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Play Therapy™

Symbolic Play: The Language of Preverbal Trauma

Israel and Play Therapy in Times of Kasam Rockets

While the Wind Howls: Therapeutic Play in a Red Cross Shelter

Play Therapy and Evidence-Based Practice for Traumatized Children: Reflections of a Swingmaker

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The Road to Recovery

Using Filial Therapy to Promote Healing After Traumatic Events

Association for Play Therapy
United States

MENTAL HEALTH PROFESSIONALS APPLYING THE THERAPEUTIC POWER OF PLAY

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Mission: To promote the value of play, play therapy, and credentialed play therapists. To satisfy this mission, the Association for Play Therapy will advance the psychosocial development and mental health of all people by providing and supporting those programs, services, and related activities that promote the: 1. Understanding and valuing of play and play therapy. 2. Effective practice of play therapy through education, training, and research. 3. Recognition, incorporation, and preservation of diversity in play therapy. 4. Development and maintenance of a strong professional organization to accomplish these objectives.

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CLINICAL EDITOR COMMENT

This article discusses the implications of language development, the brain, and trauma. The author argues the importance of play therapists being knowledgeable regarding non-verbal enactment of trauma experiences and specifies strategies for post-traumatic healing.

Symbolic Play

The Language of Preverbal Trauma

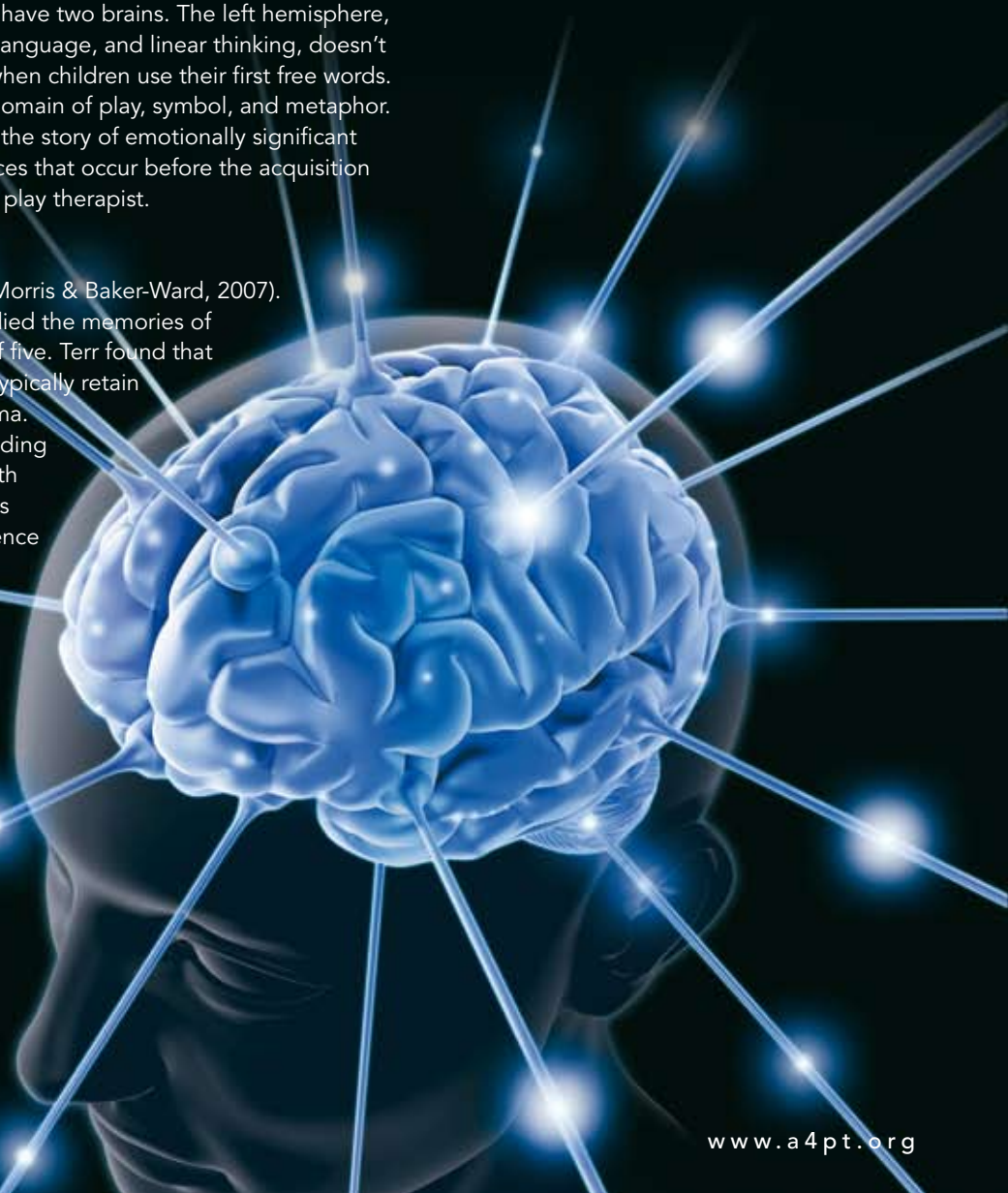
By David Crenshaw PhD, ABPP, RPT-S

Rabindranath Tagore, India's Nobel Prize winning poet said, "Music begins when words end" (Roy, 1916, p.167). Likewise, before words begin, play tells the story of a child. Play, symbol, and image is the language used to convey the child's earliest experience. Allan Schore (2003a; 2003b) elucidates the role of the right hemisphere of the brain in the regulation of affect. He also describes the primacy of the brain's right side during the first three years of life. Schore explains that basically we have two brains. The left hemisphere, which is the primary center for logic, language, and linear thinking, doesn't come on line until eighteen months when children use their first free words. The right hemisphere is the primary domain of play, symbol, and metaphor. The question of how children can tell the story of emotionally significant events, especially traumatic experiences that occur before the acquisition of language is of great interest to the play therapist.

