

# Holistic Expressive Play Therapy

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## 5 Chapter

### An Integrative Approach to Helping Maltreated Children

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#### Introduction

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When I speak of maltreated children, I am referring to children who have been given no personal sense of value, whose basic needs have been ignored, and who have been consistently attacked and misused emotionally, physically, and/or sexually. This maltreatment often occurs at the very hands of those who should have been taking care of the child. Typically, the caregivers are unavailable, unpredictable, and/or out of control, creating a chaotic environment. These caregivers are often reenacting their own history of abuse that has come from multigenerational dysfunction. Chronic mistreatment is likely compounded by further incidents of trauma, given that the caregivers are not available to protect the child from other potentially dangerous situations.

By the time these children are referred to therapy, they are often in foster care, having been through several placements, while others are in adoptive homes. Many children continue to live in an unsafe environment in the context of a society where indiscriminate exposure to media increasingly promotes fear and violence. In addition, we are often working within a larger helping system that wants quick, convenient fixes for this overwhelming picture. How do we help such children come to a point where they can begin to heal their wounds and live more healthily, while they are still frequently living in a grim reality that often cannot be changed? How can we begin to stop the cycle of abuse? How, within the limits of a 50-minute therapy session once a week, can we stay hopeful and continue to help?

These concerns and questions were the impetus for developing my approach to working with this population of children. Holistic Expressive Play Therapy is an integration of the components that I have found necessary to

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create a safe place where the child can begin to heal: creative play and self-expression, caregiver involvement, relationship, and milieu. This is not meant to be yet another model of therapy, but rather, a sharing of insights gleaned through my own journey of self-healing and the journey of those I have accompanied for more than 35 years. It is a distillation and integration of what I have learned and *know* to be helpful to my clients and the clients of the professionals I have taught.

### My Journey Toward An Integrated Model of Play Therapy

My search for self-knowledge and self-healing took me from the farm in France of my childhood to a life of teaching at various universities in England, the United States, and finally Canada. I became increasingly disenchanted and developed a yearning for meaning in life that could not be found while secluded in an ivory tower.

My first encounter with satisfying answers came when I started reading Rudolf Steiner's *Anthroposophy* which, in its holistic approach, takes into account the reality of a spiritual world that lies behind physical reality and manifests itself to the inner eye in the form of images. Having found enough meaning in these ideas, I pursued my search for healing, switched professions, and thus began my journey as a therapist in the early 1970's (Steiner, 1923).

While working in a treatment center for severely disturbed adolescents, I was exposed to the various theories of counseling for individuals, groups, and families that were available at the time. I soon experienced the limitations of verbal counseling and began a search for more effective modes of treatment. Inspired by my reading of *Anthroposophy*, I sought to combine the profound power of imagery as a healing tool along with counseling, so I subsequently became an art therapist. I went on to run a therapeutic day program offering individual counseling for adolescents and children in foster care, who had been severely abused, neglected, or traumatized, and had attachment issues. Most of them were not interested in drawing or other kinds of art making. Still convinced of the healing power of imagery, I began to experiment with other materials that might engage my clients in the process of strengthening themselves and safely expressing the painful feelings that plagued them.

In 1980, my first co-therapist, Monseigneur, a black standard poodle, joined me. He was loved by all, whether a tough youth with tattoos or a shy, fearful young child. He assisted me whether I used art, crafts, sewing, knitting, music, movement, dress-up, masks, dollhouse play, storytelling, going for nature walks, creating a garden, or playing in the outdoor sandbox. The outdoor sandbox proved to be particularly both healing and grounding for my young clients. One rainy day, a child suggested we bring the sand indoors. A small tray filled with sand was the solution. The objects we had collected on our nature outings, such as seashells, feathers, stones, acorns, chestnuts, and pine cones, found their way into the sandbox and images were created—stories evolved. All along, I recorded the images that were created, as well as the activities we

engaged in, through photography. At the end of therapy, the children got an album, a record of their memories.

Thus, I started developing a wide variety of body-centered expressive methods that simultaneously allowed for strengthening, nurturing experiences and safe expression and transformation of emotional blocks. I continued to hone my therapeutic skills, as my capacity to hold this process was being continuously tested both by the severity of the children's presenting issues and by the dysfunctional aspects of the system the children lived in. My approach evolved as I began to integrate my experiences with clients with my own personal journey for self-knowledge and self-healing, as I continued my search to find new ways of helping my most difficult clients.

### My Holistic Expressive Play Therapy Approach

At the heart of my approach is a memory I carry from my childhood. At harvest time, after the men gathered in the crops, my mother and I would glean the fields and collect the wheat sheaves. When it got too hot, we would sit in the shade of a tree. This was one of those special times with my mother, when she was at rest, and I could finally ask one of the many questions that whirled about in my 6-year-old mind. I asked her my most puzzling question: Where is God? Her answer was to pull out one of the sheaves of wheat, take out one of the grains, and point to the little white dot on the grain. At my questioning look, she explained that the grain was the seed and the little white dot was the germ that allowed the seed to grow and become the tall sheaf of wheat again. That germ was, she said, where God was. I liked that explanation better than any I had been given before or since.

As I accompany people of all ages on their journeys, I consistently come back to the belief that all human beings hold within themselves an innate kernel of wisdom. Just as every seed has within it a germ that holds the capacity and drive to grow toward the light and to become whatever plant is coded within its genes, it is my view that all human beings are born with the possibility and drive to grow into their potential. I call this potential the person's "true nature."

