

Art Therapy Online: ATOL

Representations of Trauma, Memory-layered pictures and repetitive play in art therapy with children

Caroline Case

Abstract

This article explores some common themes that emerge in the therapy of traumatised children where memory of significant events in their lives is not consciously or verbally available to them or the therapist. Children may initially present layered pictures and/or play repetitive scenarios either in the sand tray or with toys. The layered pictures are gradually unpacked in therapy as trust and a sense of containment develop. The play is at first unusual in that it has little accompanying emotion and is told as a story that often peters out with no clear ending. Events in the therapy room between child and therapist or sometimes events in the child's life outside the therapy may be a catalyst for moments of re-living the trauma which is given words and becomes available to be thought about together and then the presenting symptoms ease.

These themes will be demonstrated through discussion of the therapy of a boy age seven. Those who work with children in areas of inner city deprivation and social exclusion will be familiar with this kind of presentation. His struggles with traumatic memory and to achieve an active sense of self emerging from a protective relationship with his mother will be discussed with particular attention to the changing transference initially to the images, in play to the therapist as maternal object and to the therapist as paternal object. This article follows on

other recent writing exploring images and enactments in therapeutic relationships (Case 2009; Case 2009a submitted for publication).

Key words: bereavement, layered pictures, haunted houses, memory, repetitive play, enactments, domestic violence, maternal depression

Introduction

Many boys who are referred for therapy have a combination of alcohol-related domestic violence and maternal ill-health in their childhood background. An intergenerational pattern, where their parents, especially mothers, who have physical and or sexual abuse in their own childhood, is one which is also familiar. Despite the similarities in story each child is individual and there are positive factors in the relationships which engender resilience and hope as well as factors that impede normal development. Difficulties to do with trauma and fragmented memory may be common to both parent and children. Several art therapists working with children in the UK have written about similar themes often in connection with Looked After Children. O'Brien (2003) focuses on the difficulty in finding a way of articulating piecemeal memory when there is an avoidance of thinking because it is too painful to have thoughts. In a second article she discusses early relational trauma and disorganised attachment; relevant to this article she also looks at memory and dissociation (O'Brien 2008). Boronska (2000, 2008) discusses sibling relationships and pseudo parenting. As parents and children are often both traumatised it is helpful to begin by reminding ourselves of the effect of trauma before describing this individual family background.

Trauma

A traumatic event is one which floods the person with feeling and experience that cannot be made sense of, breaching ordinary defences, leaving the person vulnerable. Coates and Moore define trauma as 'an overwhelming threat to the survival or integrity of the self that is accompanied by annihilation anxiety'

(1997:287) A psychoanalytic approach shows how the present trauma is linked structurally in the mind with similar early anxieties when the baby felt annihilating impulses due to failure of containment by the primary carer (Garland,1998). These will be early non-verbal and pre-verbal experiences. 'Primitive fears, impulses and anxieties are all given fresh life', (Garland 1998:11)

Freud (1893) suggested that certain very painful experiences exist in the mind as a kind of 'foreign body'. Without conscious awareness or memory they may take a form as a symptom and need to be brought to consciousness with the accompanying affect, usually intense feeling, for the symptom then to disappear. When there is danger in an actual situation, automatic anxiety is triggered, compared to danger which threatens, resulting in signal anxiety. Garland (1998) suggests that once one has faced annihilation the ego cannot believe anymore in signal anxiety and goes straight to automatic anxiety. This leads to a loss of symbolic thinking. Then sounds, smells, a word or phrase, sights or situations can plunge the person directly into a previous traumatic situation; the flashback, and immense anxiety. Working with children who have often been repeatedly traumatised through neglect or abuse it is extremely difficult to talk, as words, a tone of voice, a picture they have made, a piece of play can unexpectedly plunge them into states of terror.

Traumatised children are rendered helpless and there is a subsequent loss of faith that there is order and continuity in life (Bettina and Stronach-Buschel 1990) Victims of trauma may have many combinations of symptoms such as nightmares, involuntary recollections of the event, numbing of responsiveness, reduced involvement in the external world, hyper-alertness, sleep disturbance, guilt, low concentration, fear of death, phobias, or chronic anxiety (Van der Kolk: 1987). Normal development will be hampered as available energy is spent in warding off further vulnerability. Various defences may be used such as denial, isolation, regression, projection and splitting. There is often a loss of a capacity to symbolise and fantasise. Play may be restricted and repetitive of a scenario without words or story line (Terr 1981,1983).

Family Background

Harry, age 6, a little boy with long black hair, had been referred to a Child and Family Project together with his three siblings, four, seven and nine years older. Initial family work in the team had centred on the relationship between Mother, a single parent, and the older children who were frequently in a parental role to Harry due to mothers own needs. My colleagues worked to improve their relationships and to help mother with general boundary setting and parenting issues. As the relationships improved in the family, Harry, who presented as much younger than his age, needed further intervention. His own difficulties emerged more clearly, precipitated by the death of an uncle who had taken on a paternal role to Harry.

Harry had some long established symptoms including nightmares and sleeping difficulties. He refused to sleep in his own room, usually joining his mother having to be in skin to skin contact with tendrils of her hair entwined round his fingers. He presented as immature and clingy, rather sweet but with a passive quality, his mother alternated between seeing him as her 'baby' and finding him very demanding, getting frustrated and angry when she felt he was wrapped round her like a vine. Harry hated his mother being out of his sight.