Earliest Memories

An early memory system does exist (Morris & Baker-Ward, 2007). Lenore Terr (1988, 1990, & 1991) studied the memories of traumatized children under the age of five. Terr found that when children obtain language they typically retain and retrieve a verbal memory of trauma. More significant, however, was her finding that when trauma occurs between birth to age two, when no verbal memory is present, children convey their experience of trauma through behavioral memories. In other words, they reenacted in play at least some aspect of the traumatic events. One dramatic example of this was a girl just short of her third birthday who played out in precise detail her sexual abuse that had occurred in a day care center in the first six months of her life. The details of the abuse were verified in photographs confiscated by the police.

The neurobiological underpinnings of Terr's findings are provided by the research of Joseph LeDoux (1989), among other seminal researchers, who found that the amygdala is the



emotional center of the brain and operates both independent of, and prior to thought. LeDoux demonstrated the role of the amygdala in precortical learning and memory thus laying the groundwork for emotional memories to be recorded from the beginning of life and later acted out by young children through play, symbolic depictions in art, behavioral enactments and, in some cases, symptoms.

Preverbal Memories are Enacted

Controversy in the current research literature revolves around the key question of whether children upon acquisition of language can use words to describe an experience that occurred prior to obtaining productive verbal language. Some studies are consistent with Terr's findings that children can later superimpose words on these preverbal experiences and other researchers argue the opposite. More importantly, for the play therapist, is the consistent finding of the existence of preverbal memories that are expressed in enactments. Some children, perhaps a minority, are able to use words later on to describe a preverbal emotional experience, but there is strong evidence of preverbal memory systems and these memories are demonstrated in experimental situations by enactments of children even when they can't verbally describe the experience (Bauer, Wenner & Kroupina, 2002; Simcock & Hayne, 2002). The therapeutic value of enactments within the context of symbolic play is that it allows for reworking and mastery of the traumatic events.

