being and relating in the world. As their confidence grew in the new ways of being, they cautiously began to employ the alternate models to interaction with peers and teachers in the classroom.

This reworking of developmental stages was possible for many reasons, but a primary conclusion of this thesis is that a significant factor lay in the essential tenets of the therapeutic relationship and space. A client centered, attachment sensitive mode of play therapy heals and "liberates" the self, and concurrently reworks the internal models because it replicates those core caretaker tasks vital to the healthy containment, support, encouragement, affirmation, and guidance of the self of the normally developing infant/child within a safe, secure, and loving attachment relationship. Both client centered and Jungian theories proclaim that given a safe and protected therapeutic relationship and space, that the self healing powers of the child are activated (Allan, 1988; Axline, 1947). This thesis further suggests that as the self emerges and heals, it then reworks the developmental stages that have been previously distorted by maltreatment.

As the selves of the children disengaged from past trauma and embarked upon new developmental pathways, there were a variety of common identifiable patterns that were exhibited during the process of change. The most consistent of these patterns will be elucidated below. A theoretical exploration and discussion of the process of change will then follow.

Patterns of Change Related to Both Children

During the early sessions of play therapy, the play of a young insecurely attached child is often chaotic, segmented and confusing. Initially, play themes change in a matter of seconds, verbalizations are often disconnected from play, and the child's body language is frequently disengaged from both. The patterns that are articulated below emerged, and only became clear, after detailed transcription of therapy tapes, followed by a sifting and sorting to find recurring patterns and themes that transformed over time. Although the patterns were very real and present, their occurrence at first was often brief, fleeting, and partially hidden amongst a flurry of unrelated behaviour.

Each child who enters therapy, demonstrates a unique style by which he or she engages, participates, and heals within the play therapy process. This individuality reflects the distinctive nature of each child's genetics, temperament, history, and experience in the world. This discussion is not intended to deny the distinctive nature of each child's pathway, but rather to highlight those patterns of transformation that were common to the two children presented in this study. It has been my experience, prior to this study, and since, that these are not uncommon patterns, and that their elucidation may facilitate the tracking of the change process for other therapists with similar client situations. This segment of the discussion will itemize the general patterns of change common to both children during the year of therapy. Because these will be discussed further in the section under the broad processes of change, elucidation will be brief.

Patterns of Change Related to Self Presentation

This discussion responds to the broad scope of research questions one, and aspects of question three, which essentially ask if there are: (a) identifiable and observable patterns that the child goes through in the healing process; and (b) patterns by which the child alters his or her image of self. The wealth of data emerging from both children allow us to examine more than the image of self. This section responds to the patterns of change evident in a multitude of manifestations of the self presentation.

From Dyssynchrony to Synchrony of Self Presentation

Initially both children presented with a marked dyssynchrony of self presentation. From a broad perspective the dyssynchrony reflected a discrepancy between conscious and unconscious aspects of the self. Specifically, the dyssynchrony or incongruities existed between the child's: (a) affect, content, and images conveyed in projective art and play themes; and (b) their voice tone, facial expression, eyes, body language and vocalization of the more conscious self.

Over the course of therapy, children's surface behaviours slowly and incrementally became more congruent or synchronous with the play, symbols, and messages projected by the unconscious. The itemization below lists dyssynchrounous aspects of the self, and elucidates the general pattern by which they

became synchronous. This listing is sequenced according to the order in which the aspects of the surface self achieved synchrony with the behaviours, themes, and symbols of the unconscious self. Detailed changes included a movement:

1. From body stiffness and a closed posture to body relaxation and openness. As the children's bodies relaxed their movements became larger, more graceful, and their limbs moved away from the body;
2. From an overbright or flat voice that was unreflective of play themes or content, to a voice that reflected a wide range of appropriate expressiveness, while being congruent with both projective and interactive play;
3. From avoidance of internal state words to an internal state vocabulary that reflected body sensations, emotions, wants and needs, as well as a beginning empathy for others.
4. From a predominantly fixed facial expression (flat and immobile in Lea, overbright in Gunther) to a mobile and expressive face.
5. From unresponsive, expressionless eyes to eyes that reflected the variety of feeling conveyed through the child's words and play.

Changes From High Anxiety to Relaxed Comfort

At the beginning of therapy, both children exhibited anxiety through: (a) an inability to focus or sustain play themes; (b) obsessive cleanliness and orderliness; (c) frequent play disruptions; and (d) behaviour that walled the self off from the therapist. By the end of therapy the children were able to show:

(a) a sustained focus in school as well as within the play room; (b) an extinction of obsessive tidiness; (c) minimal play disruptions; (d) comfort in approaching and interacting with both myself and their teacher.

Changes From a Negative Mood to A Positive but Flexible Mood

Both children originally presented with a predominantly negative mood. In the classroom, each was disconnected, anxious and cried frequently. Although their affective presentation in therapy was confused by the dyssynchrony of self, the overall play contained negative themes, and the child's behaviour and gestures implied fear, anxiety, aggression, or sadness. By the end of therapy, although the children showed a wide range of affective expression, their general mood was one of optimism, openness, and joyfulness within the therapeutic setting. Behaviour within the classroom also became more positive, inquisitive, and playful.

Change from Dysfluent to Fluent Speech

At the beginning of therapy, both children showed a general pattern of anxiety, inability to focus, and disrupted behaviour. Dysfluent speech was one more example of this pattern. Like their play, speech patterns were immature, segmented, and often interrupted before a complete thought or sentence was conveyed.

As therapy progressed, each child's speech became more age appropriate, coherent, reciprocal, and consistent with their play themes. Sentences became longer and more descriptive. In

addition connections between the children's play, verbalizations, and their outer world was more apparent. By the end of therapy the children used their language to share, express affect, connect, and seek reassurance. In addition, sentence structure, articulation, and vocabulary had evolved to the point where it was age appropriate.

Change from Avoidance of Relationship Issues to A Focus on Relationship Issues in Therapy

This category is perhaps the most obvious expression of the movement from behaviours representative of insecure attachment to ones more commensurate with secure attachment. At the start of therapy, there was a striking dearth of spontaneous conscious reference to self or family. Both children seemed markedly disconnected from their own feelings, needs, and experience. In addition, spontaneous conversation about family was rare. When family was mentioned, Lea was able to discuss more than Gunther, but this most often seemed to be from the perspective of a detached third person narrator. Gunther's response to any initiation of a discussion regarding family was most often a denial of the existence of self or family.

As the children's projective themes regarding self and family were enacted in play, and given voice through therapeutic reflections, each child became progressively more able to talk about self and family. By the end of therapy, both children conveyed an aura of comfort and openness when discussing issues related to self, family, and friends. Indeed they even began to solicit my support regarding stresses at home.

From No Internal State Language to Increasing Frequency of Internal State Language

Though this category was mentioned under the topic of synchrony, it is important enough to warrant a category of its own. During the first stage of therapy, both children demonstrated a profound dearth of internal state words related to affect and to physiological function. As therapy progressed, their use of internal state words showed a similar pattern of emergence. Communication related to physiological states emerged first. They were initially "mimed", and later spoken, first about self and then in the context of play. Early reference to physiological state was originally related to hunger, fatigue, and later to pain and illness. Words referring to positive affective states appeared next, followed by language conveying negative affective states. Affective communication was also first uttered as self descriptors, then occurred within the context of play scenes, and lastly emerged in relation to myself, friends or siblings.

Patterns of Change Related to Child-Therapist Interaction

The second question asks if there are patterns by which the children alter their model of self in relation to others that are reflected in their relational behaviour with the therapist. Both children showed pronounced change during the course of therapy in their mode of relating to me. The most dominant of these relational changes are described below.

Change from a Stiff Defensive Posture to an Open Relaxed One

When beginning therapy, both children assumed a predominantly closed and avoidant posture when relating to me. This defensive protection of self included: (a) avoidance of eye contact, (b) an angling of the body away from me; (c) constricted body movements; and (d) a stiff, hunched body posture. Gunther also displayed a tendency to distance himself from me. Over the course of therapy both children showed steady incremental increase in the frequency of eye contact, proximity seeking, direct body alignment, and a relaxed posture. Additionally, both developed a pattern of seeking comfortable proximity, contact, and direct body alignment in relation to me when engaged in play.

Patterns of Change Related to Child Therapist Relationship

At the start of therapy, both children persistently avoided meaningful interaction with me. They also shied away from any conversation related to self, family, school or friends. Conscious interaction and conversation focused exclusively on the toys. Play was more isolated in nature, and excluded me from participation. By the second stage of therapy, both children were initiating interaction with me, and including me in a variety of play, including dramatic play. By the third stage of therapy, each child had begun to bring anecdotes from home with much of the conversation, drawing, and play persistently focused on issues related to relationship, self and family.

From Use of Old Working Model of Relationships to Formation of New Working Model Based Upon Child Therapist Interaction

Both children came to therapy with an adult cautious, adult pleasing stance. They showed interactional patterns that were consistent with maltreated and insecurely attached children. When I did not respond in a predictable way to these old models, they slowly began to discard them.

As new models of relating emerged, based on my safety and affirmation, both children went through a process of testing my commitment or safety through a process of testing and messing. It appears that when I "passed the test" by remaining accepting, they were able to adopt new models based on the consistency and trust of our relationship. The changes in relationship patterns generalized to peer and teacher interactional situations approximately 10 to 14 after first appearing in therapy.

From Adult Centered Watchfulness to Relaxation Around Therapist

Both children began therapy with an adult focused interactional style. The most obvious consisted of a fearful style of obsessive tidiness. Both children also added my name to their pictures, attributed the houses in the pictures to me, and told stories that said they loved me. Despite their placating gestures, their eyes and body language spoke of anxiety rather than of affection.

As therapy progressed, and I responded consistently to their authentic communication, they began to relax. With relaxation, both children began to show increasing spontaneity, creativity

and initiative. Over time, less energy was spent on watchfulness, and tidiness, and more on either projective or ego building play. In addition, in the last stages, symbols of myself, my name, and "I love you" began to again occur in the pictures, but this time there was genuine feeling conveyed in the gestures.

Patterns of Change in Play and Art

The fourth research question asks whether there are predictable changes in play and art that parallel the alterations in the child's models of self and self in relation to others.

The details of each child's play and art were entirely specific to his or her unique personality and experience. Gunther played frequently about his lost dog, and an unavailable mother, while his drawings denied the existence of a family too painful to consciously acknowledge. Lea's drawings and play initially reflected the pain and confusion surrounding her mother's death, followed by the subsequent traumas of parental unavailability and of sexual abuse. Despite the unique nature of each child's play content, there were striking commonalties in global themes, as well as the patterns of change in play behaviour. This section will first elucidate the most salient similarities in play themes, and will secondly describe the parallel patterns by which the children's play styles changed over the course of therapy.

Commonalties in Play and Art Themes

Paradoxical Play

Within the entire analysis of play content, the schema depicting the paradoxical nature of the symbols of power was to me the most arresting and disturbing. In this context, symbols of power are defined as dominant figures who wield control and influence over the projected child symbol. Initially, these symbols were most often monsters, predatory creatures, and characters whose function was to rescue the projected self symbol. Later they were figures who reflected caretaking or nurturing figures. During the first two stages of therapy, power symbols conveyed an inherent paradox. Gunther's monsters looked frightening, but were perported to be friendly. The heroes that rescued the child-like terrorized animals, ended up either dropping them into quick sand or hurting them themselves. As play progressed the unreliability of adult or helper figures specifically became more obvious. Ambulances came when the baby was being hurt, only to join in the hurting. The doctor who was supposed to heal, cut out the patients heart instead.

More than any other theme, it is the paradoxical play that conveys the global dilemma of the maltreated child. The child is vulnerable, and dependent upon more powerful adults who are supposed to nurture, support, and protect, but are instead the source of the child's pain or neglect. The result is a sense of hopelessness and double bind. It is little wonder that the working models of self in relation to others, constructed within

this context, fail to serve the child in the world of school and peers.

