

3

**EXPRESSIVE PLAY THERAPY
FOR HELPING TRAUMATIZED CHILDREN
PART II**

This is the second in a series of articles provided for us by Marie Jose Dhaese, Ph.D., ATR, CET, RPT-S. In Part II, she presents us with a variety of techniques she has used in her work with children over the past 30 years. Ms. Dhaese founded the Centre for Expressive Therapy on Hornby Island, British Columbia, Canada. To find out more about her work, go to www.centreforexpressivetherapy.com

ART THERAPY

By art therapy, I am referring to the use of art as a way of expressing, exploring and resolving inner conflicts. **The materials.** A variety of art materials are available for the client to choose from, such as: pencils, coloured pencils, charcoal, felt pens, pen and ink, pastels (oil pastels and soft pastels), rectangular beeswax crayons, finger paints, small jars of tempura paints and diluted water colours. Sheets of paper of various textures, in various sizes from 8-1/2 by 11 inches to large rolls of paper are also provided. For three-dimensional artwork I use clay, coloured playdough, wood, and soapstone. These materials are displayed selectively according to the child's age. For instance, pen and ink, charcoal and soapstone will be put away when a five-year old comes for a session. The painting or drawing is done on a table, on the floor, or at the easel. The claywork, woodwork and carving are done on a bench. Since each material lends itself to a particular form of expression a variety of materials is indispensable. For instance, tempura paints and finger paints allow a release of energy that would be most difficult to achieve with a pencil. Each child is given two large sheets of construction paper of the colour of his choice to make a folder where his pictures can be stored.

How and when art therapy is used. Art is most likely to be chosen as the main mode of therapy for older children and adolescents. The art process is then used as a way of symbolically expressing and resolving painful feelings, as well as discovering new ways of coping. Generally the client will be encouraged to follow his own process which I reflect back to him. He then uses materials of his choice in any way he likes. Thus the child can start

from where he is. For instance, the inhibited and controlled child might originally feel at ease using a pencil to draw a small representational drawing on a small sheet of paper. Occasionally I become more directive and might ask a client to do a particular exercise, using particular materials. For instance, after a dramatic release of aggressive feelings, I might ask a child to take a jar of blue diluted watercolour and a sheet of wet watercolour paper and paint for himself a protective cave. He is asked to paint the outer walls, starting from the outside of the page, gradually painting towards the inside in a spiral form. He may leave as large a space unpainted in the centre as he feels he needs for a cave. I found that the luminous blue watercolour flowing on the page has a soothing effect and the

spiraling form from the outside towards the inside has a centering, closing effect. Another example would be to ask a child who has a tendency to be overwhelmed by his own imagery, to create a simple form in clay or in wood, as a way of grounding himself. As explained earlier, the art process is used as a way of getting access to feelings that have been repressed. It also provides a vehicle to channel and transform the released energy. This process of accessing feelings, mastering them and transforming them into a tangible form gives the client not only an opportunity to vent in a safe way but also a sense of inner power and control over his impulses. This also gives the client the opportunity to discover an inner richness, which improves his often damaged self-image. In the process he learns to recognize and translate verbally the symbolic language of the images produced. This is a step towards learning to share his feelings verbally. The pictures produced offer a record of the child's progress through the therapy process. The drawings can then be evaluated according to their form, colours and content, but mostly according to what the child says about his pictures when asked to tell the story of his drawing. This also encourages him to further use his imagination. The image making process, the imagination, is a faculty that can, if not used, atrophy. An inner lethargy sets in. In the case of very damaged and deprived children who are often the ones most exposed to media indiscriminately, they often cannot become involved in the letting go process of the destructive images and feelings without the necessary nurturing, support, encouragement and being shown possible ways of using their imagination. When a child consistently says he cannot draw, or does not know what to draw, I will often suggest we make a picture together on the same sheet of paper. This gives an opportunity to interact non-verbally in a nurturing and non-threatening way, and allows me to model a certain freedom of expression as well as provide images of nurturing that counteract the negative, destructive images he has internalized. In such way we can thus begin to build a safe world or at least I can suggest the possibility. For instance, when it is my turn to draw, I may put in a colourful shape. When the child asks me what it is, I may say: "A jewel to protect whoever comes across it." At a later stage of our relationship, I may say: "This is a gift from me to you, to protect you wherever you are." Thus the child is given images of protection he can internalize. With deprived children, I found such

activity (providing nurturing, strengthening, to be necessary before they can approach the expression of their painful feelings. Without such a "build up" they would get overwhelmed by the release of the negative destructive images they have incorporated. Art therapy is thus used as: A way of releasing the internalized destructive images and traumatic experience. A way of developing, and encouraging imagination. . . A way of providing images that has healing capacities in themselves. This is always done under the protection of the relationship with much interaction and recognition of the child's uniqueness.