This true nature holds within it a capacity for self-healing—an immune system that flows through and guides each part of our organism: physical, emotional, cognitive, and spiritual, with each level influencing, interacting, and communicating with all the others. This innate wisdom has been called many different names: the spirit, the self, or God, among others. As a helper, I feel it is crucial to remember that all clients, no matter how wounded, hold within themselves that innate wisdom. When I acknowledge their true nature and their drive not only to survive but also to grow, flourish, and be whole, then I can help them reconnect to it and awaken their strength and capacity to heal.

Not all seeds germinate and not all plants survive. Much will depend on whether they have been lovingly tended to, according to their unique needs. In the same way, children need someone with whom they can form a secure and nurturing attachment in which their true nature is recognized, protected,

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and nurtured according to their unique qualities, so that they can grow into their potential as they face life's challenges.

Attachment is thus integral to our survival, growth, and development. Healthy attachment starts from the moment the fertilized egg attaches to the mother's uterus. The mother lends the embryo her physical body and provides nurturance and protection so it can grow and be born. During pregnancy, mother and child are one, and growth depends on this all-encompassing fusion. These crucial nine months will continue to have an influence on the rest of the child's development. The long-lasting effects of abuse and neglect can start this far back.

After birth, although the child is no longer within the mother's physical womb, he continues to be surrounded by what I call her emotional womb. Ideally, the mother will now provide the kind of physical and emotional nurturance and protection that will allow the child's developing self to grow and eventually form an emotional body of his own.

Inside that protected space, from the flexible inner wall of this emotional egg, love and unconditional acceptance shines and wraps the child in its warm and gentle light. In this ideal scenario, the mother mirrors the child's true nature, reflecting his intrinsic beauty and value; what is reflected in the mother's eyes becomes the child's self-image.

This mirroring is balanced with the containment and protection of consistent and age-appropriate limits. The child gradually develops the skin of his own emotional body, at first fused with the mother's and then increasingly becoming more separate. This boundary will become as clear, strong, and flexible as the mother's. The mother's protective eggshell acts like a sieve that only allows exposure to age-appropriate stimulation, while keeping out whatever might be unhealthy or dangerous for the child.

An essential quality the mother brings to this process is her capacity for attunement to the child—her capacity to clearly sense and *know* what the child needs and to respond accordingly. This is when the flexibility of her eggshell-boundary comes into play: ideally, it allows her to step back as the child matures, giving him room to move and explore while maintaining the reassurance that is needed. As the mother steps back, she remains available for support and encouragement. She is ready to move closer again if needed. Ideally, the mother's sun shines consistently, giving the child the message that he is just as lovable whether he is having a tantrum or smiling, whether he manages to do something right away or struggles with it. He will trust, know, and feel that, no matter what, he is valuable and his mother's unconditional love and acceptance continues to shine on him.

It is within this nurturing and protected space that the child will begin to explore the world and be given the opportunity to play and use his imagination. One of the many benefits of imaginative play is that it allows him to play out how he thinks, feels, and what he can do about what he has experienced and thus make sense of it, integrate it, and learn from it. Imaginative play is therefore essential to the child's emotional, cognitive, and behavioral development.

Within this ideal atmosphere, the child will build self-confidence, self-esteem, and self-validation with a realistic sense of his own strengths and

limitations. He will have clear and flexible boundaries and show a healthy balance between dependence and independence. He will develop the ability to give, receive, learn, and focus. He will learn self-discipline, self-soothing, and self-regulation. He will thus emerge as a mature human being, equipped to meet the challenges that life will bring him.

In contrast, let us now consider the situation of maltreated children. Instead of the warm, egglike protection of healthy bonding, the emotional womb is inconsistent, if it even exists at all. Sometimes the sun shines and sometimes it disappears with total unpredictability. Sometimes, out of nowhere and without warning, the child is hit by a tornado. Not only is there no sieve to sift out what is not appropriate and no shell providing protection from the outside world, but the primary attachment may become a place of danger where the child is attacked, rejected, and abandoned. Whether it is physical, emotional, and/or sexual abuse, the attack comes from within the emotional womb, the place that should be a source of protection. The child has no safe place to be comforted.

What the maltreated child sees in his parent's face is not a mirror reflecting his true nature with unconditional love, but a mirror that is cracked and distorted. He sees badness and ugliness. This is only heightened when he expresses his needs. The sun might show up momentarily when the child meets the parent's narcissistic needs, but the storm soon returns.

Within this atmosphere of unpredictability, limits are inconsistent, expectations are unrealistic, and the child is left with destructive messages, such as that he is not good enough, or if he were perfect there would be no problem and he would be safe. Sometimes the child is left entirely alone. He is expected to know how to do things without guidance. Fear of punishment will constrain his ability to play. On the one hand, he is bombarded with age-inappropriate images and traumatic experiences, and on the other hand, he has no safe place where he can make sense of these experiences and integrate them. Unresolved traumas create emotional blocks that are so large and intricate they cannot be expressed and transformed without expert help. Blocked from resolution, the child's experiences go around in circles. The mass of blocks continues to grow and becomes a driving force, making the child compulsively reenact the trauma inwardly or outwardly. Unassimilated traumas create layer upon layer of repression, denial, and defenses that prevent him from connecting with his innate wisdom and its guidance when he most needs it.