Harry's mother had on-going mental and physical health difficulties. She had chronic depression and had attempted suicide several times. She had on-going physical symptoms resulting from domestic violence when Harry was a toddler. She had been attacked by his father, which he had witnessed. She had to rely heavily for support from her older children in parenting Harry. Mothers' own needs could dominate the family sessions so that it sometimes felt hard to get a clear picture of Harry.

The older siblings in the family had regular contact with their own fathers but Harry's father was inconsistent and unpredictable. It was a source of great anguish to Harry that he failed to turn up for contact leaving him as the only sibling without a father to visit. His maternal uncle however, had been a consistent and positive relationship for him but had unfortunately died of a heart attack a few months before I assessed Harry for individual work. Before looking

at the assessment process it will be helpful to have in mind the effects on young children of maternal depression.

Maternal Depression

Maternal depression is a form of unintended neglect (Zeanah et al 1997). It is thought that babies exposed to short term depression may recover but mounting evidence suggest that prolonged depression is damaging to the left frontal region of the cortex associated with outwardly directed emotions (Nelson and Bosquet 2000). Depressed mothers find it difficult to respond to the baby. Having a depressed mother between the ages of six and eighteen months of age can lead to persisting emotional and cognitive difficulties, (Murray, 1997, Sinclair and Murray, 1998, Balbernie 2001). Maternal depression effects mother-infant communication which plays a crucial role in protecting the child against mental or emotional disorders: 'this position of communication is based on the specific adaptive relevance of communication in human evolution' (Papousek and Papousek 1997:.38).

Mothers support the child's development of symbolic capacities, and acquisition of language and this is adversely effected by maternal depression. Tronick and Weinberg (1997) posit the toxic effect of maternal depression on a child's social and emotional functioning and development: '....the human brain is inherently dyadic and is created through interactive exchanges' (Tronick and Weinberg1997:.73). A healthy mother and infant develop a model of mutual regulation which if successful enables the creation of dyadic states of consciousness allowing disruption and repair. Infants become aware of mothers' depression and become hyper-vigilant of mother's emotional state in order to protect themselves; causing them to become emotionally restricted. In the dyadic mother-infant system, during maternal depression, the infant is deprived of the experience of expanding his or her states of consciousness in collaboration with mother. Instead they may take on elements of the mothers' depressed state; sadness, hostility, withdrawnness, and disengagement in order to form a larger dyadic system. In the service of growth the infant incorporates the mothers' depressed states of consciousness.

An additional factor is maternal antenatal anxiety which has received increasing attention from researchers. There is not room to discuss this in detail but a sample paper (O'Connor, Heron, Golding, Beveridge and Glover 2002) suggests a correlation between maternal antenatal anxiety and behavioural and emotional problems in children at four years due to the effect of maternal mood on foetal brain development. Hosea (2006) and Hall (2008) have both written about preventative work in art therapy groups with depressed mothers and their infants and small children. They have worked in community groups alongside health visitors and find that mothers and children are brought into an intimacy through painting together as well as finding a contained space to explore chaos.

Assessment

During an assessment the therapist is thinking both about the child but also about the robustness of the context in which the child is living. In making a recommendation for the suitability of treatment for the child, a significant factor is whether parent or carer will be able to bring the child regularly to therapy (Case 1998). In the assessment with Harry I noted the recurrence of layered pictures and repetitive play at the dolls house of a particular scenario.

First session

In the first session Harry brought a folded up picture with him to show me. It was a picture of a planet and a figure. He described it as 'the world' and a 'scribble man who has had his head knocked off by a machine'. There is a big dent in 'the world'. In bringing in this picture Harry communicated that he and the world as he knew it had had a big blow, which had damaged them. The fact that he had brought it to show me suggested some hope that his experiences might be seen or understood.

Harry played what was to become a repetitive game at the doll's house in the first part of the therapy. He hid the babies, children, and young animals in cupboards. He then had baddies encircling the house. The adult humans and animals were not able to defend the children but joined them, also hiding under beds and in cupboards. He then used furniture to gradually barricade each room in turn. The baddies then attacked and there was an undefined ending.

He was very well behaved and pleasant to be with. He was not a child where feelings of fear or aggression were present in the counter-transference. These feelings were all contained in the play as a story he happened to be telling.

Second session

In the second session Harry went straight to the dolls house and carried on where he had left off in the first session, barricading the doors to the rooms against the baddies. He spent most of the session on this activity, discussing strategies with me for defence. He was trying to protect 'the children and the animals', ie the young ones. He was able to tell me that he had known baddies in his life and that he did not feel safe at home now. Eventually, he left the house and painted a bright red star, and a gravestone-in black on black paper, but it was all taken over by black paint. He then 'flooded the centre' with water and said 'they are drowning and there is no help'. I said that I had noticed the gravestone and knew from his mother that his uncle had died. I said that it was natural for people to die, but we missed them very much when they did die. He added a lighter grey to the central black paint showing a response to my intervention. He helped me to clear up very carefully. I felt that he was responding to my offering of a space where he could bring his upset.

There was then a gap of four weeks where appointments were missed due to mothers' ill health. It took some time to contact her to make two new ones and it became apparent that she had taken an overdose whilst having suicidal thoughts. She had insisted on staying with the children and had therefore not been admitted to hospital but was on a higher dose of medication.

Third Session

Harry's mother had tears in her eyes and gave me a letter to read when I went to collect Harry. This is always a difficult situation especially as my colleague who might work with mother was not available. I accepted the letter and said that I would discuss the contents with Harry, taking it into the session. His mother's agenda became the agenda for the session. The letter and its contents were going to figure hugely in Harry's imagination and become the material of the session whether or not he knew what is in the letter.