Symbolic Reconstruction of Early Experience

The capacity of children to symbolically represent and enact their early preverbal experiences in therapeutic play is remarkable. A striking example is Paul, a boy who began play therapy at age six. Paul lives in a loving adoptive family. In spite of his good fortune to end up in this nurturing family at three months of age, his introduction to life was a horror story. In this period, Paul was in the care of his birth mother who was bipolar, and abused alcohol. Paul's biological father also abused alcohol and drugs. During this child's first ninety days, Paul apparently on repeated occasions was taken into smoke-filled bars, bombarded by loud and strange noises, sometimes literally propped up on the bar. He apparently slept with his mother in abandoned cars. When social services intervened and brought the child to his preadoptive home, he was in a condition that no infant should ever experience. His birth mother told the police she was afraid she would kill the baby. Paul was malnourished, had horrible sores in his mouth, was caked in dirt and filth and could not be consoled or soothed. His adoptive mother describes how no amount of comforting could get him to stop crying. He was ultra sensitive to any touch or loud noise. He became hysterical and panicked when placed in a bath.

Paul's adoptive mother is included in the play sessions because Paul wanted it that way from the beginning and I often find the parent's participation facilitates the therapeutic process. Paul initially was drawn to empowering play, often taking the form of identification with the aggressor. He would ask his therapist to play the role of the mail carrier. When I delivered the mail, he didn't like the package and would ask for another one or throw it back at me. Later in the play sequence he would throw "bombs" at the mail carrier. Was Paul playing out the rejection of the "package" - the "delivery by his mother" and his rage at that rejection (throwing "bombs" at the mail carrier)? After many variations of play scenes in which the central themes were power, control, and rage often reflected in aggression toward the mail carrier, Paul initiated a new chapter in his play dramas. The new theme was played out with minor variations over a number of months.

Key Theme: "The Baby Can't Be Protected"

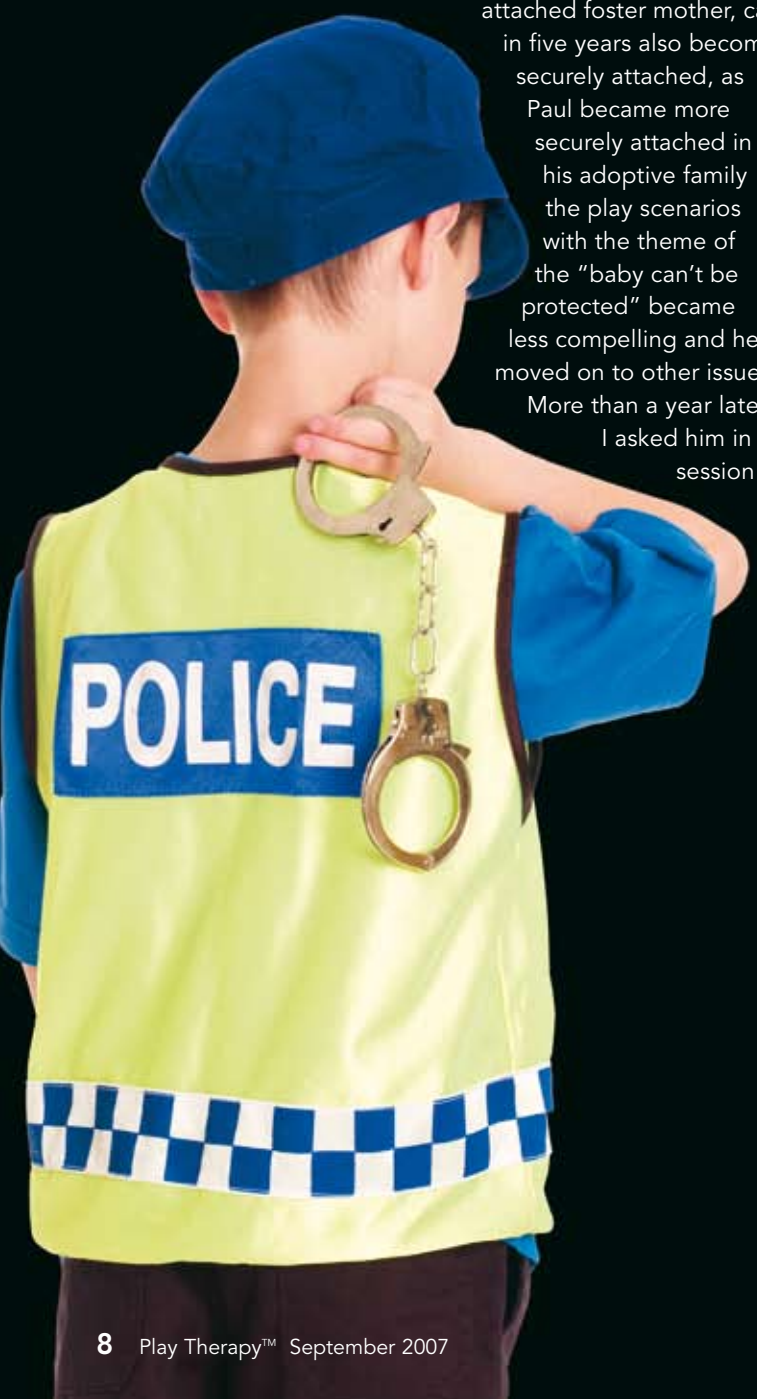
The overriding theme of this new chapter in his unfolding story was, "The baby can't be protected." Paul identified with the aggressors and played out the "bad guys," that would attack and kidnap the baby in spite of the therapist's best efforts to protect the baby. Paul relished the powerful role in contrast to the predicament of the