Such children are no longer able to play creatively, and their imagination, which is unused and underdeveloped, becomes atrophied. If they play at all, it mostly consists of either compensatory or repetitive reenactment of their experiences. Such play will often compensate for their sense of helplessness but will not offer release, nor will it offer the true sense of power or learning that is found in healthy play. Instead, their play only reinforces their traumatic behaviors. Some children, overwhelmed by painful experiences, implode through dissociation or somatization and withdraw into themselves. Others will explode outwardly through destructive behaviors, in an attempt to play out and reenact their trauma.

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As the blocks take over, they develop into what might be diagnosed as a disorder of one kind or another, with the many labels we have now acquired for different types of inner and outer reenactment. The disorder now takes the place of the child's true nature and pushes him from behind, rather than guiding him forward. This profound disconnection from his true nature interferes with his emotional growth and with evolution through appropriate developmental stages. All of this results in what might be called the discarded self, without impulse control or capacity for self-regulation, leaving the child with no sense of self, personal worth, or personal boundaries.

Let us now consider what will be needed for these children to heal from such profound wounds. First and foremost, I provide for them the safe and protected space of the emotional womb they never got in order to give them a reparative experience of the mother-child bond.

Although he longs for this bond, it has been fraught with danger and trauma and has brought him the most dangerous and difficult experiences of his life. Therefore, he experiences closeness as a source of danger, and this injury might take years to heal. In addition to consistently mirroring his true self with unconditional acceptance, the restorative relationship provides consistent limits, a healthy new container. The child slowly develops a new skin that solidifies and eventually becomes his boundary: strong, flexible, and so different from the brittle defenses he first brought to therapy.

Rather than deal immediately with overwhelming traumatic memories, I create the opportunity to make positive memories. I provide nurturing and ego-strengthening activities that will be remembered, stored, and internalized in the form of images that are life giving. Simultaneously, I give the child a safe environment to learn to play and to regain the innate faculty of imagination and creativity. Positive memories, together with the experience of relationship, will help the child internalize a safe place within, to which he can go when needed. Because many of these children are still subjected to a toxic, neglectful environment, this is often as far as one will be able to help. However, we should not underestimate the value of their experience, just because we're not delving into trauma.

For emotional health to be recovered, the expression, transformation, and eventually the resolution of his traumas still need to occur. This next step will not be taken until the child's ego has been strengthened and nurtured enough to face the release of his painful images and the energy held in each of these blocks. When the child is able to play, use his imagination, and have access to images other than his own painful memories, it is time to bring out each block, one by one. This is done in the language of symbols, which the child now has recovered.

As each block is removed, the child is more connected to his innate wisdom. The expression of painful images brings with it a release of energy that the child's psyche must be ready to incorporate. One must release this energy so that the flow can irrigate the child's inner world rather than flooding it. When released without flooding, the energy then becomes available for the child to deal with his daily life.

With the safe and gentle transformation of each block, the child begins to catch up to his developmental stage of growth. The ego can now regain its age-appropriate functioning, as he learns to observe and take charge of his impulses rather than be blindly driven by his traumas. This helps the child gain a sense of true power and helps repair his damaged self-esteem. *I have noticed that at this stage, a spurt of physical growth often occurs.*

As the child gains the strength to address his traumas directly, he now needs the opportunity to voice his views and ask the questions he may have regarding what actually took place with regard to the abuse and traumas. This will help him understand and repair some of his mistaken views, thereby dispelling his sense of badness, guilt, and shame. He is now able to understand his experiences from a more mature and realistic point of view, and to incorporate the recovered memories as part of the whole picture of himself and the world he lives in. The older the child is, the more verbalizing of memory there will be.

In situations where the traumas have controlled the child's thinking, feeling, impulses, and behaviors for a long time, release alone is not sufficient. One must be able to help the child channel this new energy into constructive patterns, while retraining old habitual destructive and/or self-destructive ways of being. It is important at this stage to engage the ego, to strengthen it, and to allow it to grow in a healthy way. This is akin to an arm that needs physiotherapy and exercise after the cast is taken off. The child needs to be given practical alternatives that he can practice in the playroom and then eventually transfer into his daily life. Thus, the child's energy, which had been used in a self-destructive groove expressed in misbehaviors and symptoms, is now trained to flow in a constructive, contained, alive, and helpful way.

Emotional healing can be compared to physical healing. One needs to clean a wound and, if infected, drain the pus. This is healing from inside-out. The inside-out process takes place when the child releases inner tensions and repressed feelings related to traumatic experiences, giving expression to them in a creative way, using a variety of expressive media such as art, sand play therapy, music, and so forth.

Once cleansed, the wound needs ointment and a dressing, protecting it from further hurt. This is healing from outside-in. Outside-in healing originates in the environment. For this I have created a playroom that soothes and delights the senses: sight, smell, sound, and touch. The link between these two processes, inside-out and outside-in, is the therapeutic relationship, just as the relationship between nurse and patient plays a major role in the experience and success of any medical procedure.

However, even with the most excellent care, skilled interventions, and miraculous medicines, if the wound is constantly being reopened and reinfected, it will not heal. This is where family therapy is critical to the outcome. Once cleansed and disinfected, covered with ointment, and bandaged, the wound needs to be left alone to mend. The emotional immune system of the child will take over and do the healing, but that takes time and cannot be forced.

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### Practical Application of Holistic Expressive Play Therapy

Holistic Expressive Play Therapy is an integration of all the components that are brought together to create a safe place, a safe emotional womb where the child can connect to his true nature and access its wisdom and guidance in order to heal. All of the modes of creative play and self-expression, along with caregiver involvement, relationship, and milieu, are woven together to make that safe place and thus facilitate that connection. Each layer has the function and basic quality of the mother's emotional womb: attunement, protection, and nurturing, with flexible boundaries to create the vessel where the resiliency of the seed will be awakened, healing will take place, and growth will resume.