The letter poured out a host of difficulties that mother had been having with Harry following his absent father turning up for an unplanned visit. There were sleeping problems and bad dreams about his uncle were waking him. Mother expressed her concern that he either wished to die and/or thought that he would die. In the session I read the letter and asked him if he would like to talk about the difficulties he had been having which mother had described to me. He said that he can not talk much but could draw or paint about it. He agreed that he had had some bad weeks, bad dreams wake him up and he gets into one of his siblings or mothers bed. I talked to him about normal ordinary feelings after losing someone you loved through death. He nodded about this but I felt less clear about the impact of his absent father suddenly visiting.

Harry reached for some black paper and began painting a picture that went through many changes. It was a layered picture, with many over-paintings. He painted a red face, and then fireworks. He made a print from this with a new piece of black paper but left it on top of the first sheet. He added more paint on top of the second sheet and felt tip, which, was 'claw marks from a bear'. He then stuck white paper onto it back and front and cut off black strips, from the bottom of the original sheets to make a cross shape. The cross shape was stuck onto the front. He drew four faces in the spaces left by the cross: sad, happy, crying and scared. He then made the whole thing into a rocket putting paper on the bottom for the fire to launch it and a triangle at the top. It then felt finally finished. We talked again about the death of his uncle in response to the cross on the rocket which suggested a gravestone, and his father re-appearing to visit him. He acknowledged that he felt a quarter happy, the rest very difficult.

I suggested that we ask his mother in after his session, because I felt that she was very distressed. I then talked to them both about bereavement, and encouraged them to discuss current feelings while I was present as I felt that a third person was necessary to enable this to happen. Mother said that she had not been talking about it because she was afraid of upsetting him. We also discussed the difficult situation with Harry's father. What emerged from this discussion was that Harry had thought he was dead like his uncle. Mother was very worried about Harry's own thoughts about dying and I talked about how we can wish to follow someone who dies and how his father's absence might feel

like a kind of death. We also talked about how he is young and has plenty of life left in order to reaffirm that he is alive, in the present (Case 1987).

Fourth Session

In the fourth session Harry came in and got painting materials out straight away. He painted some colours on a small piece of black paper and then painted them out with black paint. He stuck this sheet to a piece of orange paper and then cut out orange strips and stuck them across, it felt like mending or holding down the black. This was then stuck onto pink paper. He did some patching with white to cover up a tiny piece of black that was showing. He then did black handprints all over the top. It felt as if he was covering up and packaging the 'dark' feelings but also possibly marking it as his own with the black handprints. Another possibility was that he was trying to keep something safe inside and the handprints were threatening. It was unclear what they signified. We talked a little about the powerful feelings that had come up in relation to his uncle's death and his fathers visit. He then went to the dolls house and played the same game of children and animals hiding. They were besieged by baddies who eventually kill everyone.

Thoughts following assessment sessions

I did not have any doubts about Harry both needing and being able to use a space in therapy. His mother had reported at the last meeting that Harry had been asking 'when could he talk to me again'. Harry had an anxious attachment to mother based on the whole series of events in his early childhood and the on going worry about his mother's health. His mother depression has a huge impact on Harry. She described herself as being 'in floods of tears' at the birth of all her children. Harry had to go into periods of care by others for his mother's frequent ill-health, both physical and mental. I thought that Harry was hyper vigilant of mother, unable to let her out of his sight and also had elements of withdrawnness and sadness compounded with the losses he had experienced.

His overall passive presentation suggested the traumas that he had experienced. Harry's repetitive play in the dolls house made me think about Harry having witnessed domestic violence to his mother. His multiple symptoms

on referral such as sleep difficulties, nightmares, fear of death and anxieties, passivity and compliance with adults outside the family and clinging to safe figures, his hyper-alertness around his mother all fitted this picture. He also had to deal with the on-going situation with her ill-health. Garland (1998) discusses the aim of treatment is that trauma to become part of the survivors overall thinking and functioning, instead of remaining split off, encapsulated and avoided, a foreign body in the mind.

I thought that Harry had experienced several traumatic life events and was also struggling with the loss of his uncle and absence of his father. The main obstacle to offering treatment to Harry was a real question around the lack of robustness in the family. Would Mum be able to bring him regularly? The assessment had already been interrupted by a suicide attempt. Harry lived in fear that she would kill herself or leave. I recalled Harry's words about a picture in the second session, 'they are drowning and there is no help'.

With this kind of situation it is important to link the children in the family as well as any adults into support and help available in the community. It was possible to enlist the help of schools and a local charity who could offer support to Harry's older siblings. We then liaised with adult services and a charity that worked specifically with survivors of sexual abuse, which were able to offer some further support to mother. This work ran alongside the parent sessions that helped support the individual therapy in the clinic.

Themes that emerged in work with Harry.

Harry came to therapy for four school terms, approximately fifteen months, during which time he changed from being a passive child, enmeshed with his mother to a more active child having achieved some self –agency. Despite their past experiences, this loving but socially excluded family generated loving care and responded to treatment that could be offered. In therapy the layered pictures began to reveal 'haunted houses' and 'old pictures' representing the way in which past trauma had such a recurrent effect on the present. Harry's repetitive play could gradually be linked to the themes of the paintings as

emotional life became more accessible to him through enactments in play. The relationship with the therapist and the way that the transference dynamic was played out will be shown in discussing ball play and therapy breaks. Harry's growing sense of self enabled him to name what was his, rather than his mothers, and to process the past separately from her. Two animal images were particularly evocative of his struggles.