Caretaking As Toxic

Caretaking and caretaker as toxic (or potentially poisonous) was also a profoundly evocative play theme. Both children enacted detailed scenes in which the baby snake was protected and cared for by a poisonous mother snake. Implicit in these scenes was the paradoxical combination of a sense of fear, coupled with a feeling of safety in the presence of such a lethal parent. Lea took this "caretaking as toxic" theme into more graphic detail as she enacted scenes wherein the baby's feeding resulted in choking, vomiting, and gagging. Less lethal, but equally graphic were scenes of parental neglect or unavailability. Gunther's mother figure gazed endlessly into the mirror, ignoring the boy. Lea enacted scenes in which the baby's dirty diapers were changed, only to be replaced by the very same dirty diapers.

Messing and Testing Through Play

During the middle stages of therapy, the children discarded their adult pleasing manner, and engaged in a purposeful, self conscious messing. Lea's was more prolonged and exaggerated than Gunther's. With both children, however there was a watchful, purposeful manner in which this testing and messiness occurred. Gunther "farted", laughed, and called me names. He smeared clay around the table, and onto the floor, while watching for my reaction. Lea dumped sand, threatened to throw water at me and became very messy with the paints, all with a clear conscious

watchfulness for my reaction. In all instances I reflected the need and reassured the children that messing was acceptable in this play room.

In both cases, the messing behaviour seemed to coexist with other toddler like play. Additionally it appeared to be the antecedent to more conscious work on difficult and painful family issues. For Lea, extreme messiness preceded disclosure around the sexual abuse by her brother. With Gunther, smearing occurred directly before his conscious discussion of auntie preferring Heidi to him ("she doesn't care about me, only Heidi"). As mentioned earlier, I believe that the messing was, amongst other things, a final testing of the safety and consistency of the relationship, before conscious work was done. Additionally, I would also speculate that it reflected the internal chaos that the child felt as the consistent barriers to certain memory segments began to crumble. This sense was especially prevalent in Lea's smearing of paint, where one color spread into the territory of another color, until the whole painting was a sodden mess. Conscious discussion of sexual abuse followed soon after.

The Reparative Play Motif

Reparative play behaviour is defined as that play which has a soothing, nurturing, or healing character to it, or contains a process of creating order out of chaos. With both children the reparative motif was enacted within the context of dramatic play. It began to surface in the middle stages of therapy, once the self had begun to emerge, and continued throughout the remainder of therapy. Reparative play had a positive, nurturing, and at

times spiritual tone to it. The children conveyed an aura of relaxation, confidence and control within these play themes. While in this motif, both children assumed the more dominant role of parent or healer, ministering to either myself, or other child symbols. Gunther, who had been left hungry and neglected, provided tea parties, and elaborate meals. He proclaimed the baby bottle to contain not only our food but our medicine. Toward the end of therapy, as we sipped our tea, supplied by his baby bottle, he proclaimed "we're getting healthy".....and he certainly was.

Lea's healing play was more medical in nature. She gave medicine to myself and the baby kangaroo, and listened to our hearts. In a poignant scene she cleansed all the sensory organs of the baby kangaroo, and removed large splinters from each of us. Toward the end of therapy, each of the children also enacted scenes in the sand tray wherein previously helpless, victimized self figures, were more able to control their situation. One example occurred when Lea's small animals that were still buried beneath the ground, hiding from the monster, now had bottled air to breathe.

Clegg (1984) studied the reparative motif in both children and adult clients. He derived his understanding from Klein's (cited in Clegg) writings, wherein the reparative process is a natural self mechanism that is first activated within the mother child relationship. Jungian (Allan, 1988; Weinribb, 1989) therapists suggest that "the safe and protected space" of the therapy room and relationship activate the intrinsic self healing process of the psyche.

Artistic representations of the emergence of the "self"

As each child discarded his or her defensive patterns of the "false self" during therapy, there were concurrent artistic representations of this emergence of the true self. Lea drew symbols of hatching and of the balloons breaking free of the grave. Gunther painted vegetative symbols of a competent self contained self (a snail) who opened doors with his antennae, and carried his home on his back. He also drew self as half emerged from the ground.

Kalff (writing the forward to Bradway et.al., 1990) explains the emergence of the self symbol during the healing process of sandplay:

> At a certain point the patient, through the sandplay penetrates to that which we recognize as the expression of the Self. With this a psychic situation of inner space is achieved, which leads to a deeply moving experience... The ego as the center of the conscious personality is relativised in the sense that it recognizes that it is contained within the self. This experience is the basis of an initial transformation of energies. In sand pictures that follow, it is first expressed on a primitive level. Scenes of the plant and animal world appear.(p.iix)

Similarly, more conscious ego projection was evident in Gunther and Lea's play subsequent to the emergence of vegetative and self symbols.

The Incorporation of the Therapist Symbol into Self Drawings

This category is one that showed an evolution over time. At the start of therapy, both children attributed parts of their drawings to me and put my name on their drawings. Rather than

reflecting an attachment to me, these gestures seemed to represent a compulsive need to connect with and placate me as an adult.

By the middle of therapy however, inclusions of a symbolic representation of myself, based on the quality of our attachment, began to occur. Gunther created a wonderful, accessible and hopeful home that belonged to the two of us (he as a snail, and myself as a caterpillar). Within this home, he had both hope and control, in the form of a roof that the snail could open with its antennae to see the stars. He also drew a star map that showed how to get from the star that was himself to the star that was me. He likewise included a symbol of me as caterpillar in a compensatory picture of the rainbow. Lea ascertained my favorite colours, and then included them in her pictures. She painted a heart and a rainbow and added "I love you Barb".

In the last stage of therapy, both children created images that represented symbolic representations of themselves (rosebush or tree), that contained a spontaneous symbolic representation of myself within the image. Lea painted herself as a rosebush. The roses on the bush were her friends, with myself being the largest of the roses. Gunther drew himself as a tree, and I was the largest apple on the tree. The children had internalized our relationship and my affirmation of their worth. Still later self images that clearly stood alone, and separate from me, confirmed however, that this internalization was not simply another kind of symbiosis. Lea painted a picture of herself, immediately followed by a picture of the two of us standing side by side reaching for each other, but not connected. Gunther drew

the final picture of himself, with my name above his image. Each of us were encapsulated in separate clouds.

Patterns of Change Within Play Behaviour

This category documents the children's patterns of change during play. In general change over time reflected: (a) an increasing engagement of the conscious self; (b) increasingly complex and extended play themes; and (c) greater cohesion between play themes and conscious verbalizations.

Change from Brief, Segmented, and Chaotic Play to Cohesive, Extended Play Themes.

Initially, each child showed a chaotic pattern of play. They jumped from one play theme to another, seldomly completing a scene before play was disrupted. As therapy progressed, play themes became more detailed, contextual, cohesive, and sustained. By the last stage, the children were able to sustain a play theme through to its natural conclusion. Additionally, there seemed a natural flow and connectedness, from one play, art or conversational activity to another.

Change from Isolated Insular Play Styles to Cooperative Play

Both children's play behaviour evolved along a developmental like continuum. Each began therapy with a play and interactional style that was more reminiscent of a late infant stage of development. They played alone, were object focused, and did not involve me in their play. As they progressed in therapy, play behaviour became more reminiscent of parallel play, then later of

the interactive and dramatic play common to the preschool period, and finally to a play style that could be best described as cooperative and reciprocal.

Developmental Continuum Quality to Play Themes

A developmental quality to the progression of play themes was seen over the course of therapy. The children engaged in periodic play, and interactive behaviour that seemed to recreate selected stage salient, attachment related interactions. The earliest play involved accessing the baby bottle for soothing, and first occurred toward the end of the first stage. An infant like hide and seek arose around the eighth session. In the same session, the children also initiated play in front of the mirror. This play was a self absorbed kind of examination of the image of self. It contained such activities as making faces and trying out a variety of movements, while raptly following the image in the mirror.

A toddler like messing and testing play surfaced around the middle of therapy. Finally an exploratory play, usually involving the flashlight in the dark, occurred in the last stage of therapy. This last play seemed a way for the children to overcome some of their fears. The most common illumination was of frightening creatures, but occasionally prized objects were also highlighted.

A Change from Insular, Disconnected Play Themes to a Confluence Between Play Themes

In the initial stages of therapy, each child moved from one play theme or station to another, as if shutting one door and

opening the next. Play scenes reflecting the repetitive nuclear scenes that shaped the children's working models seemed to be enacted with human figures. Scenes of fear, terror, and trauma were dramatized using symbolic or animal figures. Dramatic and puppet play tended to reflect a reparative motif. Drawings generally reflected the models and/or projected images of self, relationships, and family. Play, and its concurrent affect seldomly spilled over from one play station to the next.

During the last stage of therapy, however there was a subtle but important change. The children's drawings, as well as their stories from home, began to reflect the content of the once segmented, deeply symbolic play themes. Pictures of self were no longer drawn as separate from family and home. The sand tray was no longer the exclusive realm of symbolic, monster, and animal figures. Human figures also occupied selective scenes in the sand. In other words, the children's play behaviour was no longer segmented, disconnected, one from the other. Instead there developed a confluence, communication and continuity amongst different aspects of art and play..

This transformation represented a new found internal communication between the once disconnected parts of self and self experience. As the therapist gave voice to the variety of projected experiences and affect that were portrayed in the art and play, a connection was made not only between the unconscious and the conscious parts of self, but also between segmented memory systems.

Processes of Change Related to Both Children

This chapter examines both patterns and processes of change during play therapy. Recognizing, and describing subtle patterns hidden within the chaos and complexity of the child's interactions and behaviour over time, was primarily a mechanical process. It entailed examining vast amounts of data, arranging and rearranging the pieces into different combinations and order, until they made sense. This involved a piecing together of a variety of observable segments of behaviour into a more coherent structure or pattern. Although in some cases theory dictates the choice of a data piece or code, this stage in the methodology primarily required time, patience and a creative eye.

In contrast, delineating the processes that the children went through during therapy required a different, more conceptual approach. It entailed a matter of envisioning the underlying mechanisms, and more complex relationships driving the observable patterns. Within the philosophical guidelines of qualitative analysis, the researcher is encouraged to initially abandon theory during the early analysis and pattern tracking; thereby allowing theory and answers to rise from the data, rather than the data being moulded to preconceived theory (Lincoln & Guba, 1985). The data is met to be its own authority. Though this first stage of analysis was tedious and time consuming, near drowning in the data, in many ways it was the more straightforward part of analysis.

The delineation of process was the more complex, but also more exciting. One looks and relooks at the patterns, rereads the literature, from which the original questions arose, reads

more... and suddenly connections are made. The processes described below are the result of just such an approach. The processes that are delineated may not seem that new to most clinicians. Varying segments of the explanation have existed within the literature of psychotherapy for some time. The reader may find however, that this document may serve to create a more coherent linkage between the variety of philosophical positions, theory, and research toward the goal of creating a more cohesive understanding of the process of healing. It is naturally understood that it relates specifically to the process of healing, given the age and history of these two children.

This section of the discussion will initially focus upon the theory and research which facilitated my conceptualization of the change processes. Theory and research from the areas of: (a) attachment; (b) developmental psychopathology; (c) self theory; (d) trauma theory; (e) sand and play therapy; and (f) memory will be elucidated. The children's process of change during therapy will be examined within the broad context of:

1. The reworking of self and relationship models within the context and safety of the therapeutic relationship.
2. The emergence and validation of the authentic self through the medium of symbol, art and play.
3. The process by which previously unacknowledged experience and trauma were accessed, expressed and connected with the conscious definition and experience of self.
4. The pathway by which the child reworked the attachment related developmental tasks in therapy.

Each of these processes will be examined separately and concurrently related to relevant theory and research. Within each category a review of recent research will precede the explanation of the process of change.

The Process by which Working Models Were Altered

The second and third research questions, in part ask if there is a process by which the children alter their internal models of self and self in relation to others that is discernible over the course of therapy.

The Relevant Theory and Research

Maltreated children bring to therapy, as well as to the school setting, a model of relating that has been learned and practiced while in relationship with significant caretakers in their life. Often maltreated children have adapted in order to survive in unusually difficult and complex relational circumstances, with little support from attachment figures.