Such healing needs to take place on all levels, as each level, at all times, influences the other. The physical level is body centered and provides soothing and healing for the senses. The emotional level provides repair of attachment and the recovery of the whole range of feelings with the ability to express them creatively. On the cognitive level, the child repairs the mistaken views and faulty understanding that have so far interfered with his healing process. He becomes able to make sense of his life situation and gain a more realistic view of the world. On the spiritual level, he gains a sense of being intact, no matter what, as he remains connected to his true nature and has access to its wisdom and guidance.

We must always start from where the client is, with his primary need. A hungry child will not be interested in drawing. When one starts from where the client is, there are no clear-cut, well-defined, step-by-step procedures to follow. No formula guarantees a successful outcome. Instead, Holistic Expressive Play Therapy demands that the therapist has the ability to attune herself to both the client's and her own wisdom in order to create the methods needed for this particular client, at that particular moment.

The wonder and challenge is that no two children will deal with the combination of nature, nurture, and trauma in the same way, and the therapy will need to be reinvented for each client. In this way, the work is purely child centered, whether I follow or guide, whether I am nondirective or use structured interventions. Throughout this process, the therapist helps the child to stand his pain without dissociating, numbing, distracting, or acting it out at his own or another's expense. He will gradually learn to build a place of safety within himself and then begin to give his pain a shape, a voice, a sound, and an image, so that it can be expressed, transformed, and integrated. I will now describe how I do this in more concrete terms by considering the major components of the methods I use.

#### Caregiver Involvement

When working with a child, much will depend on my ability to maintain the engagement with the child's primary caregiver, as I depend on her commitment to continue bringing the child to therapy, especially since it is long term and it will take time for progress to show. As much as possible, I want to prevent



premature and sudden removal from therapy. It is antitherapeutic and destructive to start therapy, especially with a child with attachment issues, to bring him to a place where he finally feels safe enough to let go of his defenses, and then to suddenly rupture the process without proper closure. This is the first layer of safety and is essential for any work to begin.

When a committed caregiver is available, I will meet with her on a regular basis and coach her in forming a reparative relationship with the child. Often, a new caregiver will need help in understanding the seriousness of the problems she is dealing with and how to cope with them on a daily basis. She will need to learn to neither invade nor abandon the child when his behaviors trigger his personal issues. The caregiver is made aware of the child's struggles and the current stage of the therapy process in order to support what is being done.

When both are ready, I will have joint sessions to facilitate their developing relationship. Thus the child can rely more and more on not being invaded or abandoned whether in the playroom or in his home situation. I may also suggest ego strengthening, grounding, and physically releasing activities (horseback riding, swimming, martial arts) or activities that, when shared, provide an opportunity both for self-soothing and bonding (knitting, gardening, walking in nature, and bird-watching). I might also recommend massage and other forms of healing touch, as appropriate.

Even with a committed caregiver in a new home, maltreated children often need the full-time services of a treatment center that is not usually available. I therefore use my influence to create as much therapeutic support as possible within the system in which the child lives. I position myself so that I am able to influence and affect the child's life in larger and larger circles. This might also mean being in touch with teachers and school counselors.

When the system is less supportive or not capable of change, I focus more on the therapeutic relationship to provide a reparative experience and work to build positive memories. I also look for someone who might be able to be a source of nurturance and to keep an eye on the child, especially when there are protection issues involved. This might be a teacher, a school counselor, or a social worker.

## The Relationship

Just as the quality of the emotional womb of the mother and her capacity for attunement and responding to her child's needs is essential to the child's development, the therapist's capacity for attunement to the needs of each child is essential to the effectiveness of the therapeutic process. The therapist provides and constantly adjusts the amount of containment and freedom the child needs to safely explore his inner and outer world. We all know the challenges of attunement to such emotional distress, allowing ourselves to come close enough to it that the child feels our soothing presence, yet not so close that we get caught in their pain, thereby activating our own emotional issues and impeding our capacity to retain our autonomy in our response to his needs. We need to stay firm in the unique balance of nurturance, mirroring, and consistent limits that

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each child and each situation calls for. We must stay firm and true to our commitment to providing what is best for the child, even in the face of extreme rage and projections, at times both from the child and often from the system he lives in. Such challenges, in my experience, can only be met with an equal commitment to one's own self-knowledge and self-care.

From a grounded place, starting from the child's primary need, I will position myself at a physical and emotional distance that is comfortable for the child and create an emotional egg that provides physical, emotional, cognitive, and spiritual safety, including the following agreements:

- *Physical:* No one gets hurt here.
- *Emotional:* All feelings expressed here are accepted; no matter what you do, say, or play out, you will not be invaded or rejected.
- *Cognitive:* As best as I can, I will help you make sense of, understand, find, and speak the truth of your situation.
- *Spiritual:* I remember and see who you are, the power and sacredness of your true nature, and I am here to help you reconnect with it.

Such messages will be given in my attitude, mostly nonverbally, and they will be continuously tested as the child learns to trust in them.