Layered Pictures

Layered pictures continued through the first phase of therapy. In the layered pictures that Harry was enacting how he tried to put a happy face on for his mother, hiding other feelings which were difficult to talk about. When Harry talked about feelings, this upset his mother and, likewise, his mother's upset had a huge effect on Harry. The layers also suggested things in the past, in the sense of giving a representation of depth. The frequent printing of one sheet of paper onto another suggested how powerful feelings were imprinted on Harry who soaked up mothers' distress, an unintentional projection of mental pain where the child became a receptacle (Williams 1997, Case 2005). Mothers own distress and suffering was evident. Her preoccupation with the past kept breaking through into the present filling her thoughts. When parents have such thoughts it is difficult to respond to the child in a lively way. The child becomes identified with the parents' trauma and with keeping mother alive which makes it difficult for them to develop a life of their own. Williams (1997) describes this situation as the introjection of an object that hinders development.

A further example of a layered picture illustrates how the dynamic between mother and child could be understood through the counter transference. Harry drew lines with a ruler on green paper, and cut out a leaf shape in brown sticking it on his picture and then added some lines of sellotape. He wanted to draw a car but had no confidence in his drawing. He found a toy car and drew round the shape. We talked together about his lack of belief in himself and his abilities. He took off the sellotape, and the leaf, and painted in black underneath where the leaf had been and then put it back and drew himself on it, saying, 'I'm in the leaf!' He was smiling. I talked about the smiling face on top but the black underneath and he nodded. At the end of the session he quickly sellotaped

another green sheet of paper on top and put a smiling face on it. It is possible to see how he transferred feelings about his mother by looking after me and leaving me with a smiling face. I noticed how he was careful not to burden me with the content of his distress which was going into the layered pictures, fearing that I would not be robust enough to support him. Using materials enabled expression of 'dark thoughts and feelings' but the content of these was not known to either of us. It was at a pre-verbal level, not able to be articulated. Harry worked quite silently but with smiles to me, inward grimaces showed the passing of other feelings. The smiles were not only to reassure me but also express his relief and happiness at having this space to himself.

Attack, repair and protection around the therapy breaks.

It is normal for children to show a range of upset feelings around breaks in therapy. These sometimes include attacks on the therapist who is experienced as withholding their presence and the therapy session as well as jealous upsets to do with whom the therapist might be spending time when they are not with the patient. Harry's need to protect his mother both from his own upsets and from dangers in the environment was shown in his transference of these feelings to the therapist around the breaks.

A previous paper discusses images before a break and the necessity to find a way back (Case 2000). Two sessions before a break Harry made a railroad track with a bridge across it out of play dough. He said that you cannot use the railway because trees block the line. It was an eloquent image of the interruption in the therapy caused by the break. He then made a face which turned into a portrait of me with 'chicken pox', saying gleefully that it was 'everywhere'. He was able to express his cross feelings about the break in making me symbolically uncomfortable and giving me a nasty disease. He then silently made a 'black' picture. This picture expressed deeper feelings about loss and absence not able to be verbalised, but possibly linking this present imminent loss with his uncle's death and absent father.

The last session before the holidays was confusing. I had been talking for several weeks about the break and the date of return but it only became clear at the end of the session that he thought we were completely finishing. This

mistake seemed to be made because he expected the worse, and spoke very little, so that things did not have the opportunity to be clarified. He was trying to be nice to me, pretending to bring me presents, but clearly angry, rolling all his play-dough creations into a ball, with a lot of slamming, tearing, throwing, and flattening of objects. Then he became a 'Daddy cook' at a barbecue and made me a 'chocolate cake'. Following the chocolate cake he drew a black circle, writing my name in the middle but then painted it out and surrounded it with black handprints. He did mock aggressive throws at me with the soft ball that we usually played with together, but left taking the chart with his return marked clearly.

In the material of these sessions he struggled with trying to look after me, in the role of present-giver or 'Daddy cook (transference to mother) though of course chocolate often has ambivalent qualities, is it good chocolate or pooey? He also expressed anger, sadness and disappointment, mocking me with a spotty portrait, and mock aggressive throws, and putting non-verbal distress and feelings into the black pictures, protecting me from the depth of his despair.

Ball play

Harry wanted to play ball games with me at the start of the sessions. The games started off very gently just throwing to each other and then settled into the main pattern which really did not vary for all of his therapy. We started out on opposite sides, trying to 'score', by throwing the ball to a wastepaper basket and then moved to be on the same team, to see how many goals we could jointly get. He engendered in me a feeling response to be a 'lively mother in the transference.' The ball playing enabled us to play with the developing relationship so that it progressed from tentative beginnings to gradually becoming more robust. In previous writings, ball playing has been thought about with a child diagnosed with dyspraxia whose mother suffered from depression and also with an autistic child who had been traumatised in infancy through necessary hospital procedures (Case 2008, 2009a). Having a ball 'in play' allows a variety of experiments in relationship from very gentle infant play to robust football. Humour, flexibility, aggression, intimacy, tenderness and many more emotions and feeling states can all be mediated with a ball in play. To

some extent there was a competition between Harry and I in the sense that he wanted me to 'just play' and I was tentatively exploring feelings around the play. We put our differences aside and played on the same team, finding a middle ground. The ball play was quite silent at first but as the therapy progressed it became more robust and vocal. It was also a way of 'talking while doing' so that things could be said and feelings expressed more indirectly and not necessarily face to face.

In the ball play Harry communicated some of the ambivalence he felt about growing up. His early experiences had made him want to cling on to his mother. He had a developmental struggle, to move on from a 'baby/little position'. He would sometimes pretend to be much littler wanting me to let him have more goals. He would also discuss his football heroes who were excellent role models, imagining playing for England. A sense of loss of an earlier part of his childhood could sometimes be present in his play but also the beginning of imagining himself as an older boy.