Attachment theory posits that children who have grown and developed in relationship with unavailable, inconsistent or hurtful parents form models of relationships as unsafe, unavailable, and unsatisfying (Bowlby, 1988; Cicchetti & Barnett, 1991). The resultant model of self is one of being unworthy, unlovable, and incompetent, along with the self frequently coming across as disorganized and aloof (Sroufe, 1991).

Recent research demonstrates that maltreated children differ from their well treated counterparts in the realms of: (a) affect modulation (Crittenden, 1992; Sroufe, 1989.); (b) quality and

content of internal state language (Beeghly & Ciccheti, 1994) (c) quality of relationships including ability to show empathy (Sroufe & Fleeson, 1986; (d) drawings of self and family (Cassidy, 1986; Main & Cassidy, 1988); (e) relationship patterns with adults (Egeland, Sroufe & Erickson, 1983; Main & Cassidy, 1988) and (f) projective images and storytelling (McCrone, Egeland, Kalkoske, & Carlson, 1994).

The literature of developmental psychopathology attributes many of these differences to the defensive processes that maltreated children must employ in order to cope with a caretaking environment, and/ or traumatic experiences that are in direct conflict with their inborn needs. Because attachment to the caretaker is a survival requirement for the young child (Bowlby, 1988), the authentic needs of the self are often sacrificed in order to accommodate to caretaker demands. This process usually requires that the child remove from conscious awareness, those feelings and experiences that are incompatible with continued attachment and/or access to the caretaker. This accommodation is defined as either compulsive compliance (Crittenden, 1988, 1992), repression (Bowlby, 1988), or the child abuse accommodation syndrome (Kempe, 1987), depending upon the school of thought. Regardless of the term used, the process is one in which the child blocks from conscious awareness those experiences and emotions that might alienate the primary caretaking figure.

Over time, young children develop internal working models of self and of self in relation to others that are consistent with their early experience of coping and accommodating(Ainsworth

et.al., 1978; Bowlby, 1988). There is considerable evidence in the recent developmental psychopathology literature that suggests that these early models influence the child's mode of communicating and relating within future and ongoing relationships. Internal working models are "prescriptions for behaving" that exist within the unconscious of the child. These prescriptive ways of relating within relationships develop through experience with consistent adults in the child's environment. Guidano (1987) posits that these models are the result of a compilation over time of critical and repetitive affectively laden nuclear scenes that form the child's early conceptualization of the self and the world. He further explains that it is the emotionally laden interactions with the primary caretaker that are most influential in constructing the content of such working models.

For a child to develop to his or her potential, with a positive sense of self and the world, there are certain attachment related parenting tasks or conditions that must be supplied. Amongst other things, these task involve:

1. Regulation of the infant's environment, and of the affective and physiological arousal thereby providing both environmental and internal stability. With such stability the infant is able to begin to interact with, enjoy, and learn from his or her environment. A model for future self regulation and soothing is provided (Sroufe, 1991; Stern, 1985).

2. Consistent, reliable, and positive caretaking that meets the needs of the infant, thereby conveying a sense of relationships as safe and the self as good and worthy. This

provides the basis for positive internal working models (Ainsworth, et.al., 1978; Bowlby, 1988).

3. As the child moves into the toddler years the parent provides a secure, dependable base from which the child can explore and interact with the world. When the parent encourages such exploration, and is consistently there to comfort or support the child, the child develops a natural confidence in his or her capacities. A model of learning being joyful and of adults as encouraging and available is formed. (Bowlby, 1988; Cicchetti, 1991; Mahler, Pine, & Bergman, 1975).

4. During the toddler years, parents provide a language to describe and affirm the child's emotional, physiological, interpersonal and sensory experience (Beeghly & Cicchetti, 1994; Bretherton & Beeghly, 1982) . This internal state vocabulary not only gives recognition to the child's lived experience in the world, but also provides a language with which the child can convey his or her needs and respond to the needs and states of others.

5. During the preschool years, parents use language to affirm the child's needs, and perception of reality, while also stating their own view. They begin to require that the child consider the needs of others, thus creating a model of reciprocity in relationships. Ainsworth(1985) calls this task the establishment of the "goal directed partnership".

If a loving and available caretaker has met the above described needs and tasks, the child who enters kindergarten is prepared for the challenges of school. He or she has social and communication skills, a curiosity and self assurance that

promotes learning, and a degree of trust that allows him or her to form constructive relationships.

If however, the child has experienced hurtful, unavailable, inconsistent, and/ or unresponsive parenting, he or she lacks many of the social, emotional, and intellectual prerequisites for coping and functioning in the school setting. Instead he or she arrives at school, with defensive working models that leave vital parts of self paralyzed. Working models that were originally adaptive in the maltreating environment of the home setting, are often no longer adaptive to the social and learning requirements of the school.

The Observable Process by Which Working Models are Altered

Both children described in this study entered therapy showing evidence of working models of self in relation to others that were based on others being hurtful, unavailable and untrustworthy. These restrictive models resulted in poor social relationships, and compromised learning. By the end of therapy, each child displayed a mode of interacting with me, as well as with teachers and peers, that more closely approximated the behaviour of securely attached children. This segment of the discussion chapter will describe the process within therapy, that the children appeared to go through, while altering their internal working models of self in relationship.

One of the most striking aspects of both children's early presentation was the dyssynchrony between aspects of the self. It is my conclusion that the dyssynchronous self presentation was reflective of the incongruence between: (a) a conscious defended

self that abided by the rules of an internal working model of self in relationship to others that had formed in response to a maltreating environment; and (b) symbolic manifestations of an unconscious authentic self that was still entangled in early trauma and unmet needs.

Each child brought to therapy that model of attachment learned within relationship with the primary caretaking figures. Within this pattern, each child displayed what he or she had learned to do to keep the caretaker available or the self safe.

The models had two sides, self and other. When the therapist refused to engage in the expected behaviour of the model's "other", and instead responded in a gentle affirming way to the projective communication of the child's unconscious needs and affect; the child slowly and gingerly lowered defenses.

The consistency of the therapeutic rules, space, approach, and materials provided the child with a sense of security and predictability. Within this affirming and predictable milieu, the authentic self of the child felt increasingly safe to communicate previously invalidated or denied experience and affect.

As the therapist showed a consistent acknowledgment and acceptance of the child's projective, as well as conscious self, the true or authentic self of the child experienced the relationships as safe. This newly acknowledged self was then able to slowly discard the old models of the "false self" and then to experiment with new ways of relating based on direction from the authentic self.

Manifestations of the child's new model of self in relationship to others appeared to follow a developmental like pathway in relation to the therapist. Over the course of therapy, once the true self of the child began the process of emergence, the child engaged in a series of interactions that paralleled "normal" attachment related parent child interactions, including feeding behaviours, hide and seek, seeking of affirmation, and refueling. In addition the child's interaction within play also followed a developmental like continuum which began with infant like isolated play and ended in cooperative reciprocal play.

Part of the process of embracing the alternate model of self in relationship, based upon the needs and experience of the "true self", entailed a purposeful messing and testing of those behaviours that were likely unacceptable within the old caretaking model. This testing preceded the emergence of the more traumatic of the child's issues into conscious conversation. Testing occurred toward the midpoint in therapy, and was part of the behaviour cited in the developmental like continuum.

In conclusion the earliest process that was evident in therapy involved the reworking of the child's internal working models of self in relation to others. Within the safe and protected space of the play therapy room, the child was able to return to the stage of earliest damage, and rework the attachment salient interactional developmental tasks. The reworking of these developmental stages, within the secure relationship base of a consistent, reliable, and affirming therapist, enabled the

child to forge alternate working models (and related behaviours) with which to function in the world.

The reworking of developmental stages occurs for a variety of reasons, but a significant explanation lies in the essential tenets and elements inherent in the therapeutic relationship and space. A client centered attachment sensitive mode of play therapy heals the self and the concurrent models because it replicates those caretaking behaviours essential to the containment, support, encouragement, affirmation, and guidance of the child developing within the context of a safe, secure and loving early attachment relationship.

This mode of play therapy provides: (a) the safe and protected space that decreases anxiety and promotes a sense of safety; (b) acceptance and affirmation of the rights and self expression of the child; (c) consistent, supportive, and reliable responses to the child's expression and needs that gives the child a sense of being worthy and good; and of the caretaker as safe and reliable; and (d) a validation and naming of the child's affect and experience once it is externalized through the medium of play. This mode of therapy creates a relationship that nurtures the self and the soul of the child and activates his or her innate healing potential (Allan, 1988; Kalff, 1980)

The Process of the emergence of the Authentic Self Through the Medium of Play

It is my conclusion that the intense consistent reparative experience of the play therapy relationship also provided the children with an alternate supportive caregiving matrix from

which the authentic self of the child could emerge, grow, and develop.

Related Theory. A variety of theorists posit that the self emerges within, and by means of a relationship with a significant other (Lynch & Cicchetti, 1991; Mahler et. al. 1975; Stern, 1985; Sroufe, 1991). Stern states that the self emerges into consciousness through the capacity to share attentional and affective states with another. Jung (1966) believed that the therapeutic relationship activated the healing potential in the human psyche (Furth, 1990).

In this study, the therapeutic relationship provided the consistent interactional patterns from which a new model of self in relationship could be forged; while also affording the opportunity to share affective states. As the children externalized the images of past experience through the medium of play and art, the experience of the self was validated, shared and acknowledged.

Whereas the therapeutic relationship supplied the container, and the essential structure for the emergence of the self; the toys and art material of the play therapy room served as the symbolic mechanisms. This conclusion is consistent with a long standing belief amongst client centered, psychodynamic, and Jungian theorists that the symbol is the voice of the Self (or the soul) (Axline, 1950; Erickson, 1940; A. Freud, 1965; Klein, 1982; Jung, 1966). Allan (1988) states that pictures, metaphors and feelings are the language of the self. He explains that children project themes into their play that have direct relevance to their psychological struggles. Furth (1988) sees

the symbol as a vehicle for bringing psychic content from the unconscious to consciousness.

Kalff (1969) wrote extensively on the use of symbol within the context of sandtray therapy. She too saw play as way of accessing the self. She explained that sandplay created a space in which the child could retrieve the deepest elements of the unconscious and express them symbolically. Her experience showed that sandtray play connected with what she called "the original self" of the child, and created a linkage between the conscious and unconscious aspects of the self.

Kalff (1981) examined another belief also common to play therapy theory, and further demonstrated in this study. She hypothesized that expression through symbols influenced human development and served as a vehicle for expressing the wholeness of the personality. Similarly, Freud (1965) used developmental parameters as a means for tracing the growth of ego function in therapy.

But not surprisingly, it was Axline (1950) who spoke most poignantly about the relationship of symbolic play to the growth and healing of the child. She wrote that:

> In the play therapy experience, the child is given a safety zone in which to try out his self, to state his self through the medium of play, and by so doing learns to know that self better, and by that increased self knowledge, utilizes his capacities in more adequate ways.
>
> Bit by bit and with extreme caution, the child externalizes that inner self and states it with increasing candor, vividness and dramatic flair. Once the child experiences the power and satisfaction of expressing the self, he revels in the thrill of his being. This is the self of which he was before only vaguely aware. That is the self that had been cowering in the shadows of subdued living, fighting for acceptance (Axline, 1950, p.68-75)

This passage reads as if it were written for the two youngsters in this study. Once Lea and Gunther were acknowledged through the medium of play, and the self began to emerge, the joy and grace emanating from their "newly born selves" was both tangible and inspiring.

For the children in this study, the emergence of self was both a process of: (a) utilizing the medium of art and play to externalize experience and affect that had been hidden away in the unconscious; as well as a (b) reworking of missed developmental tasks. These two components will be examined separately. For the sake of efficiency, I ask the reader to assume that I am speaking of the experience of both children as I discuss the process, unless otherwise stated.

The Continuum of Self Emergence: The Process.