"Paul initially was drawn to empowering play, often taking the form of identification with the aggressor."

helpless baby and its protector who were invariably overtaken by these "evil" forces. His adoptive mother reported that parallel to this powerful theme in his play he suffered frequent terrifying nightmares about being snatched or abducted.

To counter the excessive gratification stemming from the identification with the aggressor, the therapist introduced the idea of a police chief who could arrest the bad guys and urged Paul to take that role. As police chief he could practice exercising power in a constructive capacity. Initially, the police chief was rather weak and ineffectual and Paul kept switching back and forth between the police chief who was trying to contain the menacing forces and the "bad guys" who were trying to kidnap the baby. As time went on, the police chief demonstrated more power and effectiveness in his role and the switching back and forth of "bad/good" guy identifications declined.

Consistent with attachment theory research findings (Siegel, 1999), that children placed in foster care with a securely attached foster mother, can in five years also become securely attached, as Paul became more securely attached in his adoptive family the play scenarios with the theme of the "baby can't be protected" became less compelling and he moved on to other issues. More than a year later, I asked him in a session if he remembered doing the play dramas about the baby who couldn't be protected. He said that he did remember and I asked him, "Do you think the baby is safe now?" Without hesitation, Paul replied, "Now, the baby is safe." The therapeutic value of his play enactments is validated by his adoptive mother's report that he no longer suffers the terror of the "abduction nightmares."



The Baby is Now Safe

A few times recently Paul has returned to the symbolic play scenarios at times of stress in his life. The play, however, is dramatically different. He is firmly entrenched in his identification with the more powerful protective figures and he assigns the therapist the role of the "bad guys." Now it is the "scary, bad guys" who are totally helpless because the house is surrounded by an army with tanks and the "bad guys" are hopelessly outnumbered and inadequately armed. Paul's need to revisit this play when he is under stress seems to reinforce in his mind that he is safe and secure and whatever threats arise he is well equipped with his strengthened inner resources and protective army (loving family) to battle effectively against them. Paul told the story of the first three months of his life not in words, but in symbolic representations of his frightening, unpredictable, and chaotic earliest experiences in the enactments of "the baby can't be protected" scenarios. Due to the love, stability, consistent care and nurturance he has received in his adoptive family, it is deeply moving that Paul now confirms both by words and in his play "that the baby can be protected."

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