Old House Paintings

In their material, children bring experiences that match inner feelings. Seven months into the therapy Harry talked about seeing a dead bird being eaten by a crow. He was upset, because he had felt drawn to go and look and had realised that the bird was absolutely dead. This realisation, about the finality of death, brought up sad feelings around bereavement. He made a sad face with play dough on paper, and then talked about his uncle. Characteristically, he then crossed it out and added colours saying he was happy, and then made blue handprints across it. He said that it was hard to talk about him, as other people got sad. I was to be a kind of 'slave' helper passing him the tools as he painted. In this different way of working with me he seemed to be trying to take control, identified with being a boss man. He did a new picture on black paper of an 'old house' but did not talk about it.

These themes continued. In the next session after playing ball he painted on orange paper a confusing mix of red blood, a cut and stitches, saucers and fireworks. He did not know what this was and talked more of the dead bird and the black bird of last week which had disappeared when he had gone to look.

He talked more about his uncle's death. He wanted to continue 'old house paintings' and did three in rapid succession. The first is 'a smiley house but its haunted' with black marks on each side. When I said I had noticed the black marks he added white on top of them and two suns to his picture. I commented that it is hard to let sad or angry feelings show thinking that he had felt compelled to lighten the black marks and add light and warmth with two suns. The second house is a 'farm' that 'went wrong' and is also 'haunted'. In the third house 'children live here but there are ghosts', 'pirates come to find them with swords'. Then he said that 'all these houses come out of the first orange painting'. I had a sense of memories unpacking and wondered if the confusing elements of the first orange picture were fragmented pieces of memory. I said, 'you are showing me parts of the orange painting in detail', and he replied 'Yes'.

O'Brien (2008) movingly describes the changes in a child's house-making corresponding to changes in the child's inner world. I thought that with Harry the content of the original layered paintings was beginning to be unpacked and that the houses represented elements of his past and his parents that he was being 'haunted' by in the present. The houses were possibly both 'self houses', which have an inside rather than being flat, but also could be 'mother houses'. In previous writing 'forgotten' traumatic memories being retrieved and the way that traces of memory remain have been discussed in relation to an adopted child with learning difficulties (Case 2005a, 2008a, different versions of the same paper).

Little and Large

The struggle to stay with happy feelings on the surface but others breaking through or the expression of 'black feelings' that were lightened continued, as did house paintings, often in black on black paper. These were sometimes called 'Goosebumps' houses (reference to a series of horror books for children) He returned to the house play of being barricaded against the 'badmen' and I linked the haunted house paintings with the wish to set up a barricade against a fear of bad things breaking in.

Ball play continued and I noticed that it was becoming more robust and tricky, occasionally cheating, wanting to win, trying to fool me, and to get the highest

score. It began to have a latency feel to it rather than ball play of a younger child. For instance, he told me of a bowling match where the boys won against the girls, so that it felt as if, by distinguishing between boys and girls in this way, Harry was beginning to develop into the next stage.

One session, ten months into the therapy, the ball play became not only 'more robust' but he began to experiment with throwing it hard at me or to me wanting to see me flinch, and so, to feel powerful. I stopped playing and we talked about two opposite feelings, feeling powerful and feeling small. He then decided to paint on brown paper and did two black marks and then painted his hands blue and did handprints on top. He then returned to ball play but we were on the same side. In talking of powerful and small, Chicken Little, a character from an animation film came into our conversation. He decided to make him but he wanted to take him home. When I reminded him about his work staying here until the end of therapy he stuck him onto his brown picture. He said of this picture that it is two pictures. The two black marks are baddies and the blue handprints are the goodies fighting them. This comment made it more straightforward to understand earlier pictures where he had also used black marks for baddies and blue for goodies but it had not been able to be articulated.

Harry said that Chicken Little fights the aliens. In the film which is a modern version of an old story, Chicken Little is not believed because he thought that the sky had fallen on his head. It was in fact an acorn. His tough father is embarrassed but looks after him alone because his mother is presumed dead. He along with other misfits, an ugly duckling, a fat pig and 'a fish out of water', are the rejects of the school group, but eventually Chicken Little does fight the aliens and rescues an alien child. On making friends with them, they are not so scary after all. He wins the support of his father and gets general recognition in the town. In this sense Harry is identified with the 'alien' child of Chicken Little which is brought into the community. However, unlike Chicken Little, whose father is always there for him even when things are bad, Harry is not able to win the admiration of his father.

At this time with more ambivalence coming into the ball play, his own more aggressive urges and also talk of Chicken Little, there was a question around about how to reach one's full potential but not to hurt others. This was a question in relation to Harry playing sports. His football play was excellent but he hated hurting anyone and therefore resisted tackling other players, as, he hated to see others upset if they lost. He had difficulty in managing his own normal aggressive drives in the light of how destructive aggression had been in his past experience.

Memory and Trauma

Harry began to use Lego to make a wall as a barrier against the baddies in the dolls house play. The Lego then became a building in its own right. He called it 'muddly Lego' using all the pieces. It is a building that has no space inside and the doors and windows are placed on top. It is an eloquent image of a mind full of muddle and the watchfulness for something going wrong in the doors and window on top. It brought to mind the hyper alertness of the traumatised child, constantly watchful. In the next session Harry played with the dolls house. The elephant family were being threatened by the crocodile and the baddies. The baby elephant said, 'help help' in a scared voice, as the mummy elephant fell over the edge of the house hitting the floor with a loud thud. Harry jumped violently and said 'that scared me'. His face had expressed shock and then confusion with feelings of upset, as if an actual memory intervened in the play. He had felt shaky or dizzy for a moment. I talked about the play with dolls house, his worry about the baddies, the mummy elephant falling and the haunted house pictures, linking them together and to past events in his life.