Symbolic manifestations of self experience, through the projective medium of play and art, was obvious from the first day of therapy. Drawings suggested images of intrusion, sexualized "weird guys", and intimations of being hurt, abandoned or unheard. Brief play vignettes, often lasting only seconds, offered windows into experiences of parental unavailability, longing, fear, and terror.

It is my supposition that the evocative materials of the play room, triggered heretofore split off memories within the unconscious of the child. Since symbol is the language not only of the self, but of traumatic and early childhood memory as well (Crittenden, 1992; Greenberg & Van der Kolk, 1987), the externalization and expression of early emotionally

laden critical experience was facilitated. Because the child had strong, already built-in prohibitions against the expression of these unacceptable feelings and experiences, enactments were initially short, incomplete and were soon followed by a play disruption, as defensive mechanisms took over.

With astute attention to the detail of the child's play, therapist response spoke to, and acknowledged each of these sets of critical enactments, however brief. Therapeutic reflection and tentative interpretation gave voice to, at first the content, and later the affect and patterns of the child's reality. The result was that the child's authentic self felt acknowledged and accepted. With such affirmation, projective play episodes became increasingly more detailed and prolonged, resulting in further opportunity to validate and give words to the child's difficult experience. With persistent acknowledgment and acceptance, of the previously "unacceptable communication", the self embarked upon a cautious process of emergence from behind its defensive structures.

The children's artistic images of self emergence, as well as their relational behaviours with the therapist were surprisingly similar to Mahler's stages of separation and individuation from the maternal figure (Mahler, et.al., 1975). One is reminded of Mahler's stage of hatching and separating from the mother figure when we see Lea's caterpillar emerging from the egg, and the balloons breaking free of the grave. It is as if part of the developmental stagnation was a result of the inability to differentiate from a trauma laden maternal model. Though not illustrated in the children's art, there was a sense that the

children practiced, and tested alternate ways of being before moving to a place of a separate and distinct identity, as illustrated in the late self images. This process was likewise reminiscent of Mahler's phases of "practicing", rapprochement, and individuation.

The patterns by which the self emerged from the defensive shell, approximated normal developmental patterns described by other prominent self theorists as well (Bretherton & Beeghly, 1982; Stern, 1985;). Specifically, the first part of self that broke free of the defensive posture was the physical body. The child's body posture and gestures became relaxed, movements became larger, more graceful, and more intentional. Body awareness and connectedness with the present moved from a self focus, to a shared interactional focus. Invitations to interact with me on a physical level (bubble play), preceded interactive sharing of a symbolic (joint dramatic play) or affective (verbal sharing of emotionally laden experiences) nature.

The use of language related to the experience of self and other, also emerged in a pattern similar to the normal developmental continuum (Beeghly & Cicchetti, 1994; Dent-Cox, 1993). At the start of therapy the only internal state language that was used by either child to describe self was related to perceptual references (I saw a boy; I have one..etc.). As the child became less defended, the first true references to self experience in the moment referred to physiological states (I'm hungry, I was tired). Reference to body feelings followed and included such statements as "My head hurts, I'm too dizzy..." or "My throat is sore, I always have to cough". Toward the latter

part of the middle stages of therapy, language related to the child's emotional experience surfaced, with expressions of empathy for others coming soon after. Finally, language that articulated the child's needs, wants and desires evolved last.

There were repetitive themes of presumably global self experience that recurred throughout therapy. These included themes of:(a) parental unavailability, (b) fear and predation, (c) betrayal; and (d) paradox. As therapy progressed, however such themes became less dominant, and when occurring showed a more competent, less helpless self figure. This is a reflection of the "reparative motif" as discussed by Clegg (1984). Further, the symbolic enactment of the repetitive themes was at least partially replaced by the verbal discussion of current life and relationship issues, that were a more conscious metaphor of the same themes.

In addition to global themes, there were elements of a chronological pattern to the self and family related projective play. This was most evident in Lea's work, perhaps because her play was more detailed and a richer documentation of her history was available. Regardless, during the course of therapy, projected self figures seemed at first more infantile, and later displayed traits and language of incrementally older children. Additionally, known early experiences were played out at an earlier stage of therapy, with more recent experiences processed through play, art or conversation toward the latter stages. It is therefore my tentative conclusion that the processing of the children's issues and traumas followed somewhat of a chronological pattern, starting at the earliest age of damage.

This chronological pattern was accompanied by a recurrent processing of repetitive global experiences.

In conclusion, the authentic self was, at the start of therapy, still ensconced or entangled within the unconscious of the child. This self used the symbolic projective medium of the play therapy items to work through and express the traumatic or repetitive emotionally laden critical events that had shaped the children's models of self, coping, and relationships. As the self, and the accompanying self experience, slowly and gingerly emerged by way of the process of externalization, it received affirmation and recognition by the therapist. Once the authentic self emerged, it utilized the safety and containment of the play therapy space and relationship to rework the essential, attachment related developmental tasks. Both the processing of experience and affect, as well as the emergence of the self, appeared to proceed along a developmental like continuum.

The Play Stations and Materials Through Which Self Experience was Externalized.

Each child entered therapy displaying a defended and segmented self presentation. A closed protective posture kept the conscious self of the child from authentic interaction with me. Barriers between conscious and unconscious aspects of the self were initially evident by the dyssynchrony between the child's projective play and conscious verbalizations. Additionally, analysis of the relationship between the various broad play themes and play stations, suggest that barriers also existed between different unconscious memory systems.

During the course of therapy, selected affect and lived experience, that had previously been shut off and unprocessed, was externalized and integrated into the conscious self of the child. It must be said at this time that this processing was often achieved within the metaphor of the child's play. Consequently, the supposition is that the material reached a level of integration and validation, by the unconscious self of the child, without the actual detailed content of traumatic experiences being necessarily relived and accessed.

The verbal reflections, by the therapist, of the child's projective play facilitated a connection between the unconscious and conscious aspects of the child's entire being (in Jungian terms opened the ego-self axis). In addition, this section of the analysis will hypothesize that these reflections, also served to facilitate communication between the previously segmented memory systems. Crittenden (1992) and Greenberg and Van der Kolk (1987) suggest that barriers between memory systems occur when the child's lived experience is vigorously denied or ignored by the caretaking figure. The parent's version of events is stored in semantic memory and the child's lived experience is stored in episodic memory.

It is my observation that the children initially used each separate play station for the exclusive enactment of a very specific realm of experience (that perhaps was stored in separate memory systems). The repetitive, affectively laden family scenes occurred in the dollhouse. Scenes of terror, betrayal, and abandonment were enacted with symbolic figures, usually in the sandtray. Dramatic play, involving myself and the puppets or

dolls, usually contained healing, nurturing and reparative themes. And finally the children's artwork was most revealing of the experience, emotion and needs of the wounded self. During the greater part of therapy, when play in one area ended, the child made an abrupt disconnection from that particular theme, and moved to the next play station or medium (or retreated to defensive behaviour), with no apparent spill over of affect or content.

Toward the end of therapy, a significant number of sessions after conscious discussion of issues had begun, there was evidence of connections and confluence between the material expressed in one play medium or station and the next. At first, progression in therapy suggested that one piece of work began to trigger or lead into the next. Later, material that had previously been exclusively confined to one play area began appearing in another. In other words, play themes that had only occurred in the doll house connected with themes and characters in the sand tray. Affective content that had previously been confined to the exclusive domain of the sandtray began appearing in drawings.

During the last stage of therapy, human figures began, for the first time to also appear in the sandtray. For instance, in the final session, Lea enacted a story of Hansel and Gretel in the sandtray. It contained within the plot line, the elements of abandonment, terror, rescue, and parental betrayal that had heretofore only been portrayed by non human symbols. Gunther likewise showed a "crossing over" amongst medium in the final stage. Whereas all spontaneous drawings had previously connoted

only positive themes, and had segregated self from family issues; his last picture portrayed the baby fish who was sad because "it had lost its mommy".

Related Theory

A number of writers provide potential insight into the processes by which previously unconscious material moves into consciousness; as well as how communication develops between previously separated play categories. In an effort to explain these processes, selected memory and trauma theory will be briefly reviewed.

Crittenden (1992) wrote an extraordinarily helpful article in which she linked memory theory, with the concepts of internal representational models and the defensive structures of maltreated children. She cited Tulving's work outlining a series of coexisting memory systems that hold information of different types. Tulving (as cited in Crittenden) suggests that everyday events are stored in one kind of memory system (procedural memory), whereas semantic memory is stored in another. Furthermore both are separated from episodic memory which contains unique episodes of critical, affectively laden experiences. Episodic memory is stored as total detailed memory which includes senses, affect, and cognition.

Crittenden (1992) proposes that each memory system has different internal representational models that summarize the information within that memory system. She hypothesizes that each memory system, and its associated model, regulates behaviour under different conditions. Both she and Greenberg and Van der

Kolk (1987) state that the model arising from episodic memory is likely stimulated during times of affective arousal. Amongst other conclusions, she proposes that when there are conflicts between the content of different memory systems, communication between memory systems can be cut off one from another. She further hypothesizes that this situation frequently occurs for the maltreated child, when his or her experience at the hands of the caretaker, differs from the parent's verbal version (stored in semantic memory). It is a natural next step to apply this hypothesis to the segregation of play themes, proposing that different play stations may be used for different split off memory systems. It would also follow, that as the therapist gives voice to the episodic and traumatic memory enactment, her verbalizations would provide a connection between previously segmented episodic and semantic memory. As there is a confluence of memory, there would be a natural "spill over" of connected play themes between previously segregated play stations.

This hypothesis correlates with Van der Kolk's (1987) suggestion that memory of traumatic events may actually bypass semantic memory systems altogether and be stored directly at a sensory motor or iconic level. He therefore concludes that other than verbal forms must be used to access and process traumatic memory.

Briere, (1992) also give a plausible explanation for the separation of varying aspects of a child's experience, as enacted in play. He explains that the process of dissociation likewise creates boundaries between different segments of the individual's experience. Dissociation consequently requires the individual to

maintain separate cognitive structures and activities in order to keep unacceptable dissociated memory separate. They further hypothesize that if boundaries are fixed and long term, then dissociative functions become independent one from another.

In summary, a number of theorists propose that trauma, as well as incompatible memories of emotionally laden material, may be walled off from both the conscious awareness of the child, as well as from other memory systems. They further suggest that this material may also be inaccessible to semantic memory. It is logical therefore that neither the traumatic, nor the critical emotionally laden material could be accessed through verbal means during the early stages of therapy.

It is my conclusion therefore, that not only do the projective materials of the play therapy room enable the child to access this walled off material, but additionally the therapist's verbal reflections provide a link between the disparate memory systems. The combination of projective play, therapeutic reflection, and interpretation provide connections between previously disconnected aspects of the self. As the linkage is made and the previously disconnected feelings and experience become conscious, the child is able to talk about, rather than act out his or her feelings. In addition, with fewer cognitive processes required for the walling off of experience, more energy is available for learning.

Therapeutic Change and Classroom Behaviour

The final research question asked whether the patterns of change within the play therapy room had corresponding effects upon the child's interaction with teachers and peers within the school setting.

Data from school observation forms, teacher interviews, as well as classroom observations, confirm that there were significant classroom changes that corresponded to the children's process of healing in therapy. By the end of the 25 to 28 weeks of therapy, the children were seen and judged to: (a) be less anxious; (b) more popular with peers; (c) better able to focus in class; (d) show more positive affect; (e) display more initiative; and (f) exhibit greater confidence and social skills.

These however were the final effects of therapy on classroom behaviour. It is important to note that during the middle stage of therapy, when the children's previous defensive structures were less impermeable, and new ways of being had not yet been refined or practiced, the children were seen by teachers to be more difficult. Furthermore, peers became less tolerant, and more frustrated by the children's behaviour at this time. There were no reports from home however, that found these issues to be present in the home environment.