SAND PLAY THERAPY

I am here referring to the use of sandplay as a way of symbolically expressing resolving inner conflicts and discovering new strengths through the use of sand and miniature toys by forming images and, when relevant, telling the story of the image formed. **The materials.** In the studio part of the therapy room, I have had three trays b with shelves above them, under them, and around them. The size of each tray (18-1/2 by 29-1/2 inches) corresponds to what the eye can encompass in one single glance. The inside of the tray is painted with blue marine paint for the purpose of being waterproof and also so that the blue can show through the sand, to represent water. One tray contains dry sand, the other wet sand and the other water. On the shelves there are small figurines representing people, animals, and objects of various kinds (cars, houses, trees, and fences). There are also jars of colourful beads, small baskets full of odd pieces of jewelry, pine cones, stones, dried leaves, chestnuts, acorns, feathers, small pieces of driftwood. These objects can be used to represent anything the child might imagine (e.g. an acorn can be food, a bomb, a treasure, etc.) In most cases, once the child starts playing in the sand tray he keeps on doing so until the images produced indicate a sense of resolution. Such images are most significant and indicative of the child's struggle and strengths, as well as what stage of the self-healing process he is in. At times children gradually build a world and I watch quietly as the picture they are forming evolves. They tell me the story of the picture they have created either as they are making it or when they are finished. At other times children play out scenes in the sand. The picture created is constantly changing and moving and they speak for the various characters they have brought to the play. Often they ask me to take part and give me specific instructions as to what I am supposed to say and do. Within the limits of the sand tray the children express themselves in whatever way they choose. My role is to be totally present, conveying in my attitude warmth, as well as acceptance and understanding of the images produced. This creates the free and protected space conducive to the activation of the self-healing properties of the psyche (Kalf, 1980). In order to keep a record of the evolution of the images I take

photographs of the pictures that emerge in the sand tray. I have found sand play therapy to be a very effective mode of therapy with any age group. It allows the expression and resolution of deep unconscious materials in a safe and dynamic way.

PLAY THERAPY

By play therapy I am referring to the therapeutic use of free play as developed by Axline (1947). I have included the therapeutic use of drama, masks, and puppetry as part of play therapy. Children need to play -it is their way of coping with their experiences, coming to terms with them. However, many children no longer know how to play. Such children are given the opportunity to slowly relearn, in an atmosphere of warmth, acceptance, and understanding, conducive to free creative play without being interrupted or asked probing questions. **The materials.** Most of the activities in play therapy take place around the stage I have had built in one part of the therapy room. The children use the space above the stage, under it and around it. It opens on one side into the garden through a small door the children call the "gnome door". In the garden they can play in a large sandbox, or build shelters. On the other side of the stage there is a large wooden box which contains, in the bottom part, dress-up items (e.g. clothes, hats, shoes, bags) and large pieces of cloth of various colours and textures. The upper drawer contains crowns, magic wands, face paints, masks and a mirror inside the lid. This large box can also be used as a prop one can stand on or sit on, etc. Under the stage there is another large box on wheels, which can be rolled in and out. It contains blankets, sheets, cushions, ropes and clothes pins, items needed to build shelters of any kind. This box can also be used to make a bed or a hiding place. Other materials include a folding railing, which can be set up on the stage and covered with a large piece of cloth to make a puppet theatre. It can also be used as a frame to make a shelter up on the stage. Room dividers are also available to create smaller spaces. Dimmer stage lights can be adjusted according to the atmosphere one wants to create. Small stairs on the side of the stage lead into a spacious area where the toys are stored. Most of the toys used are simply handmade out of natural materials, offer variety, sense impressions, feel good to the touch, and are colourful. They are sturdy and easy to make. They are neutral enough to be very versatile and thus can be used to express any kind of feelings. Playing with such toys calls on the child to use his inner powers of imagination since they only suggest a form rather than be a perfectly finished product. Objects from nature, suggesting many possibilities are also used as toys (example: an acorn can become food for the animals, bombs that are destroying the land, hidden treasures, etc.). **How and when it is used.** Play therapy is the main mode of therapy used by most children from age three to age ten, no matter what the presenting problem is. The use of paints,

clay, woodwork, sandplay, waterplay, music and storytelling can also be incorporated as part of the play, as well as the use of the materials previously described. Each child uses these materials differently according to what he needs to express in order to resolve his conflicts. I have found that there are no limits to how a simple, neutral toy can be used. For instance, the same little gnome can be a benevolent protector, a destructive monster, a helpless child, an angry abusive parent, etc

Through the medium of play the child can express his hostility, conflicts, re-enact trauma, let go of destructive images he has internalized and of the masks he has been hiding behind. He can regress. For instance, he might lay under a blanket in the fetal position or turn the large box into a bed and ask for the baby bottle. He can discover new strengths and new ways of coping in a symbolic form. My role, while the child is playing, is to reflect what I am observing, incorporating obvious expressions of feelings. At times I am an active observer, being, as in other activities, totally present and communicating in my attitude, acceptance and understanding. At other times I take part in the play, according to the child's particular instructions. Either way the child is given the freedom to play with the materials in whatever way he chooses. The limits are basic safety limits: no damage to self, therapist or surroundings. If a child expresses a need to destroy or hurt, this is acknowledged, the limits are clearly stated and he is given a safe outlet to symbolically act out his destructive tendencies (e.g. newspapers, magazines, cardboard boxes to tear or scribble on, etc.) Thus one can see how play therapy gives the child the opportunity to express and discover himself in whatever way he chooses. Within the limits, freedom, safety and psychological warmth of the play sessions, he can gain power over his life and integrate his experiences into a new image of himself. Play, being the child's natural way of expression, is the most commonly used mode of therapy and can include all other modes of expressive therapies.

The third and final part of Marie Jose's article will be published in the spring edition of the GAPT newsletter.