Gaensbauer (2002) explores how traumatic experience in infancy is remembered. There is evidence for the persistence of somatic memories; also that language can be superimposed on previously registered preverbal memories during enactment in therapy. In his work Gaensbauer (2002) suggests that by 7-13 months infants have internal representation of a traumatic event that can be expressed in the form of sequentially meaningful play re-enactments at subsequent periods of time from months or years ahead. The re-enactments 'captured essential elements of the trauma' and were in multiple

sensory modalities. They were not dependant on verbal learning but children later superimposed verbal descriptors on their memories and play enactments.(2002:268) A traumatization even when lost to conscious awareness will 'influence and potentially distort' everyday interactions.

Neurobiologists suggest a number of different memory systems which may interact or act separately (see Pally 2000, Chapter three; Turnbull and Solms (2003) for readable accounts of the brain structures involved). Long –term memory can be divided into explicit/declarative and implicit/non-declarative. Explicit memory is the conscious recollection of previous experience which may be actual facts (semantic) or memories of specific events (episodic). An experience which recalls something familiar may move an implicit memory to an explicit one. There is also a continual interactive process as we project our previous expectations of the world on to it and filter our perceptions of it. As memories are encoded in more than one way it is commonplace for experiences to influence our behaviour and beliefs without us consciously remembering the experience in question (Turnbull and Solms 2003). The source memory helps to find the looked for information. Pally (2000) discusses how the immaturity of children's pre-frontal cortices may make them susceptible to 'source memory errors', i.e. as to whether information 'originates from within themselves (imagery, fantasy) or from external events' (Pally 2000:52). Not having developed an adult memory system, newborns and young children rely more on perceptions in the 'now'.

The encoding of memory is affected by the conscious attention towards the information at the time. If a child is emotionally aroused they will remember the event as stress hormones affect the way that the memory is encoded in the brain. However, extremely stressful situations can impair episodic memory due to hippocampal dysfunction. In babies and young children the hippocampus is not fully functional in the first two years of life and infantile memories are stored as bodily memories and implicit knowledge of how the world works. A memory is retrieved if there is a degree of similarity between the present situation and the past. In this way a word, gesture, scent, piece of music may trigger a retrieval of an experience. This experience is remembered again, but modified by the current situation.

Implicit, or non-declarative memory is the name given to memories that are non-consciously processed. This may include our memory for shape and form, and emotional memory as well as known skills, habits and routines. Bodily changes to our autonomic nervous system such as heart rate, feeling sick or sweating, form part of our emotional memory. Due to their immaturity infants and young children may not be able to recall an actual traumatic event, i.e. an explicit memory, while having the somatic memory of the traumatic event i.e. the implicit memory (see Gaensbauer 2002). Turnbull and Solms (2003) discuss how the 'recovery' of a memory by an adult patient or older child may actually be the recovery of a link between the 'feeling self' or procedural and semantic memory which in turn is linked to a current feeling state in the present. In the case of Harry, the muddy Lego house, linked to the painted 'haunted' houses. The doors and windows on top suggest both watchfulness but also a way in to the middle which was gradually becoming more accessible through the therapy. The falling mummy elephant seemed to have triggered a memory of his mother falling and hurting herself in the past. The physical states he felt at the time are relived but the difference is that links could be made verbally with an accompanying description.

Three weeks later Harry painted his second animal picture, of a tiger and his house. The tiger feels fairly young and gentle but I thought that this suggested a 'safe' home for his more normal aggressive urges that were becoming apparent both in the session, with feisty ball play and in his football where he was excelling (Case 2005). The picture had a light feel to it as the clouds became birds playing tag.

At this time, Harry missed some sessions due to his mother's ill-health. We therefore had a lot of conversations about the family and how he worried about his mother when at school and when he could not see her. There was more play with the mummy elephant which would sometimes stop abruptly but we were able to talk about the feelings that came up. Harry continued to unpack the layered paintings and the content of the haunted houses by painting what he called, 'old pictures'.

Old Pictures

In his 'old pictures' he would first of all paint the picture, and then pour water all over it and screw it up, before flattening it out and leaving it to dry so that it had a crumpled, faded and aged appearance. His first 'old picture' was of a house. We talked of haunted ghost houses and this old picture, from the past. In Harry's wider family the past kept returning to the present, but it was not actually happening at that time now. We sat and looked through all the pictures in his folder together as he wanted to see all the haunted houses. Next, he made a family of trees, out of plasticene, that formed a wood, He also made a ghost, who came to frighten the family of trees, but the father tree knocks it away. The ghost is rolled up, back into a ball of plasticene and put away. We talked about a wish to be the big strong Daddy tree that could hit the ghost away but sometimes he felt like the baby tree at the front. He told a series of 'knock-knock' jokes, which ended in 'loo who', 'down the loo'. These were intended to be funny but we were able to talk about how he felt like worthless poo to be flushed away.

Enactment

In the work with Harry, there were two kinds of enactment. The play at the dolls house was an attempt to re-play past trauma and the interactions with the therapist played out the transference within the relationship. However, we also think of enactment when the therapist is drawn out of role (Case2009). Just over a year into therapy there was an incident in real life when a local football hero hit a player on the football field. For Harry, this resonated with his father hitting his mother and the following enactment happened outside the therapy room.