Because classroom data collection were not as frequent as the weekly therapy tapes, it is difficult to judge the exact time lapse between changes in therapy and change within the school setting. From my teacher communication notations, I estimate that the lag between positive behavioural change in therapy, and

its subsequent appearance in the classroom, was about 10 - 14 weeks. For instance anxiety in therapy began to decrease between the sixth and twelfth week, whereas it was the twenty-second week before a corresponding relaxation appeared in the classroom. Likewise, Gunther first showed affectively appropriate internal state language in therapy during the thirteenth week, whereas he demonstrated empathic behaviour toward others in the classroom around the twenty fourth week.

In conclusion, there were significant positive changes seen in the classroom situation that corresponded with change within therapy. These behavioural changes seemed to occur approximately 10 to 14 weeks after they first appeared within the safe and consistent space of the play therapy room. The changes ultimately generalized to greater participation, better peer relationships, and more positive affect in the school setting. It is my conclusion, that frequent communication with, and guidance of the teachers, to ensure their support of the children during the difficult process of change, was a significant factor in this rapid transference of learning.

Summary of The Chronological Processes of Change

This section combines the processes of change, already elucidated into a chronological format. The children came to therapy with internal working models of self distorted and shaped by early trauma. In addition their models of self in relation to others was based upon the experience of others as being unsafe and unreliable. The outline below describes the chronological

process by which the children utilized the play therapy space and relationship to rework, and subsequently generalize, these new models to the outerworld of the classroom setting:

1. As the children became engaged in play therapy, the highly evocative materials of the play room began to trigger memories of the early, emotionally laden, critical experiences that had heretofore shaped and defined the child and his or her working models.

2. Elements in the children's unconscious responded to these triggers, and began to externalize the previously unconscious traumas and experience through the medium of art and play materials. Play was brief, and easily disrupted in the beginning. These play themes, however, became more prolonged and detailed as therapy progressed.

3. Through the process of acceptance and reflection, the therapist gave voice to these previously unacknowledged experiences and affect.

4. When this internal reality was consistently affirmed and validated, the child experienced a legitimization of the self and self experience.

5. Aspects of the adapted or false self began to gently and gingerly slip away. Defenses that had been erected to protect the integrity and / or safety of the self began to be lowered.

6. The authentic self than began a process of gradual disengagement from the early and critical experiences and trauma.

7. As the authentic self broke free, it returned to its earliest stage of damage and began to rework, within the

therapeutic space and relationship, the attachment salient developmental tasks.

8. Within the safety, affirmation, and consistency of the therapeutic relationship, the child began to experiment with new ways of being, more consistent with the authentic self.

9. As the therapist responded to these new ways of being, alternate internal working models of self and of self in relation to others began to form. The therapeutic space and relationship were then used to practice these new models.

10. Over time, as the children experienced safety and acceptance, while interacting from the new working models, they showed evidence of generalization to the classroom setting. This generalization occurred approximately 10 to 14 weeks after the behaviours were first seen in the therapy room.

It is my assumption, that as peers and teachers respond to these new ways of being in a positive way, the children will become more and more comfortable and interactive in the school setting. As peer relationships improve, and success in learning continues, the child's developmental trajectory will likely continue along a healthier pathway, more consistent with the patterns seen in securely attached children.

Final Summary

This qualitative case study research has chronicled the patterns and processes of change during play therapy, of two children who experienced maternal loss and maltreatment during the first two years of their life. Both children presented with

evidence of insecure attachment as well as symptoms and behaviour consistent with maltreatment. Over the course of 25 to 28 weeks of therapy both children demonstrated profound change and healing. Within the play therapy space they were able to utilize the safety, consistency, and affirmation of the therapeutic relationship, to discard old ways of relating, and to construct new internal representational models of self and of relationships. The projective materials of the play therapy room provided a mechanism through which the authentic self of the child could be expressed. Through art and play the children were able to externalize selected trauma and experiences that had shaped the development of their maladaptive models. The pathways by which the self disengaged from the trauma, and by which the children healed followed a pattern similar to the predictable developmental pathways taken during the normal development of the healthy self.

The changes seen in therapy were found to generalize to the classroom setting 10-14 weeks after first emerging in therapy. The healing, experienced in therapy, had significant impact upon the children's behaviour, peer acceptance anxiety, initiative, and participation in the classroom setting. It is my conclusion therefore, that these two children were able to interrupt the pattern of unsatisfactory relationships, usually seen in maltreated children.

I further hypothesize that the new self and relational patterns created within the context of therapy were alternate models, rather than a replacement for old models. Because most of the children's processing of caretaker related experience, was

achieved at a metaphoric level, it is unlikely to have interfered with the defensive patterns that the children might continue to need within the home environment. Research shows that children are indeed capable of utilizing multiple alternate internal representational models, that are selectively employed, depending upon the specific context and relationship (Crittenden, 1984; Main & Cassidy, 1988). This may be why parents reported less disruption in relationship patterns during the middle of therapy.

Finally, I would speculate that because both children in this study were coping with the major task of adjusting to school, they were particularly open to the restructuring of ways of being, based on their necessary adaptation to this new experience.

Additional Findings Unrelated to the Research Questions

This section will briefly address a number of relevant findings, in addition to the research questions that merit elucidation and discussion.

Difference in the Healing Process of Different Attachment Categories.

The children's patterns of change were reflective of the common patterns summarized here, as well as the specific nature of their attachment models. Because Gunther's attachment model reflected a singularly avoidant pattern of attachment, his pattern of change was relatively predictable and linear in nature. His behaviours moved from an avoidance of contact and

affective processes, to appropriate behavioural and affective connection with responsive others.

Lea's process on the other hand was more complex. Because she exhibited behaviour, symptoms, and play consistent with conflicting working models, her individual process of healing followed a pattern that could better be described as an undulating spiral. Within each stage she processed the conflicting affect, messages, and therefore experiences of self at yet another level of awareness. Her images and process of healing were consequently more complex, more paradoxical, with symbols ever transforming and reworking once again through varying layers of confusion.

The Impact of Maternal Unavailability and Loss

Though subject selection for this study sought only to identify children who were maltreated during the first two years of life, both children selected were also found to have experienced early concurrent loss of their mothers. Though each was eventually provided a "maternal replacement", who provided adequate physical care, the impact of the early loss upon the child proved to be both primary and profound. This was evidenced by the amount of time spent displaying play themes of maternal loss, unavailability, and/ or rejection. Themes relating to mother were the first to be enacted, and continued to be some of the most prevalent and emotionally evocative throughout therapy. Despite the fact that Lea had experienced profoundly intrusive sexual abuse and betrayal, it was her mother's death which took precedence in her work. In addition, reparative play behaviours,

and self healing gestures within the play room were patterned after traditional maternal tasks,

This finding corresponds with the conclusions of attachment theory that stress the import of the mother figure in the healthy development of the child; and maternal loss as a factor in maladaptive patterns of development. (Bowlby, 1988; Stern, 1975;).

It is my subjective sense, that for a young child, at the most primordial level, the presence of mother is equated with safety and survival. When the mother abandons, dies, or is unavailable, and there is no adequate replacement, then any subsequent trauma is at some level categorized as just another example of maternal non protection. All further abuse and trauma somehow, at some level fall, under the broad category of maternal unavailability.

The Power of Children's Art

An entire thesis could be written on the content of the children's art. I have not begun to do verbal justice to it, nor will I begin to try in these brief statements to do so. I have included 80% of each child's drawing in this document, with transcriptions included, because I believe that their art was truly the voice of the children's souls.

I will only say that each child's art contained, within their images and explanations, important documentation of the child's journey, emotions, pain, hope, and spirit. I hope the reader will find their art to be the permanent evidence both of: (a) the child's self healing capacities, and (b) the power of

projective medium in the process of healing the selves of young children.

The Power of Interpretation

There is considerable debate amongst play therapists as to the use of interpretation. Views range from those of Klein (1985) who emphasized early and aggressive interpretation to Kalff (1965) and Axline (1955) who avoid interpretation.

During the entire course of play therapy with these youngsters, my use of interpretation was minimal. Upon analyzing the transcripts, I discovered that I used interpretation, only after I saw repetitive patterns of behaviour and affect. I did find however, that when clear, accurate interpretation of the child's affect was made, significant movement in therapy followed. One of the most memorable was when Lea put my name on the door, which she then recognized as a grave. My interpretation that " you are worried that people you get close to will die or leave", seemed an important part of facilitating her movement into the next stage of therapy.

Analysis of the non verbal behaviour, following such interpretations, provided a measure of their success. When I made an interpretation that recognized the underlying affect, wish, or need of the child, the videotape recorded a resultant child response of relaxation, congruence and momentary connection with me. Frequently, the interpretation stayed within the metaphor of the child's play, so as not to move beyond the child's level of comfort. The reader may remember one such interpretation during Gunther's fourth session. He had been

implying, in many different ways, his need for me to be attentive, and safe. He walked a small turtle figure up my leg, and held it near my hand. When I turned my hand over to hold the turtle he said "don't squeeze him". I interpreted this to be this child's request to treat, not just the turtle but himself with gentleness. My response "You want me to hold him and take care of him" was met to respond to both of these messages. That he felt heard at both levels was evidenced by the momentary eye contact and relaxation response that followed.

The detailed transcriptions of therapy, suggest that accurate and timely interpretation frequently corresponded with a significant turning point in therapy. This may simply reflect the child's movement toward such consistent clarity of behaviour, that accurate interpretation is possible. On the other hand, that these moments of deep connection on a emotional, metaphoric and verbal level were powerful elements of change is also a distinct possibility.

Sexual Abuse Indicators

With today's child protection laws, coupled with the responsibility we have to our clients, therapists are continually faced with the question of when to follow up on sexual cues and indicators in a child's play. One of the most difficult questions is whether projective intimations of abuse reflect past or ongoing abuse. The detailed information that was learned about Lea's abuse allows me to reflect upon the relationship between her sexual abuse indicators and the reality of her abuse history. I will make just a few comments here.

There were numerous indicators in Lea's projective art and play that sexual abuse was a major issue for her. As therapy progressed, and she became more comfortable with me, the indicators became more detailed and overt, as did other themes in her play. Once she had developed, and tested, the trustworthiness of our relationship, she was able to talk about the early, presumably less terrifying abuse by her brother. Despite specific questions at that time of "did anybody else touch you like that", she fervently, and congruently said no. She was indeed able, at that time, to outline for me what she would do if anyone did attempt to abuse her again. All of this, when her most horrific and invasive abuse had not been disclosed. Indicators of the latter abuse did not begin to arise until five sessions later. These intimations of abuse, were at first vague and metaphorical, and became progressively more detailed. It is my conclusion, that indeed the abuse by the uncle was, until that time, still inaccessible to verbal memory, and conscious knowing.

There are a number of implications here. The first is that because a child verbally denies that abuse has occurred, does not necessarily mean that this is the ultimate truth. It may indeed only be the truth of what is currently accessible to her conscious knowing. From my experience with Lea, I will not hesitate in the future to keep asking the questions, as further indicators arise.

The Issue of Directive vs. Non-Directive Therapy

With the pressures of funding formulas, time limited brief therapy mandates and such, there is considerable pressure upon

therapists to be directive in therapy. When there is a known trauma, a therapist may be encouraged to address the trauma directly, rather than wait for it to emerge naturally.

I believe that the case studies chronicled in this document attest to the fact that therapists cannot be so arrogant as to believe that they can be the experts on (a) where the child should begin, or (b) what the child's most pressing issue might be. One can imagine the outcome if a well meaning therapist, who knew of Lea's sexual abuse by either her uncle or her brother, had begun by first asking her to explore the abuse issues. Indeed Lea did, after 14 weeks of therapy, begin to process the most horrific aspects of her abuse. This was however, only after she had established a relationship of complete trust in the therapist, and after she had worked through her mother's death.

I conclude that following the child's lead is most crucial with children when they have experienced early attachment problems. This study once again chronicles the impact of early attachment traumas on the child's pattern of coping in the world. The process of following the children, and of affirming their projective play, at their rate, is indeed an important component of freeing the self from the maladaptive models of interacting. Likewise, with young or traumatized children, the material to be processed may be stored within the unconscious in non verbal memory. A directive therapy, by definition must use verbal cues to access such material, which seems a contradiction in itself.