### The Milieu

My goal in setting up a playroom is to create a safe and protected space that will facilitate the self-healing process and reflect its sacredness. I try to create a milieu where the child who has been bombarded with chaotic, harsh, painful, and age-inappropriate sense impressions can be exposed to a soothing and harmonious environment. The walls are painted white with a warm rosy tinge. The room is well lit with windows that look onto a garden where the child can see flowers grow and birds feeding. A small door opens out onto the garden, which can also be used as an extension of the therapy room. While setting up the elements that will be used to create this image of safety, I am conscious of appealing to as many senses as possible. When coming into the playroom, we are welcomed by the scent of lavender and lemon, the sound of the rain on the skylights, the light filtering through filmy curtains.

There is a sense that this building, which is surrounded by trees, bushes, and flowers, is a cosy, protected space and is a part of the natural world. Whether with a few items on a nature table, a large planter at my entrance, or a whole garden that is part of the play area with all the creatures that come and visit, I have found nothing as powerful as the beauty of nature to soothe and heal the senses and help connect with body and spirit.

Touch is an essential part of providing a soothing, comforting, calming experience. Yet, for most of these children, touch has been abused and distorted and, often, is a source of pain. The repair of such an experience is crucial and must be approached in the most careful, nonthreatening way. For children with

whom it is appropriate and who are comfortable with dogs, my co-therapist standard poodles have been the greatest source of soothing, healing touch as they wrap themselves around the child, sit close by, intuitively finding just the right distance and amount of touch the child is comfortable with. This is something they learn to do from the time they are puppies. When a client walks in the door, the dogs are experts at showing that they are pleased to see him, letting him know clearly that his presence is important to them.

I recall a child looking at me and saying with a mixture of wonder and pleasant surprise: "He really likes me, you know." Their barking at the sound of outside noises has helped reassure many children, whose lives had been threatened, that they are safe in the playroom because no one will be allowed in. Of course the dogs are close by, whatever the child may be involved in, providing that calm, relaxed, and reassuring presence. For children who are uncomfortable with dogs, or if my co-therapists are not available that day, I have a warm water bottle inside a soft bear or a large soft stuffed animal or puppet.

I also have a large basket filled with colorful pieces of silk and colorful mohair blankets I have knitted as another helpful tool for soothing tactile experiences. I have found these particularly useful with hyperactive children, as they wrap themselves in the different colors and textures, which will slow them down enough to start relaxing. I might also give a child a small piece of silk, either of his favorite color or the color of the playroom, to take home and use for self-soothing. Baskets filled with small pieces of cloth are also wonderful for cloth fights; as the child throws the cloths with all his force, they are received as a shower of soft colors.

Nurturance, protection, and flexibility are essential elements that recapitulate the ideal qualities of the mother's emotional womb. The layout of the room is versatile. It allows freedom of movement and imagination and encourages creativity. It can be spacious and at the same time offer many enclosed cozy spaces. It can be used in a variety of ways. For example, a stage was designed in such a way that it can be used to play dress-up, build a fort, play house, or put on a concert or puppet show.

### Expressive Activities

My room is set up to accommodate choices and offers a wide variety of modes of expression, such as painting, sand-play therapy, movement, drama, and so forth. I am careful to not give children too much stimulation. I keep most of my materials behind curtains, which we lift at the pace of the client. Lifting the veils of the inner world too soon can be dangerous. Each expressive therapy has its own area that can be gradually opened or closed, so it can be adjusted to the child's needs and the level of stimulation that suits him. Each expressive therapy is one of my tools. How useful my tools will be depends on my familiarity with them and my knowing when and how to use them skillfully. It is essential that I acquire an intimate knowledge and firsthand experience of the gift and power of each expressive therapy before using it with a vulnerable and fragile child.

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Some expressive therapies, such as art, sand play, dollhouse, and puppets, are used for expression and transformation of the whole range of feelings, which I refer to as healing from the inside-out. Each mode can also be used for soothing purposes, to create and provide healing imagery; this is what I refer to as healing from the outside-in. *The ratio is one inside-out intervention to three healing from the outside-in interventions.* Both are constantly woven together as I follow and guide the child's expression in whatever mode he may choose.

Other expressive activities, such as sewing, felting, knitting, cooking, and gardening, still allow for some expression but offer increased opportunity for ego strengthening, nurturing, and grounding. Each expressive therapy has its unique gift and contribution to an aspect of the healing process, at different stages of the therapy process. Some are more opening than others. My choice and the way I use each expressive therapy always involves starting from where the child is at and is informed by the child's primary need. It is essential to find the pace of release and expression the child can integrate.

Whether art, sand play, music, puppets, movement, storytelling, sewing and talking, felting, candle making, knitting and talking, cooking, gardening, walking and singing, walking and balancing on logs, walking and talking, or walking and storytelling, all of these modes are part of the play session and all are used with body-centered intention. Some of the most effective activities are those that are rhythmical and involve the use of hands and feet combined with an expressive mode, as it helps a child to be grounded and stay in his body as he voices his powerful feelings.

With all of the expressive modes available to the children, I use a person-centered approach, not in the traditional sense of being nondirective, but by being focused on the needs of each individual, according to his physical and emotional age, history, strengths, wounds, and present living situation.