Harry came into the session without speaking and put out the paints, carefully cleaning them. He painted a black frame and a black shape in the middle and then filled in all the remaining white paper in black. He asked me if I could see any white specks left, and filled in everyone until it was all black. He then left this to dry and we played the usual ball game. While playing, there was discussion of the football incident in his favourite team, where his hero had hit another player on the pitch. He thought that the other team had cheated, and

acting out both players in the incident. When the picture was dry he painted a white figure on it saying 'It's me!' He then screwed it up and then flattened it to make an 'old picture', as previously. He suddenly left to go to the toilet.

Outside the therapy room there was a piercing scream and sudden intense crying came from the toilet and I ran out to find that he was somehow locked in. I spoke to him and went to get a screwdriver so that I could let him out. His mother had also come round from the waiting room and was crying convulsively and I found that I was standing protectively by both of them, with a mental image of a Henry Moore sculpture in my mind. As Harry was soothed, his mother said that something similar had happened in the past. We went back to the therapy room. Harry painted his hands red and pressed a hand print onto his picture, saying, and 'Its blood'.

He then painted a new house, windows and door like a face, covered in red paint like blood, but could not talk about this. He flattened the plasticene trees and ghosts that he had made previously and began a game of shops where he was the provider. He made burgers, chips, and ice-cream for me to buy and eat, trying to look after me. I talked with him about what had happened but he was unable to respond verbally, wanting to 'just play'.

This enactment of past trauma had several layers of meaning. In the present he did experience being locked in and was unable to get out of the continual intrusion from the past into the present. There was also a time about a year ago when he got locked in a toilet and had to be rescued. I thought that this was also a memory that hid a deeper one of the trauma of his father attacking his mother. This had been recalled because his football hero had been violent, a linking of joint aggression by people who he looked up to. I felt like a man as I stood with the screwdriver tool in my hand and the image in my mind was of a family, father, mother and Harry; so that I think I had been drawn into an enactment, an actualisation of an intrapsychic configuration. In rescuing Harry I enacted a good father. However, after this he painted the house with a red handprint. This brought to mind smashed faces from the domestic violence and that Harry tried to be strong and look after his mother which, conflicted with his wish to be little and looked after. There had been a growing robustness in the

ball play and I think that Harry had begun playing with me as a father in the transference. Noticing the move into latency intellectually, I had not acknowledged this by talking about this in terms of the transference. There was also a wish to be separate from his mother. I thought that in undoing the toilet door with the screwdriver I was also enacting a male presence releasing Harry from a relationship to which he is tied into a protective role.

In this enactment Harry created a situation where the therapist played a part of a rescuing Daddy following a football hero hitting another player. This had brought to his mind an image of domestic violence between his parents. Children traumatised by situations of adult aggression in their past are very affected by aggressive feelings and confrontations happening in the present.

Ending

As we worked towards an ending, the focus of the work moved more towards coming to terms with his father's limitations. His mother made the decision that it would not be good for Harry to see his father at the present time. He began to acknowledge a wish for an ideal Dad and accept, 'It is not like that'. At the same time Harry continued to develop his potential in football and acknowledge his difficulty of managing his own competitive and normally aggressive feelings. He could be proud of being a boy.

Conclusion

In this case study the intention has been to show some typical features in the play and art work of traumatised children, particularly layered pictures and repetitive play. The layered pictures served to hide, protect and keep safe the content which the child may fear is too powerful for the therapist as well as themselves. The art work changed from undifferentiated 'dark thought and feelings' represented by black paint to differentiated images of 'haunted houses' and 'old pictures' relating both to the way that the past constantly intruded on the present and also to specific traumatising incidents. Repetitive play without accompanying feelings terminates, as do the layered pictures which are unpacked in therapy when links can be made between content and emotions. These may need a trigger which happens in the ordinary events in the child's

life or in events in the therapy room which are experienced in a particular way. (Case 2009, 2009a). Reference has been made to 'handprints' and the use of these in children's images in therapy. Making marks in this way may represent different aspects of the child's inner world, refer to events in the child's life or may be enactments in the therapy. These different meanings will be explored in a forthcoming article.

In an enactment there is an actualisation of intrapsychic dynamics within the patient where the therapist takes an allotted role. There may be a concern about having 'acted out', but such an incident also allows previously non verbal elements to be verbalised. In Harry's case there was a mixture of past and present dynamics as well as wish fulfilment triggered by an incident in football, in the external world.

Harry's case illustrates the impact of parental mental health on children and makes evident the need to link health services for children and adults. Trauma inhibits a persons' interaction with the external world and between separate parts of the internal world which are kept apart by defences against pain. It is a struggle for normal development to take place in this psychic situation. Bereavement and absence of significant figures in a child's life also inhibit the development of self agency. This case study illustrates the importance of using a non-verbal medium when traumatic memory is pre-verbal or no words can yet be found in relation to it. It has been possible to trace the moves from transference to images, the protection of the therapist in the maternal transference to a more robust ball play with the therapist in the paternal transference.

Caroline Case is an Analytical Art Therapist working in private practice with children and adults. She is also a Child and Adolescent Psychotherapist working in a child and family mental health service in the NHS in Bristol.

References

Balbernie, R. (2001) 'Circuits and circumstances: the neurobiological consequences of early relationship experiences and how they shape later behaviour', *Journal of Child Psychotherapy*, 27: (3) 237-255.

Boronska, T. (2000) 'Art therapy with two sibling groups using an attachment framework,' *Inscape*, 5 (1): 2-10.