The children in this case study have taught me, more vigorously than any theorist could, that indeed the child does know where he or she needs to go to begin and to complete the

process of healing. They have also taught me that by accepting the child's pace and priorities, we are able to indeed heal the deepest wound, that of the dispossessed self.

Strengths and Limitations of Qualitative Case Study Research

The strengths of qualitative case study research are paradoxically, also its limitations. This methodology has allowed for an in depth exploration of a very complex process. The richness and "thick description" of the data has facilitated a level of understanding and insight that could never be approximated using quantitative methods. Patterns and processes have been accessed and elucidated, facilitating a tentative connection between previously segmented theory and research, toward the purpose of creating a more meaningful whole. The quality and clarity of the children's patterns and processes of change provide a basis from which an emergent theory of healing from maltreatment can be proposed. On the other hand, although illuminating, this data arises from the study of just two children. For this reason generalization from the data to the broad population can not be made.

This study can therefore only be generalized to other five year old children with similar histories of early maltreatment and maternal loss. It cannot be generalized to other ages, nor types of therapy.

Though the children in this study demonstrated profound change and healing over the course of therapy, the research was neither designed nor intended to be received as outcome research.

It does not prove the effectiveness of child centered play therapy. Rather the purpose of the study was to begin to explicate the process by which young children change and heal in therapy. It should therefore be received as process research only.

Although this method of research does not allow for generalization of results using traditional statistical methods, the detail and depth of data allows for an entirely different kind of generalizabilty. This study provides a richness of understanding of the process and experience of each child that is sorely missing in most therapeutic research. Patterns and processes are displayed and conveyed in a way that is concrete and meaningful. The depth and breadth of detail and context enables other clinicians to compare the motif of change displayed in this study to the details of their own cases. Lincoln and Guba (1985) suggest that case studies may be generalized or transferred on a case by case basis according to the corresponding features and new cases. By these criteria, the results may be transferred to other five to six year olds who have experienced chronic maltreatment and maternal loss prior to the second year of life.

The richness, credibility, and depth of the data generated by this kind of study also allows generalization to theory. One of the outcomes that was not anticipated, was the degree to which the children's patterns and processes of change correlated with the theoretical underpinnings of: (a) self theory; (b) client centered play therapy theory; (c) research into the importance of

the relationship in therapy; as well as the expected connections with (d) attachment theory and research.

Implications of this Study

The patterns of change documented in this study interface with a number of clinical, research, and theoretical bodies of knowledge. These will be listed below in fairly brief form.

Clinical Implications

Understanding children's behaviour in therapy. Young children who have been maltreated, often present in therapy with chaotic, confusing behaviour. Even as therapy progresses, and trust is achieved, a beginning therapist will have many questions as to whether therapy is "working". I believe that a knowledge of the patterns described in this study will help play therapists better track the healing process of children in therapy. They will have one template against which to measure whether therapy is "working" and when it is not. Knowing the patterns and order of change will allow the therapist to recognize, in a general way, at what stage a child is in therapy. This will facilitate communication with parents and other helping professionals. It will help therapists communicate with funding agencies, and it will help to ensure that children are not terminated prematurely.

Accepting the child's lead. Jungian and client centered therapy encourage the therapist to follow the child, with the belief that children "know where they need to go to heal". Yet

amongst the chaos of children's play, it is often difficult to ascertain whether a child's direction is taking them anywhere. The children in this study demonstrated that, when given the power to choose the content and direction of their work in therapy, they were able to show profound change and healing. This research may allow therapists to have more confidence in allowing the child's process and direction to unfold naturally.

Highlighting the issues of maltreatment from the child's perspective. The children in this study demonstrate that maltreatment is not just about the traumatic act. The issues of maltreatment are about: (a) an environment that thwarts adaptive development; (b) a dispossessed, unfulfilled authentic self; (c) barriers to parts of self that leave the child functioning minimally; (d) distorted relationship patterns; (e) distorted developmental pathways; and (f) a life of fear, anxiety, shame, and self doubt. Therapy that focuses only upon the "act" of maltreatment, may possibly process, but will not heal the global impact upon the child's self and functioning in the world.

If we as a society genuinely care about our children, and about the future generations of children, then more tax dollars will need to be spent to provide a chance for maltreated children to heal. This study demonstrates that when children receive therapy early, within a global atmosphere of support, at a critical transition time in life, the change and healing is profound. Not only does this opportunity for therapy alter the level of pain and distorted development in the child's current

life, it also prevents untold costs to society in terms of potential future problems in learning, aggression, and a whole variety of maladaptive coping.

The complicating issues of attachment with trauma. When a traumatized child comes from a place of secure attachment within his or her caretaking environment, the process of therapy takes a different course. The child comes to therapy, already trusting in the safety and credibility of adults as helpers. Therapy can therefore move at a more efficient, trauma related pace and direction. When however, trauma occurs within the context of insecure attachment, the child must first establish and test the trustworthiness of the therapeutic person and environment. The child's experience with prior caretakers, as well as the degree of safety he or she feels in the outside world, will determine the time that must first be spent on attachment issues, before the trauma is processed.

The need for an interface between the therapist and people within the child's world outside of therapy. This study demonstrates that a child's progress in therapy can generalizeto his or her relationships within the outside world. Parents are not always willing, accessible, or able to participate fully in facilitating this process. This study demonstrates that when sensitive teachers are engaged in being the support person for the child, within the school setting; change in therapy can "spill over" to meaningful change in the classroom as well. This does not in anyway negate my belief that involvement of the parent is optimal. It does however reflect the reality that many

parents have not worked sufficiently upon their own issues, to be able to be the affirming support for their child. When such a case occurs, other adults in the child's environment can also be recruited.

Implications to the Theory of Psychotherapy and Play Therapy

The import of the therapeutic relationship

There are many schools of both psychotherapy and play therapy that emphasize the primacy of the therapeutic relationship in the process of healing. Client centered therapists (Axline, 1965; Landreth, 1994; Moustakas, 1955; and Rogers, 1958) maintain that the characteristics of an unconditionally consistent and accepting relationship are necessary and sufficient conditions for healing. Jungian theorists (Allan, 1988: Furth, 1986) likewise posit that healing within psychotherapy is dependent upon (a) the health of the psyche of the therapist and (b) the ability of the therapist to establish a safe and secure relationship base from which the child can heal. Finally Mahoney (1991) performed a meta-analysis on a wide range of therapeutic outcome research. He concluded that the quality of the therapeutic relationship was a consistent factor correlating with positive therapeutic outcome.

The findings of this study likewise conclude that the relationship between child and therapist is a key ingredient to healing. The attachment focus attributes this element not only to the provision of a safe and protected space; but also to the

provision of an alternate model of relationship from which the true self of the child can emerge, develop and thrive.

The Symbol as the voice of the self

This research has implications for the literature on play, trauma and memory systems. Play therapy facilitates the healing of young children for a number of reasons. Play is the young child's most graphic mode of communication. Additionally a variety of literature (Cicchetti & Beeghly, 1992; Crittenden, 1992; Greenberg & Van der Kolk, 1987) suggests that emotionally laden experiences, as well as trauma, are accessed through non verbal medium.

This study, not only demonstrates the power of projective art and play medium, but it also suggests that a variety of play stations may facilitate the access to, and communication between disconnected memory systems.

Findings from this study further correspond with recent literature showing that children's play and story themes reflect the content of their internal models of self (Cassidy, 1986; Greenberg et.al., 1987; McCrone et.al., 1994). I would add that the children's play additionally reflects those critical and emotionally laden incidents related to parenting which combine to influence the child's internal representational models.

Implications for Attachment Research and Theory

The content of the case studies, and patterns of change described in this study, should be of interest to researchers within the field of attachment related developmental psychopathology. The detailed description of the children's play during therapy, could add to their understanding of: (a) the structure of the self; (b) the differing impact of avoidant versus disorganized attachment; and (c) internal representational models; (d) memory systems and defensive processes; and (e) the reparative potential of the authentic self.

Implications for Policy on Child Therapy and Maltreatment

Despite a large body of literature that connects early maltreatment with long term mental health problems, there is an appalling dearth of primary and secondary treatment for abused and neglected children. Though the number of subjects in this study is small, the details of healing and change should convince readers of the benefit of early intervention.

Cicchetti and Toth (1992) state that "periods of transition offer opportunities for change" and suggest that early intervention projects target periods of reorganization. It is my belief that part of the reason for the powerful change seen in the children described in this study can be attributed to the timing of intervention. Entry into kindergarten is one of the periods of major social reorganization in childhood. When adjustment to kindergarten is combined with a therapy that assists in the reworking of internal models and subsequent external patterns of interaction, optimal change is possible.

In summary, because this study provides rich detail of the children's play and process in therapy, it offers an unique opportunity to test out and extend theory and research related to self structure and development, attachment, and therapeutic intervention with children.

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Appendix A

THE UNIVERSITY OF BRITISH COLUMBIA

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Dear Teacher,

Thank you for agreeing to complete this rating scale on your student. The attached forms provide eight distinct categories in which to rate a child in the classroom setting. For each category, read the alternate descriptors carefully and circle one category/ number that best describes the child as he or she presents in your classroom and the school setting. Your rating of _____now and at two additional times during the year will provide a measure for me to partially evaluate the impact of play therapy upon this child's sense of self and relationship with others and the learning environment.

SCHOOL OBSERVATION RATING SCALE

Child's Name_____ Date_____

School and District_____

Teacher_____ Grade_____

Scores:

Enthusiasm	(p.2)	_____
Attentions Span	(p.3)	_____
Social Skills	(p.4)	_____
Popularity	(p.5)	_____
Help Seeking/ Dependence	(p.6)	_____
Compliance	(p.7)	_____
Negative Emotion	(p.8)	_____
Anxiety	(p.9)	_____

Teachers general observations about child's social interaction, self esteem and confidence.

SCHOOL OBSERVATION RATING SCALE

Enthusiasm

Descriptors and instructions

This scale assesses the interest, vigor and eagerness with which the child approaches learning tasks and classroom activities. Behavioural signs of enthusiasm include (but are not limited to) quickness to begin work, frequency of volunteering to participate or to respond to teacher during teacher-guided activities, energetic movements (purposeful, task-oriented), vocal inflection, facial expressions (e.g. wide eyes, smiling). At the high end of the scale the child takes an active interest in classroom activities, invests effort in them, and appears to enjoy and appreciate his/her successes. (It is important to note that his scale is concerned with enthusiasm for learning tasks and planned activities in the classroom, not enthusiasm for off-task behaviors or general positive affect which is not focused on classroom activities.)

1) This child shows virtually no enthusiasm. S/he may seem very hesitant to engage in classroom activities, may not participate at all, or may participate in a mechnical fashion with no evidence of being interested. Even in what would be considered fun or high interest activities for children this age. This child shows no pleasure or excitement, nor does the child express pleasure in his/her accomplishments.

2) This child is generally not enthusiastic. This child does take some active interest in activities and in a few instances (e.g. a particularly stimulating activity) may show a glimmer of enthusiasm, but the child mostly is restrained or shows a superficial, uninvested attitude toward what goes on in the classroom.

3) This child shows some clear moments of enthusiasm and active engagement in classroom activities, but primarily s/he does not engage the situation in this way.

4) The child shows a mixture of enthusiasm and either restrained or superficial, uninvested behaviour. This may occur because the child is slow in "warming up" to the task or because his/her enthusiasm waxes and wanes and is not reliably invested in activities.

5) This child basically is interested in the tasks and activities, showing sustained moderate enthusiasm in most situations and/or real exuberance in some situations. While there may be occasional situations in which the child appears bored or disinterested, s/he approaches most activities with vigor and shows pleasure and excitement in what is going on.

6) This child show notable enthusiasm for virtually all aspects of school life. The child dives into tasks eagerly, shows clear pleasure and excitement in accomplishements, and sustains active, energetic participation in nearly all classroom activities.