### Closure

Each session has a beginning, middle, and end. The closing ritual provides the final layer that envelops the whole experience. This ritual is something the child can count on and is adapted to what feels comfortable for each client. I put a lot of emphasis on providing closure, never assuming that I will see the child again, as he may be removed without an opportunity to say goodbye. We may read a story while having a snack, then light a candle and make a wish, providing nurturance and closure. As he eats his snack out of an abalone shell, we might reflect on what he has done during the session. As he eats, sitting by the nature table where I keep crystals and seasonal flowers, he might notice the crystals and ask where they come from. We then talk about how they come from inside the earth, under the ground, thus giving him a sense that the earth holds beauty and is safe to stand on. It creates a sense that the earth is filled with light and beautiful colors and that it can support him. The more wounded a child is, the more stressful and demanding a life he goes back to, the more crucial it is to give time to close a session in a healing way, providing images of a beautiful and secure place.

## Case Study

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This is a case study about Nadia, an 8-year-old child who lived with her mother, a single parent of three children who was struggling with drug addiction. A social worker was involved because of concerns from Nadia's teacher. Nadia was unusually withdrawn and lethargic. She did not respond when her teacher spoke to her, apparently always "seeming to be elsewhere." She functioned far below her age level and had few friends. She seemed generally depressed but occasionally had extreme fits of rage that were very difficult to manage.

When her mother came to the first appointment, she described her daughter as being very shy around people but also as a child who loved animals, especially cats and dogs. We arranged with the social worker for the child to be brought to therapy on a weekly basis. This was 1984, and I was working in a small basement room where children could touch the ceiling. This room had access to a kitchen and a garden.

Nadia responded with a slightly amused expression in her eyes to the enthusiastic greeting from my co-therapists Monseigneur and Dauphine. Dauphine was then a puppy; she soon curled up inside Nadia's coat. Nadia acknowledged their presence as I greeted her and introduced the three of us. We spent some time outside in the garden entrance before I invited her to follow me into the playroom. I wanted to give her time to get more comfortable with me before going inside in an enclosed space. Most of the session was spent on the floor, interacting with the dogs. She showed absolutely no interest in the toys or other media I had available. The idea of playing seemed foreign to her.

Now and again, her eyes went to the shelf where I kept the snacks. Although it was not yet the end of the session, I invited her to have some of the corn chips that she had been eyeing while we petted the dogs. It was soon apparent to me that Nadia was hungry and, as I found out in a later session, was not getting proper sleep either. Her favorite food turned out to be pancakes. I used the kitchen upstairs, and we made pancakes. At first she did a lot of watching as I stirred the ingredients. She remained standing by the stove and talked about her experiences at school and with her peers. I tended not to look directly at her, as she was uncomfortable with eye contact. I reflected her comments, gently guiding the conversation toward her home life as I continued to stir. Sometimes I encouraged her to breathe in the smell of her favorite food. Taking deep breaths helped her to relax, as I had noticed a visible tension in her shoulders and a glaze over her eyes whenever we approached anything remotely related to her home life. We occasionally interrupted the cooking to admire a bird feeding in the kitchen window.

When it was time to eat, I placed Nadia's special plate and cup on the table, along with flowers. It was spring, and I had hyacinths in a pot that week. I always tried to find flowers with strong scents, which we could later plant in her spot in the garden. She was encouraged to smell the flowers and inhale their sweet, strong scent, again breathing deeply. Nadia enjoyed the ritual and consistency of our meals together. She knew she could count on me to keep her special

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plate and cup in a place where no one else would touch them, for they were for her and her alone. Through our weekly meals, she was repeatedly given the experience of being cared for and prized.

When we finished eating, we washed her dishes with peppermint and eucalyptus castile soap. We cleaned the table together with warm, soapy water. This gave her an opportunity to learn how to care for things she valued. With a little encouragement, she began to enjoy squishing the soapy water with her hands while making funny sounds and giggling. She was thus given the opportunity for a reparative early childhood experience that was not too regressive, as she stood tall behind the sink. After she dried her hands carefully with a soft towel, she was encouraged to smell them, now perfumed by the cleansing scent of peppermint and eucalyptus.

She liked to have her picture taken and asked that I take a picture of her, proudly stirring the flour. Later serving her first pancake, she posed, looking straight into the camera with a big smile. These pictures would be put into her album. The photo album is a tool I use to hold and facilitate access to the positive memories created in the sessions. It is reviewed periodically and given to the child during the last session.

Nadia shared much of herself while cooking, as she felt safe, valued, and cared for. The sessions progressed, and as the cooking and eating gradually took up less of our time, I engaged Nadia in some drawing exercises. We made scribbling pictures together, taking turns as we passed the paper back and forth. This is often a favorite game of children 8 years old and older who feel they cannot draw. Each scribble represented part of the activity we had just engaged in, thus further anchoring the memory of her experience and encouraging her to find a medium of self-expression. This process evolved into making up stories about the scribbles that were increasingly expanded upon. As we continued taking turns, she was playfully encouraged to use her imagination.

Because I was eventually able to engage the social worker in helping bring about some changes in her living situation, Nadia was now eating regularly and was no longer hungry. We could then shift from stirring the milk and flour to make pancakes to stirring flour, salt, and food coloring to make play-dough. We then used the play-dough to make figures and shapes, thus moving into an art therapy process.

As Nadia stirred the flour and colors, she proceeded to share parts of herself. It should be noted that as we worked in the kitchen, we stood rather than sat. When standing, the child's feet are firmly planted on the ground; this helped Nadia feel less vulnerable while she explored difficult intrapsychic material as it began to surface. If I sense that the child is becoming triggered or flooded, going into the past, I encourage awareness of hands and feet as well as breathing, so the child can be safely grounded in the body before going any further. Any effective expression and transformation of trauma needs to be done from a grounded place to be a healing experience, or otherwise the child will be retraumatized.