Boronska, T. (2008) 'I'm the king of the castle': the sibling bond-art therapy groups with siblings in care in Case, C. and Dalley, T. (eds) *Art Therapy with Children-from infancy to adolescence*, London and New York: Routledge.

Case, C. (1987) A search for meaning: loss and transition in art therapy with children in Dalley, T. et al (eds) *Images of Art Therapy* London: Tavistock Press

Case, C. (1998) Brief encounters: thinking about images in assessment, *Inscape, Journal of Art Therapy*

Case, C. (2000) 'Santa's Grotto: an exploration of the Christmas break in therapy', *Inscape* 5 (1): 11-18.

Case, C. (2005) *Imagining Animals: Art, Psychotherapy and Primitive States of Mind*, London and New York: Routledge.

Case, C. (2005a) The Mermaid: moving towards reality after trauma, *Journal of Child Psychotherapy* 31(3) 335-51

Case, C. (2008) Playing Ball: oscillations within the potential space, in Case,

C. and Dalley, T. (eds) *Art Therapy with Children-from infancy to adolescence*, London and New York: Routledge.

Case, C. (2008a) The Mermaid: moving towards reality after trauma in Hindle,

D. and Shulman G. (eds) *The Emotional Experience of Adoption-a psychoanalytic perspective*, London and New York: Routledge

Case, C (2009) 'Action, Enactment and Moments of Meeting in Therapy with Children' in Mann, D and Cunningham, V. (eds) *The Past in the Present: Therapy enactments and the return of Trauma*. London and New York: Routledge

Case, C. (2009a) Gratitude and Recognition, Action and Enactment in Child, Parent and Therapist (submitted for publication to the Journal of Child Psychotherapy: Routledge)

Coates, S. W. and Moore, M. S. (1997) 'The Complexity of Early Trauma: Representation and Transformation', *Psychoanalytical Enquiry* 17: 286-311

Freud, S. (1893) 'On the psychical Mechanism of hysterical Phenomena: A Lecture', *Standard Edition* , vol 3

Gaensbauer, T.J. (2002) Representations of Trauma in Infancy: clinical and theoretical implications for the understanding of early memory, *Infant Mental Health Journal* 23(3) 259-277.

Garland, C. (1998) *Understanding Trauma: a psychoanalytical approach* Tavistock Clinic Series, London: Duckworth.

Hall, P. (2008) Painting together-an art therapy approach to mother-infant relationships in Case, C. and Dalley, T. (eds) *Art Therapy with Children-from infancy to adolescence*, London and New York: Routledge.

Hosea, H. (2006) 'The Brush's Footmarks': parents and infants paint together in a small community art therapy group, *The International Journal of Art Therapy: Inscape* 11(2): 69-79

Nelson, C. A. and Bosquet, M. (2000) 'Neurobiology of fetal and infant development: implications for infant mental health', in C. H. Zeanah (ed.) *Handbook of Infant Mental Health*, 2nd edn. New York: Guilford Press.

Murray, L. (1997) 'Post-partum depression and child development', *Psychological Medicine* 27: 253-60.

O'Brien, F (2003) Bella and the White Water Rapids. *Inscape*. Vol 8, No 1:29-41

O'Brien, F.(2008) Attachment patterns through the generations: internal and external homes in Case, C. and Dalley, T. (eds) *Art Therapy with Children-from infancy to adolescence*, London and New York: Routledge.

O'Connor, T.G., Heron, J., Golding, J., Beveridge, M., Glover, V. (2002) *Maternal antenatal anxiety and children's behavioural/emotional problems at four years*, *British Journal of Psychiatry* 180, 502-508

Pally, R. (2000) *The Mind-Brain Relationship*, London and New York: Karnac.

Papousek, H., and Papousek, M. (1997) 'Fragile Aspects of Early Social Integration', in L. Murray and P. Cooper, (eds.) *Postpartum Depression and Child Development*, New York and London: The Guilford Press.

Sinclair, D. and Murray, L. (1998) 'The effects of post-natal depression on children's adjustment to school', *British Journal of Psychiatry* 172:58-63.

Stronach-Bashel, B. (1990) Trauma, Children, and Art, *The American Journal of Art Therapy*, 29: 48-52

Terr, L. (1981) 'Forbidden Games': post-traumatic child's play, *Journal of the American Academy of Child Psychiatry* 20: 741-760.

Terr, L. (1983) Play, therapy and psychic trauma: a preliminary report. In C.E.Schaefer and K.J.O'Conner (Ed) *Handbook of Play Therapy*, New York: Wiley 308-319

Tronick E. and Weinberg, M.K. (1997) 'Depressed Mothers and Infants: Failure to Form Dyadic States of Consciousness' in L. Murray and P. Cooper (eds.) *Postpartum Depression and Child Development* New York and London: The Guilford Press.

Turnbull, O. and Solms, M. (2003) 'Memory, amnesia and intuition: a neuro-psychoanalytic perspective in V. green (ED) *Emotional Development in Psychoanalysis, Attachment theory and Neuroscience*, Hove and New York: Brunner/Routledge

Van der Kolk, R.A. (1987) *Psychological Trauma*, Washington, DC: American

Williams, G. (1997) *Internal Landscapes and Foreign Bodies: Eating Disorders and Other Pathologies*, Tavistock Clinic Series London; Duckworth.

Zeanah, C. H., Boris, N. W. and Larrien, J. A. (1997) 'Infant development and developmental risk: a review of the past ten years', *American Academy of Child and Adolescent Psychiatry*, 36(2): 165-78.