SCHOOL OBSERVATION RATING SCALE
Attention Span

Descriptors and instructions

This scale is concerned with attentiveness as manifest in such behaviours as eye contact when teacher is talking, looking at and working with appropriate materials and objects during academic tasks or classroom social activities. (Enthusiasm for tasks is rated in another scale and should not influence this rating).

1) This child has an extremely brief attention span. S/he is easily distracted and/or daydreams frequently. S/he may be restless and fidgety or may simply "tune out" and stare into space. This child easily loses interest in topic at hand; even activities which are highly structured and those which would seem to be most engaging for a child this age and even when there are no apparent external distractions. Whenever attentiveness is required of this child, distractibility pervades.

2) This child has considerable trouble attending to school work and many classroom activities. S/he is easily distracted by noise or movement and in fact may appear distracted even when there are no apparent external distractions. Inattentiveness does not pervade all activities, in that this child occassionally focuses his/her attention for a limited time (e.g. on a topic of major interest or in a highly structured relatively distraction free task).

3. This child has some difficulty attending to schoolwork. S/he sometimes concentrates and attends to work, but other times is restless and fidgety or daydreams. Once distracted, s/he probably has difficulty refocusing on the task or activity at hand.

4) This child generally concentrates on tasks and speakers, but does show a few signs of distractibility. These may occur primarily during situations which are taxing to the child, of relatively little interest, or loosely structured and perhaps over-stimulating. Once distracted this child may be slow to return to the task.

5) This child has a good attention span, concentrating well on academic tasks and group activities. S/he loses that concentration only occassionally and then only when there are clear external distractions or when activity is clearly boring or over-the-head of a child this age.

6) This child consistently concentrates on schoolwork and activities, remaining engaged in tasks and discussions as long as is expected. Only major interruptions distract this child, and even the s/he returns spontaneously to the task at hand.

SCHOOL OBSERVATION RATING SCALE
Social Skills

Descriptors and instructions

This scale evaluates the quality of the skills demonstrated by this child in social situations, regardless of the response s/he receives from peers (popularity is assessed in another scale). Social skills include courtesy, sharing empathy, positive initiation of interaction with peers, appropriate response to others attempts to initiate interaction, efforts to resolve social conflicts, and leadership in group situations balanced by a cooperative willingness to consider others' ideas.

1) This child lacks even the most basic social skills. This may be the withdrawn, socially isolated child or the child who is consistently abrasive, aggressive, and offensive to others or the child who behaves in an absurd, silly, or eccentric manner to the exclusion of appropriate social interactions. For whatever reasons, this child fails to make appropriate attempts to interact, responds to peers inappropriately or not at all, and displays no empathy or sensitivity to others. Such a child seems not to profit at all from feedback about his/her poor social skills.

2) This child occasionally "connects" with others in appropriate social interaction, but usually only in a carefully structured social situation or with clear guidance from an adult. This child is inept and/or inappropriate in less structured, more spontaneous social situations. S/he demonstrates no real skill in resolving conflicts nor does s/he show age-appropriate sharing or sensitivity to others' feelings. Again, this lack of social skills may be reflected in overtly offensive behaviour or in social isolation.

3) This child genreally is not inappropriate, but seems somewhat awkward or uncomfortable in social situations. S/he may be hesitant or unsure of how to behave in some situation. S/he may show some lack of sensitivity (e.g. tactless, perhaps harsh behaviour; lack of response when someone is hur or troubled). S/he may interact well when things are going smoothly, but is thrown by complexity or conflict.

4) This child is relatively skilled. S/he initiates and responds to social interaction in appropriate ways. S/he makes some reasonable attempts to resolve conflicts and appears to consider other's feelings, but perhaps does not have a wide repertoire of behaviours to use in such situations. This child may appear more skilled with adults than with peers.

5) This child demonstrates good social skills in most situations. S/he generally shows a balance of leadership skills and a willingness to consider others' ideas and feelings. S/he is sensitive and empathic and usually connumicates that concern to others. S/he is effective in dealing with conflict, but may occasionally show a slight lack of finesses (e.g. giving in too quickly or being a little too pushy).

6) This child is remarkably skilled in social situations. S/he comfortably initiates and responds to social interaction with both peers and adults. S/he is notably cooperative and flexible, but also can stand up for his/her own ideas and rights. S/he demonstrates real finesse in negotiating conflict resolution. This child shows clear concern for the feelings and rights of others: s/he share willingly, expresses sympathy and offers help when someone is hurt or troubled, and stands up for one who is treated unfairly.

POPULARITY

Descriptors and Instructions

This scale is concerned with how peers respond to a child, regardless of the social skills that particular child displays. At the high end of the scale is the child who is clearly well-liked by all and at the low end is the apparently friendless child who either is scorned or victimized or is merely ignored.

1. This child has no apparent friends. S/he may be scorned, victimized actively avoided, or simply ignored. At best, this child is tolerated by others.

2. This child occasionally is accepted by the group or perhaps has a limited relationship with one or two (probably equally unpopular) children. However, most classmates avoid, ignore or reject this child.

3. This child is accepted by peers in some limited fashion. S/he is not typically rejected and may be a "tag along" with the group. This child is clearly not a leader and, in fact, is sought out by others rarely, if ever. S/he may play a negative role in the peer group (e.g. may only be accepted as a clown or victim).

4. While this child tends not to be a leader, s/he may be assimilated into the peer group and has a significant amount of social contacts with others. Typically s/he neither is rejected nor actively sought out.

5. This child is sought out by others and well-received when s/he initiates interaction. While not a "class star" this child clearly has a solid place in the social structure of the classroom.

6. This <u>is</u> the class star. This child clearly is admired and sought out by other children, is popular and well-liked. Other children frequently initiate contact with this child. Peers frequently look at this child, call his/her name, strive to be near him/her. His/her initiations almost always are accepted positively.

6

SCHOOL OBSERVATION RATING SCALE
HELP SEEKING/ DEPENDENCY

Descriptors

This scale encompasses help-seeking behaviours as well as attempts to engage the teacher in other ways (e.g. seeking emotional support or sympathy; telling stories from home; tattling on other children). It includes boath active, direct efforts to engage the teacher, as well as the apparent contingency of the child's behaviour on teacher attention (e.g. the child who does nothing until s/he receives personal encouragement or a reprimand from the teacher). This does not preclude the child's responding well to attention when it is offered.

1. This child seems almost totally preoccupied with gaining the teachers attention in one form or another. S/he rarely, if ever, works independently, asking questions, seeking guidance, attention, and encouragement even with the most basic tasks. And/or s/he frequently may seek sympathy or comfort from the teacher via physical complaints, whining about work, tattling about other children.

2. this child seems extremely dependent on the teacher for help and attention, turnig almost immediately to the teacher before attempting anything on his/her own. Gaining the teacher's attention in some form (sympathy, comfort, encouragement, advice) seems to be a major objective for this child and efforts to gain that attention interferes with the child's functioning in the classroom.

3. This child exhibits considerable help-seeking or attention-seeking behaviour, and this often occurs even during routine tasks and when it seems that the child should be able to function without adult intervention (e.g. questions about assignments; checking answers with the teacher; tattling; asking for intervention when conflicts first arise or when social bids are not recieved; complaints about work or mild physical complaints).

4. This child appears independent during routine tasks and activities, but turns to teacher when faced with a challenging or frustrating academic or social situation. S/he probably seeks advice or encouragement before dealing with the situation, but then moves on without much further attention from teacher. Alternatively, this child may not actively seek attention, but may just look perplexed or uncertain about what to do, passively waiting for teacher encouragement before beginning tasks or dealing with a situation.

5. This child occasionally seeks help or attention from the teacher, but only in highly frustrating or stressful situations and/or following some attempts to deal with the situation independently.

6. This child functions independently whenever capable. S/he exhausts his/her own resources before turning to the teacher. This child requires almost no guidance or special attention from the teacher, but may respond favorably when such attention is offered.

SCHOOL OBSERVATION RATING SCALE
COMPLIANCE

This scale measures the degree to which the child shows willingness to listen to the teacher's instructions and to comply to his/her suggestions in a reasonable manner. This includes the teacher's general instructions to the group, as well as instructions to the particular child. It includes positive directives as well as prohibitions or reprimands (e.g., stop pushing; it's not time to play with cars now). The child described as non compliant may do so by overt rejection accompanied by verbal argument or expressions of anger, or may simply ignore the teacher, look or walk away, consistently acting contrary to the teacher's suggestions because of being involved in his/her own schedule of activity.

1. Very low. This child rejects or ignores nearly all directions of the teacher, consistently refusing to obey. In effect, the child does almost nothing demanded of him/her. (This may be accompanied by overt expressions of anger or more silent resistance of direction). This child is often highly manipulative or overtly noncompliant in a resistant manner.

2. Low. There are occassional instances of compliant behaviour, perhaps going along with teacher-directed group activity or yielding to teacher's directions after a long power struggle. but this child presents a predominantly resistant, noncompliant attitude toward the teacher.

3. Moderately low. This child still shows a notable tendency toward noncompliance, but this is mixed with efforts to follow suggestions and directions given by teacher. Though it may require repetition, persuasion, or firm insistence by the teacher, the child does comply in many instances.

4. Moderate. This child seems compliant toward most of the teacher's demands and often is willing to cooperate with the teachers plans and suggestions, but the child's own schedule of activities still leads to noncompliance. The child does not seem strongly invested in rejecting teacher's directions, and episodes of noncompliance typically are brief and followed by behaviour indicative of acceptance of the teacher's leadership.

5. High. This child complies with nearly all major directions of the teacher, e.g., conforming to teacher directed group activities, making transitions from one activity to another when the teacher says to do so, staying on task or returning to task at the teacher's direction, accepting the teachers ideas on how to do tasks, and stopping an unacceptable behaviour when told to do so. This child occasionally may not comply with lesser details or may sometimes hesitate briefly before complying. the child may be briefly noncompliant under unusual circumstances, such as when hurt or unduly frustrated, but recovers quickly.

6. Very high. This child actively orients toward the teacher's directions throughout the day and complies promptly with all his/her instructions. The child consistently heeds the teacher's suggestions with a compliance that suggests a basic trust in his/her advice and directions and acceptance of his/her authority in this setting. The child may question a direction or suggest an alternative, but these behaviours reflect autonomy within a compliant orientation rather that intentional negativism.

SCHOOL OBSERVATION RATING SCALE

NEGATIVE EMOTIONAL TONES

This is a professional judgment of the level of negative feelings the child "carries around" with him/her. It is indexed by such behavioural signs as: interpersonal hostility, coldness toward others, deliberately noncompliant and uncooperative response to others, general demeanor and play themes in activities alone and with others, crying sulleness, whining, pouting, or somber affect. This scale whould reflect the emotional tone of the child's feelings rather than the severity of effects on others (e.g., a child may be very aggressive but have less hostility than a sullen, withdrawn child). Whether one sees overt displays of negativistic behaviour or more direct and covert forms may be a function of the child's level of ego control. The observer should attempt to judge the underlying quality of the child's inter and intrapersonal negative feelings over time.

1. Very high. This child displays negative emotion to such an extreme that clinical intervention might be warranted on the basis of such behaviour. Whether exemplified by extreme aggression and hostility, by sullen withdrawal, chronic whining, or pervasive sadness and despair, this child's outlook on the world appears to be consistently and predominantly negative.

2. High. This child appears to carry a great deal of negative emotion. These feelings may be expressed in strong antisocial incidents with direct anger or hostility, or a pervasively cold, distancing style of interaction, or s/he may be unusually whiny, pouting, weepy, sad.

3. Moderately high. This child conveys distinct negative tone. It may not be a pervasive characteristic of his/her behaviour, but the negative feelings are close to the surface and are clearly reflected in tone of voice, facial expressions, interpersonal behaviours.

4. Moderately low. This child usually seems happily oriented toward people, but subtle signs of negative emotion may be found. This child may be somewhat whiny, pouting, or sad or s/he may occasionally refuse to play or cooperate with another child or may be rough and harsh toward someone. Alternatively, this child may be slightly subdued in his/her interactions and be friendly enough but not outgoing. This child may be noticeably serious, sober or flat affectively. Other's negative behaviour is likely to affect this child negatively.