Nadia proceeded to tell me that she felt like she had monsters inside of her. I asked what the monsters looked like. I sensed a door opening, an emotional block coming to the surface ready to be externalized and conversed with. I asked

her what color and shape they were. I then asked if she would like to make the monsters out of the play-dough she had just finished making. As Nadia used the red play-dough to mold two red monsters, she was now giving her fears and emotions a shape, the shape of two monsters, small enough that she could hold them in her hands. Her painful feelings no longer took the form of large, frightening figures floating inside her, overwhelming her, and running the show. They were now small and manageable, and she was large and in charge of them. She was now able to be with them, observe them, reflect on them, as together we continued to get to know them and befriend them while she continued to give them a more definite shape. She was now having the experience of being with her painful feelings in a creative way, thus expressing, releasing, and transforming them as they became an owned and integrated part of her whole experience.

She said the two red monsters were like large snails that lived underwater, but that they had never grown a protective shell to go into when they were in danger. Nadia described how, because the snails did not have a protective shell, their backs were very sensitive and could easily get hurt, so they had to grow spikes on their backs to protect themselves. The spikes started appearing when they were touched on that sensitive spot by creatures that sometimes came into the water where they lived. Each time this happened, the spikes grew bigger, tougher, and the monsters became more dangerous. If they were left alone and no one bothered them, they were quite peaceful.

We continued our conversation in this symbolic language, speaking about the monsters and their painful feelings and experiences. Occasionally I offered open-ended questions to continue amplification of the image, thus allowing the image to speak without interference, only guidance. As I sensed her readiness and capacity to continue this process, I went a step further and asked if there was anything we could do to help the monsters. She said that the monsters would really like to have a blanket on their backs—something soft, shiny, and beautiful.

We looked into one of my baskets of colorful cloths, and she found some bright red satin with white stars. As Nadia searched through the colors and handled the different pieces, she had a pleasurable tactile soothing experience while simultaneously developing ego strength as she made deliberate, conscious choices as to what shape and color of fabric to choose. This intervention, along with the sound of my voice as I continued to reflect, contributed to helping her contain and slow down her feelings, yet allowed the flow of imagery that was now pouring out. The monsters with spiky backs, which I understand as healing inside-out imagery, were now being soothed and taken care of, the healing from the outside-in imagery of the blanket with stars. I gave Nadia scissors to cut the piece of cloth into two little blankets, which she put carefully on each of the monsters' spiky backs. She looked at them and sighed deeply; spontaneous sighs are always such a good sign.

Nadia then decided to create a body of water where the monsters would be safe to swim freely without fear of creatures touching them. To represent the blue water, she chose a large bright-blue piece of cloth, and to show the waves, a large piece of blue, curly uncarded wool. She noted how beautiful the monsters

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were as they now swam in the blue water. I asked if there was anything else they would like, and she decided to give them some of her favorite seashells to play with.

Nadia stood back to view the whole image with an expression of contentment. She was viewing her inner world, and she liked what she saw in the mirror. Her whole body was relaxed, her shoulders back, she had rosy cheeks, and her eyes shone. She asked me to take a picture of her with her image to add to her album. We agreed that I would put her image in a box for her so it could stay intact and she could look at it again the following week. This was a good place to stop the process. She was ready for us to light a candle and make a wish.

During the following session, the first thing she wanted to do was to open the box and look at the image. At my suggestion, she decided to decorate the box, as she wanted it to be as beautiful on the outside as it was on the inside. We made a colorful scribbling picture together, which we could later tape all around the box. It was then, as we took turns drawing, that I mentioned I had noticed that the monsters had been touched in a way that made them feel very uncomfortable, and I wondered if that had also happened to her. She said no, it had not happened to her. Then I told her that if that was ever the case, she could tell me, and together we could speak with her social worker. She had the small pocket calendar I had given her where her appointments were written with my card in it if she needed to call. We also added the number of her social worker. This information was not new to her, as children are told from the beginning that part of my role is, as much as possible, to help children be safe. Although she had not openly disclosed, I continued to be in regular contact with her social worker and her mother, with the focus of providing her with a safer place to live.

The next session, Nadia seemed more closed and restless and complained of having had to sit inside at school all day. It was spring and the cherry blossoms were in bloom in the neighborhood streets. I suggested that we go for a walk. Each of us had a dog on a leash as we walked under the blossoms. I asked her, on a scale of 1 to 10, how things were, starting from the least threatening topic. When talking about a situation that was too much for her, we stopped to look at and smell the blossoms.

Walking and talking, then drawing a picture before our regular closure became our weekly routine. We thus continued the healing from outside-in and ego-strengthening activities, opening up difficult topics just a little, safely, as she walked, feeling the strength of her feet on the ground. We would sometimes concentrate on one foot and then the other and experiment with different ways of stepping. While doing this, Nadia was surrounded by soothing and harmonious sensory experiences, continuing to create positive memories. It is important to stay tentative in the verbal exploration, to make sure that the child can handle such exploration. I maintained focus on her strength and her ability to cope and survive, while acknowledging but not opening her pain more than she was able to manage.

Walking side by side as we talked allowed for grounding and for energy to be released and continue to flow as we addressed a variety of topics. Walking is less threatening, especially for those who might be self-conscious and



uncomfortable with eye contact, than sitting in a chair across from each other; in this way, walking facilitates verbal expression and communication. Looking at the flowers, engaging in a little obedience dog training, and offering the dogs a lot of praise as they sat by our sides before crossing a street—all of this gave safe interruptions when topics became too difficult.

