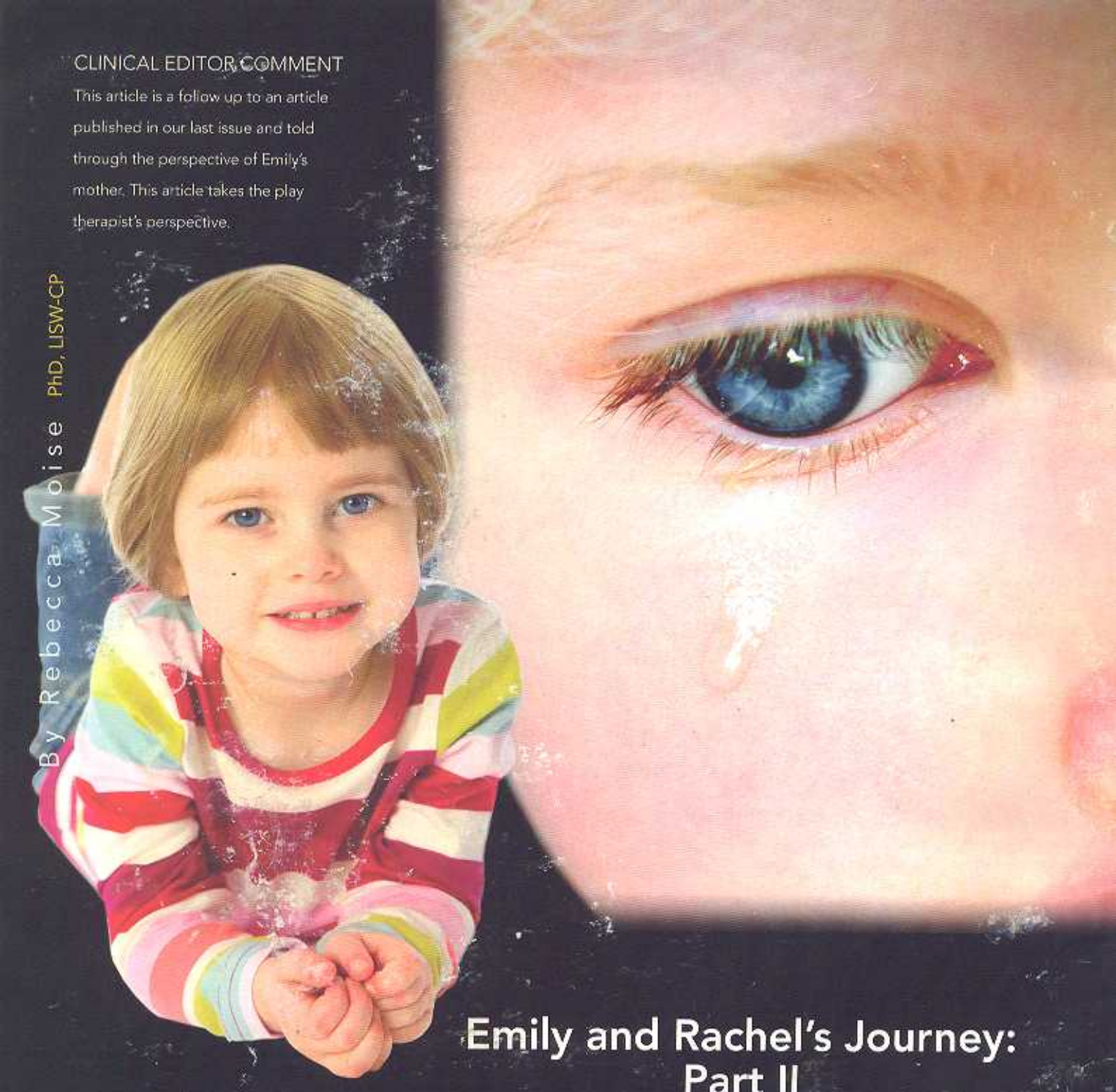
CLINICAL EDITOR COMMENT

This article is a follow up to an article published in our last issue and told through the perspective of Emily's mother. This article takes the play therapist's perspective.



By Rebecca Moise PhD, LISW-CP

Emily and Rachel's Journey: Part II

What Her Therapist Saw

Emily was almost three when I first saw her. The pale blond hair which framed her face accentuated an almost spiritual look she sometimes had. With play therapy, her expression had become animated and even mischievously naughty. Initially, she was painfully shy, easily frightened and prone to retreat to the world that she and her mother Rachel, her constant companion, had created together.

Peter Levine's (1997) Somatic Experiencing (SE), provides useful vocabulary to describe the freeze or immobility response, a primitive "shut down" which occurs when activation of fight or flight responses is overwhelming. This biological phenomenon is exhibited by animals as well as human adults, children, infants and even fetuses. While protective in many ways, it also keeps the organism in the moment of greatest danger. Sensations of fear remain until these can be discharged. Extreme helplessness is associated with correspondingly huge amounts of trapped energy or Global High Intensity Activation (Foundation for Human Enrichment, 2006). This is especially likely to occur with fetal or perinatal trauma and can sometimes produce

symptoms that resemble autism (Elledge, 2003; Levine & Kline, 2007).

Emily was born with Dysplasia in both hips and this was treated with braces. She often cried as a neonate and her stomach bled before her physicians were able to prescribe the right formula. From infancy Emily would sometimes have a blank look "like she's not even there". Rachel described Emily, at 34 months, as "easily distraught everywhere we go". When strangers tried to engage her, she would withdraw. Sometimes, for no apparent reason, she would become too upset to eat, "freak out" and then go to sleep.