5. Low. This child shows little negativism in any form. The child may exhibit some pouting or sadness if treated unfairly or in a hostile manner. Or there may be occasional irritability or rough treatment of others. But these are the most incidental of events and show essentially some lack of courtesy or response to hostility rather than abiding negativism.

6. Very low. This child is not in any way negative toward people or his/her approach to life. This child seems characterized by wholesome expectations of good fortune, enjoyment of life, and willingness to participate with others in cooperative fashions. Negative emotion is generally not observed and the child usually reacts neutrally to other's negative behaviour.

SCHOOL OBSERVATION RATING SCALE

ANXIETY

This scale is designed to provide a global indication of the amount of stress or anxiety the child appears to experience in school. Anxiety or stress may associated with behaviours such as frequent nail biting, hair twisting, being easily startled, being particularly watchful or "jumpy", dissolving into tears easily, fear of speaking or performing tasks in front of the class, generally appearing nervous and fearful or avoidant of others. Other more subtle signs may be inability to attend, non responsiveness to requests, lack of eye contact. Since these behaviours also may suggest an underlying cause other than anxiety, some subjective judgment is involved in inferring anxiety or stress.

1. This child's anxiety is pervasive and interferes seriously with his/her social and academic behaviour in school. This child may be extremely sensitive, crying easily or becoming upset in other ways; s/he may "freeze" or become overtly upset whenever demands are placed on him/her; and s/he probably has a very difficult time recovering from such a stressful experience. This child probably exhibits several of the anxiety symptoms listed above or s/he exhibits one or two in such intensity that they preclude successful functioning in school.

2. This child consistently shows mild anxiety or occasionally exhibits a major anxiety episode. This anxiety does impair his/her ability to function successfully in school, academically or socially. This child may show an extreme reaction to stressful circumstances and probably has difficulty recovering from such reaction.

3. This child may show fairly frequent signs of anxiety in a variety of situations or s/he does not often appear anxious, but really "loses it" under stress. Anxiety sometimes interferes with functioning.

4. Under most circumstances this child shows no clear signs of anxiety, but this child would not be described as calm and relaxed (e.g. s/he conveys a sense of being somewhat uncofomrtable or hesitant in many situations). In some instance (e.g. when pressured or perhaps when faced with a very unstructured situation) this child probably does show clear signs of anxiety and those signs may persist for a while. However, this anxiety does not interfere with the child's functionings in school.

5. while this child may show occasional signs of anxiety or stress, these are apparent only in clearly stressful situations and anxiety does not interfere with school functioning. Alternatively, this child may show no clear signs, but does not appear truly relaxed in the school situations.

6. This child shows no apparent signs of anxiety in the school situation. S/he generally appears relaxed and seems to recover easily from stressful experience.

Appendix B

THE UNIVERSITY OF BRITISH COLUMBIA

Department of Counselling Psychology
Faculty of Education
5780 Toronto Road
Vancouver, B.C. Canada V6T 1L2
Tel: (604) 822-5259
Fax:(604) 822-2328

PERMISSION FOR PLAY THERAPY AND VIDEOTAPING

Dear Parent,

I am a second year doctoral student from the Department of Counselling Psychology at the University of British Columbia. Over the next 10 months I will be working with Larry Haberlin, the area counsellor at Queen Victoria school. During this period I will be available to provide play therapy to selected children who need a little extra support in adjusting to school or in getting along with other children in the classroom. I am particularly interested in working with children who experienced trauma, or separation from their parents before they were two years old.

Pending your written permission, I would be available to work with your child to provide an hour a week of play therapy for a minimum of 20 weeks. This would also include a brief assessment prior to beginning the series of play sessions. The assessment would include observations of your youngster in his or her class, discussion with you and the teacher, and a picture and play interview with your child. My work with your child would be under the supervision of Dr. John Allan of UBC's Department of Counselling Psychology, with Larry Haberlin providing on-site consultation.

Play therapy with your child would also be part of my doctoral dissertation research project. This project will look at how children change both within play therapy and in their interaction with teachers and peers as a result of play therapy. To do this research, I would be videotaping all play sessions with your child. The sessions will be videotaped for two reasons. The video tapes will allow me to study in detail how each child changes in his or her play, ways of interacting, and self concept during the 20 weeks of play. Secondly, taping will allow me to seek supervision of my clinical work with your child from Dr. Allan.

My study of the play therapy will be descriptive and non intrusive for your child. In my research, I will be focusing on how each child individually changes over time. In the write up of my study your child's name will not be used. Neither will the name of the school, nor information that would identify your family be used. At the end of the research project, the videotapes will be erased.

I will be meeting with parents before I begin the play therapy sessions, and periodically during the twenty weeks to answer any of your questions. If you agree to your child's participation, I will also ask you to fill in a questionnaire and answer some questions about your child before I begin. At the end of the play sessions, I will be available to talk with you and will give you a written summary of your child's progress.

Please indicate on the enclosed form whether you wish your child to receive play therapy sessions and to be a participant in my research project. If you have any questions about play therapy or my pending research, please contact me at Queen Victoria School on Thursdays or call me at 731-0975.

THE UNIVERSITY OF BRITISH COLUMBIA

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PROCESS OF CHANGE IN PLAY THERAPY RESEARCH PROJECT

PARENTAL CONSENT FORM

I do / do not consent for my child_____
to receive individual play therapy sessions from

_____, doctoral student in Counselling Psychology, and to particpate in her research project on children's process of change in self concept and relationships during the process of play.

I understand that all of my child's play therapy sessions will be audiotaped and videotaped for research purposes, and for Ms Mills clinical supervision.

I understand that my child will receive weekly individual play therapy sessions for approximately 45 minutes per week. These session will continue for 20 weeks of therapy. I will participate in an interview and fill in a questionnaire about my child.

I understand that my child's confidentiality and anonymity are ensured in all phases of the research and resulting reports.

I understand that the research will yield descriptions of how children change in their concepts of self and relationships as a result of the play therapy process.

I understand that as a parent or guardian I have the right to terminate my child's participation in play therapy and the research project without jeopradizing any other service received at the school.

I may contact Barbara Mills at 731-0975 or her supervisor Dr. John Allan at 882-4025 to ask questions.

_____ _____
Signature of Parent/guardian Date

*Parent please keep the copy of this signed document for your records and check here to indicate that you have done this._____

Appendix C

A GUIDE FOR TEACHERS OF TRAUMATIZED CHILDREN

Introduction

Having a traumatized child in your school or day care can be very challenging. Traumatized children can easily explode into rage, or dissolve into tears with seemingly little provocation. Frequently, discipline or limits that work with healthy children are ineffective, or may even increase the pain and terror of a child who has been recently hurt. This little guide has been created to help you understand and help the young traumatized child.

What is trauma?

A trauma is an event so overwhelming that the child does not have the defense mechanisms needed for coping with it. Common traumatic events in childhood are sexual abuse, chronic abuse and neglect, death of a parent, loss of a parent, witnessing of violence, or experiencing fire, accident or natural disaster. The event does not define the trauma. Rather it is the ability of the child to cope with the event that determines whether it is traumatic to that particular child. Some of the factors that influence a child's response to a potentially traumatic event are his or her age, support systems, temperament, environmental stress factors, and previous life experiences and coping patterns. Some events such as violence or sexual assault would be traumatic to anyone.

How does trauma effect small children?

Common behaviours seen in children who have been traumatized are nightmares, inability to concentrate, intrusive images, regression, hypersensitivity, mistrust of adults, anxiety, precipitous rages, fear of being alone, increased aggressiveness, and difficulty with transitions and separation.

These behaviours occur because the child has lost a sense of trust in adults. They also result from overwhelming feelings bottled up inside the child that may "pop" through his or her consciousness, often creating a feeling of diffuse fear, panic, and confusion. It is important for teachers to be aware that common disciplinary measures such as raising ones voice or separating a child from the group may trigger trauma memories and create a genuine sense of terror in the child.

WHAT CAN YOU DO TO HELP THE TRAUMATIZED CHILD?

1. Understand and Be Compassionate

Yes, this is a child who is difficult to manage and may be out of control, but it is not because he or she is **bad.** The child is overwhelmed by experiences that no human being should be expected to endure. He or she needs your help, not your disapproval or judgment. You are the adult, and there are ways that you can help this fragile child cope.

2. Communicate Your support and understanding.

It is important for you to communicate your awareness that this is a hard time for the child and that you are there to help. This does not mean that you allow the child to break rules or hurt other children. It just means that you gently communicate your caring and understanding of the child as you set the necessary limits. There is an easy pattern of communication that works very well in these instances. The initials for it are the letters **S.E.T.**. They stand for **support, empathy and truth.**

This is how it works. The child is in a rage because he cannot tolerate the transition to a new activity. You start with a **support statement**. A support statement is meant to communicate your caring about the child and your wish to help. " I can see you are having a hard time. I would like to help you."

Next comes the **empathy statement**. When you make an empathic statement you try to accurately reflect how you think the child is feeling. You might say. "it is hard when we do something without warning you. You're feeling very confused...and I think pretty mad". Then wait a few seconds, if you're close to the feeling, the child will relax, and often fill in the rest of the feelings. If you're off, he or she will probably correct you. If relaxation doesn't occur just keep talking to the feelings. It will feel like it is forever, but it won't be really that long. For example you might say something like "its hard to calm down, things are so hard right now, you feel so confused" etc.

Finally you end with the **truth statement**. The truth statement sets the limit that is necessary to keep the child or other children safe, or to allow the classroom to still function. You might say something like " I know its hard, but I cannot let you hurt yourself or other children. Those are the rules in this school."

By using the **SET** method of communication you have helped the child, but also at the same time required that he or she abide by the basic rules of safety. You have also begun to provide a feeling vocabulary that will ultimately help the youngster express him or herself in words rather than in out of control behaviour.

3. Help The Child Make Changes And Transitions

Because the child is fragile, and often just marginally "holding it together", he or she will not move easily from one activity to another. This is especially true between home and school or day care. But it often occurs between activities as well. You can help by:

- encouraging the parent to stay for a short time when dropping the child off until he or she relaxes.

- Warning the child five minutes before changes in activities. This can be done with an announcement to all kids. "we only have a few more minutes of play time, then we'll need to wash up." Give a second one minute warning.

- if the child is still having trouble, talk him or her through the transitions. " Its hard to stop something you like doing, you don't want to stop, but all the kids are moving on to wash up time."

4. Do Not Use Isolation From the Group As a Punishment.

Most children who have experienced human induced trauma have experienced it, when they have not had the presence and support of a caring adult. They felt alone and helpless. If a child is acting out because of overwhelming memories or triggers, the last thing that he or she needs is to be isolated. Usually, this worsens the behaviour as well as creates a sense of terror or panic.

Rather then taking the child to the time out room, which results in a sense of retraumatization; create a "feeling better place" within the visual area of the common room where any child can go if they feel they can not control their hurt feelings. A feeling better place acknowledges that underneath the behaviour are hurt feelings. The feeling better place should have cuddly stuffed animals to hold; plasticene to knead out the pain, and felts and paper to draw or scribble the feelings. When you see a child is in danger of "losing it", suggest the feeling better place as a spot to be quiet until he does feel able to interact.

5. Do Not Require that a Child Sleeps or Lies Down

This may be a hard one, if you have a regular nap time for all children. There are two reasons that nap time may be intolerable for the child. First, it is common that trauma has occurred when the child was asleep or in bed. If this was the case then nap time automatically triggers feelings of fear. Secondly, for all of us, defenses are down when we relax and are on the verge of falling asleep. Traumatized children do not feel safe letting down the few defenses that are working for them.

The alternative is to allow children who are afraid to sleep, to be in one corner of the room where they are allowed to sit on their mat and draw. If they are too restless, then it may be that until they are coping better, a compassionate teacher will allow the child to play quietly in the room where she is preparing the next activity of the day or doing desk work.

Thank you for being a person who cares! Your compassionate and supportive response will support traumatized children in their process of recovery.