We went for nature walks, talking about her feelings and struggles more openly and directly, finding solutions, making up stories, singing, using our walking sticks, and howling with Monseigneur and Dauphine—a wonderful, safe, and joyful way of expressing and releasing the feelings she had no words for. We walked and sang and made up songs and stories about her life, each taking a turn, as we had taken turns making scribbling pictures.

After a child draws a picture, I encourage the telling of a story. Being their secretary, I write down, in their favorite color on another sheet of paper, word for word what they tell me. At first the story might consist of simple sentences that describe what is in the picture; the picture is still like a tableau. However, little by little, mostly through reflecting and the odd open-ended question, the image is amplified and comes to life. Not only does this encourage the child's imagination, but it also gives further opportunity for expression and communication of the child's inner world. My part is to facilitate that communication and allow a direct interaction between the client and her own image, without imposing my interpretations that could very well be projections.

Up to that point, Nadia had drawn stick figures to represent people, but after this particular walk she drew a picture of the two of us walking in the forest. She drew us as two full-bodied people wearing similar sweaters, Monseigneur and Dauphine as two black shapes with four legs and a tail. In the background, Nadia had drawn an owl sitting in a large tree. This is what she dictated: "Nadia, Marie-José, Monseigneur, and Dauphine are walking in the woods. They are having fun. An owl lives in the tree and is sitting and watching. The owl sees everything, especially at night, even things she does not tell. The end."

She was then invited to sign her name at the bottom of the story and write the date; this helps close and come back to the present, moving back from her inner to outer world. I sensed that this was as much as she could do that day, so I did not say: "I noticed that the owl sees a lot at night that she does not tell. I wonder if that might also be the case for you." Instead, we had our closing ritual. She picked up one of the large crystals on the nature table and quietly admired it. She opened her calendar and put a star on the day of her next appointment, and as we had routinely done, we respectfully shook hands and said *Au revoir*.

During the following session, Nadia decided that she wanted to use modeling clay to make a butterfly, and she asked me to make a flower for it to land on. As we each made our own image, I reflected what she was doing and we talked. When I asked about what the owl saw, Nadia disclosed that at times some of the night visitors—friends of her mother's who did not want to go home after a party—had come to the living-room couch where Nadia was sleeping and touched her on her private parts in the middle of the night, while she pretended to sleep. She said she did not say anything because she thought it was her fault because some of it felt good. With my support, Nadia told the social worker what

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had happened. While Nadia was not removed from her home, as far as we knew, her mother stopped having her night visitors.

We continued our walks between sessions, where she processed more directly the trauma of the abuse through drawing and talking, addressing the issues of guilt and shame that plagued her. Nadia was later able to express and release her anger and voice it clearly, as we went walking and stomping and letting the abusers know what she thought of them. Then we would walk back to the playroom, singing: "We are the stompers, we are not afraid." We continued to make up songs that went with the stomping. I also taught her an aboriginal song I had found very helpful: "O Great Spirit, Sun, Sky and Sea, you are inside and all around me," which she learned to sing at the top of her lungs. She also practiced imagining singing it aloud and experienced that it was also very reassuring. In that way she could use it anytime, anywhere, whether she was in a position to make sounds or not.

A year had gone by, and I was told by the school counselor, who was now involved, that although she was still shy with adults and reserved with her peers, Nadia was generally more present, she took part in school activities, and she was now part of a friendship group. Her mother was rarely available to meet, but I heard from her mother's therapist that, despite her good intentions, the mother's addictions came and went and that she missed a lot of her sessions before terminating without warning or closure. The chaos and neglect in Nadia's home, although less extreme, apparently continued.

Nadia's therapy ended abruptly as her mother suddenly moved. I was told by the social worker that, wherever they had moved, she would make sure another social worker would be involved. We never said good-bye. I was never able to locate her and give her her album. I never heard from her again.

Many years later, after I also had moved away, a therapist I had mentored called me and told me that a young woman had come to her office with her little child; she had referred herself, saying that her child needed play therapy. When she came in for her appointment, she looked around the room as if in amazement, her face lit up, and she exclaimed: "You have all the same things as Marie-José!" and proceeded to tell of her time in the playroom. I gathered that her life had continued, both as a child and later as a young adult, to be difficult and chaotic. She was also now a single mother, but she had voluntarily looked for help for herself and for her child, for whom she strongly believed that play therapy would be helpful—and it was.

## Conclusion

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One needs to be realistic and understand that, for maltreated children, coming to terms with their relationship to their family of origin and the multiple traumas they were subjected to is a lifelong journey that involves healing the consequences of distorted attachment and multiple forms of abuse and neglect. These issues will reappear at different developmental stages and will need to be dealt with repeatedly. However, the reparative experience of another reality—the

experience of having been witnessed and valued—can, even if we are unable to change their living situation, make a difference and affect the future course of children's lives.

I have witnessed that, despite all of the obstacles, the drive to form strong affectional bonds, to love and be loved, and for growth and healing is as tenacious as the child who keeps on falling and getting up until she can walk. It is as powerful as the drive of the plant that grows through concrete to reach the sunlight and as compelling as the instinct of migrating birds to come home. We can facilitate the awakening and reconnection to this drive, so that our clients will discover the power of their resiliency. They can count on this power to guide them as they learn to live with their pain more healthily and learn to find and maintain the strength and resolve to gradually transform their painful and traumatic beginnings. The goal of the journey is to transform the poison into medicine.

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