Emily's activation was intense. She felt danger when none was present. Rachel sensed this and followed her instinct to comfort her child. Some might identify Emily's problem as a chemical imbalance requiring medication. SE, however, suggests imbalance is implicit in the immobility response. Something is stuck, like driving with the brake and accelerator on at the same time. Therapy, including play therapy, might help restore flow and resiliency.

Emily coped and was often happy as long as her mother, father, or a few others were with her. This solution was time limited, however, and when they entered therapy, Emily's fears were getting worse. Infants and toddlers originally do not experience their mothers as separate beings but look to mothers to reflect and validate their own feelings. The child strives to separate; this begins already in the first year of life, and continues throughout childhood. Children develop what Virginia Axline (1947) and others call a "self". There comes a time when the children comfort themselves, not in symbiotic union with their mothers but with a teddy bear or blanket, perhaps their first "toys." As children grow older, they feel joy or sadness or fear within themselves and then see these emotions reflected back in play worlds they themselves have created. Emily had not developed these skills yet.

I sensed their protective bubble in initial play therapy sessions with Rachel and Emily together as Rachel eased Emily's fears. They needed help enlarging their bubble because the outside world was still very scary for Emily. The more her own development pushed her away from mother, the more frightened she became. Rachel knew something was wrong but did not know how to help Emily begin to individuate.

From the first visit I felt that Emily had a good chance of recovery. Although her fearfulness was extreme, she well resourced and play therapy is a powerful force for accomplishing what the child is struggling to do. In my experience, separation anxiety responds particularly well to play therapy and since this was Emily's issue, I expected to have a relatively easy time.

But the therapy wasn't easy, at least not at first as Emily resisted longer than I expected. Still, neither Rachel nor I pressured her and instead of going into an autistic-like shell, Emily and her mother together had created a loving, gentle world which set the stage for Emily's later progress. Initially Emily could not be lured away from her bubble. During her first four therapy sessions, she maintained interaction only with Rachel, but something was happening under the surface. Emily frequently talked about therapy and was eager for sessions. During our fourth session, she made eye contact with me though her face registered considerable fear but she looked away quickly. During our fifth session, I was sitting beside a doll house and Emily made the decision to join me. She started to respond to my reflecting and affirming comments. I could feel the change in the room. She was now playing in a world consisting of herself and a separate person. I wrote in my notes that day that Emily was playing more independently than she had before and that there was much more structure and fantasy in her play.

"She was now playing in a world consisting of herself and a separate person."

During a subsequent session, Emily got out the small doll house and put some miniatures inside it, creating feelings of safety and support. She then moved to danger. Peter Levine calls a movement like this pendulation a technique he uses in SE therapy that goes back and forth between two contrasting sensations. In session, Emily was doing this all on her own when she got out the crocodile miniature, had it bite "Aladdin" and put him in its mouth. Then Emily moved the crocodile danger away from the people. The Aladdin miniature had a lamp in its hand and she used this like a sippy cup to reassure some of the characters. One of Emily's early issues had been pain and difficulty with feeding. In her play she spontaneously created a scene of danger and hurt associated with a mouth and then pendulated away from this to pleasant feeding.

Later Emily lined up some Disney miniatures on the balcony of a larger doll house. She had them fall and said, "They got trouble." And then she had others come to the rescue. I reflected that people help, that people can get hurt but then be OK. Emily's play became intense. Repeatedly she enacted the drama of people falling, getting hurt, being rescued, returning to the balcony, and then falling again. In this Emily recreated, with mastery, a time when her excessive activation had caused her to fall, injuring herself (Moise & Grantz, 2007). As Emily played, she became flushed and she perspired. Her spontaneous pendulation was releasing what had been stuck. Flushing, perspiring and sensations of heat are some of many possible discharge phenomena which occur when trapped energy releases. As this happens internal sensations of danger are reduced. This happens naturally with what we call play.

One thing that still surprises me about play therapy is how change is sometimes very rapid. In a few minutes, even seconds, the child's emotional and social universe is very different. After this particular fifth session, Emily made eye contact with me more frequently and easily. Later she became more outgoing outside of therapy, joined a play group, and took gymnastics. Her world had become less dangerous. She was developing

skills and learning how to find resources within herself.

As Emily changed from being fearful to more outgoing, she would sometimes become very active. Rachel joked she had wished and wished for a "normal" child, and this might fall in the category of be careful "what you wish for". Activation lies beneath the immobility response. It got so Emily would race around the car or bounce on every chair in the waiting room. During one session, Emily pounded her head with her little fists, not injuring herself, but making the gesture. These physical actions – pounding, running, jumping – may be other ways of discharging interrupted fight and flight responses.
She also experimented with minor ways of being naughty. Rachel mentioned that at home, Emily would sometimes kick her legs forcefully. I remembered the braces she had as an infant, how she might have wanted to kick these off but was not able to do so. I suggested Rachel try an SE technique of putting her hands against Emily's feet to give them some resistance. Emily could then experience the fun of pushing against something successfully. Rachel reported this was effective when Emily became "wild." Her mother and I worked together to help Emily manage new and sometimes troubling sensations welling up inside her.

There are times when play therapy feels like the movie "Groundhog Day." You know, or at least you hope, something good is happening under the surface, but there are other times when change is as rapid and as obvious as it was for Emily. You see the child using play to recover from excess activation or trauma, to recapture energies needed to engage the world, to discover who she is and what she can do. Her transformation was supported by her mother and therapist, but it was accomplished by Emily following a path children have traveled for centuries.

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