

“I don’t know where is me”: Lost and Found in Art Therapy -
A Transcultural Approach Exploring Cultural bereavement, Trauma, and Grief

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A Research Paper

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Abstract

“I don’t know where is me”: Lost and Found in Art Therapy - A Transcultural Approach Exploring Cultural bereavement, Trauma, and Grief

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Pre-school aged refugee children are at a higher risk for sustained traumatic grief, in which childhood trauma symptoms intrude on a child’s ability to bereave their multiple losses. A transcultural and developmental approach provides a framework for understanding the multiple issues of pre-trauma, trauma, and host country integration that challenge refugee children and their families. An instrumental case study methodology is used in order to integrate these theories and capture the complexity of issues of one young refugee child referred to art therapy due to post-traumatic stress symptoms. Through case session descriptions and qualitative analysis of the resulting themes, this case study seeks to explore how this child expresses cultural bereavement, trauma, and grief in his art and play expressions. As well, the case will explore the ways that art therapy can help children experiencing traumatic grief re-engage developmental coping strategies in order to work through grief and trauma symptoms. The findings from this analysis will demonstrate how ‘anchor points’ of a child’s traumatic memories express themselves in verbalizations, repetitive images, traumatic play, and how these are entry points for the therapist to work with in therapy through art and play. Through creating a warm therapeutic alliance, with engaged and sustained reciprocal communication, this case demonstrates how art therapy can help re-engage a child’s capacity to communicate symbolically through art and play in order to integrate losses and grief into a growing self-concept.

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Dedication

I would like to dedicate this research paper to Kaylan and his family and to the generations of refugees and immigrants to this country on Native's land, in search of a home. A special dedication to my family, whose story of courage to escape the aftermath of an unnecessary war, in order to create a bright future in new country, has inspired me and made me who I am.

May you all find a sense of belonging and well-being wherever you may call home.

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Lost and Found in Art Therapy

I watch myself working with Kaylan while reviewing the video of session 6. We have just come back to the therapy sessions after the winter break. Kaylan appears restless and tired. He moves from one activity to the next, painting for a few minutes, telling me about his travels in an airplane from his home country to Canada, playing car crashes, talking about his family members in jail, telling me that he is now eating at daycare. I look a little confused as I am trying to follow his train of thought and interest, trying to understand what comes from his real experience and what he is feeling in his inner world.

I was told by the psychoeducator that Kaylan has been reminded about fathers through a story read in class. He responded to his classmates crying out, « Mon père est mort », “*my father is dead,*” and had been crying and not eating for the past week. It’s hard to imagine what a child a little less than five is feeling at this moment.

In a brief minute in the play, he picks up the toy telephone. He shakes it as he says “it doesn’t work.” I pick up another toy and say “I have a pretend phone.” He seems to want to continue this play and takes the phone, moving from one place to another, trying to find a hidden corner in the room. “I put the number okay?”, he says, but it appears as if he is not sure what to do next. There is a moment of confused silence when I say “Dring, dring, hello?, calling him, to see where he is and to invite him to continue the play. He answers, “Ah, ah, it’s Kaylan....I don’t know where we...I don’t know where is me. What is the road?”

I ask him where he is. He replies, “It’s very long way to go.” I name off streets in the area that I know he has mentioned before to see if he can find his house in the play. Before the game gets started, he gets distracted and moves to another part of the room. He tells me “Okay, goodbye, I don’t want to play the phone,” moving to his next interest.

In a later session he recounted this story again, of his family getting lost in the city where he lives, saying “One day me lost, me lost, one day in the road. I don’t know the way.” The fragments of this story slowly revealed itself in the process of therapy. For me the fixation on this story appears to be a metaphor for his own situation - a child who finds himself lost and disoriented due to trauma, grief, migration and settlement in a new host country. In this paper, I present a case of being witness and guide to Kaylan, a young boy playing out memories of being lost and found through art and symbolic play.

Literature Review

Transcultural approach to trauma and bereavement

For young children the complexity of the refugee experience from safe pre-trauma memories, trauma, survival, displacement, and subsequent adaptation in the host country is mediated through the complexity of their developing minds and bodies. Transcultural models of therapy (Cardona, Wampler, & Busby, 2005; Dinicola, 1996; Rousseau, 1995) and developmental models of trauma (Greenspan & Wieder, 2006; Pynoos & Nader, 1993) address the *internal psychological* needs of young children, while situating the therapeutic intervention through understanding the *external psychology*, such as social, historical, political, and cultural factors that impact upon the individual (Dinicola; Eisenbruch, 1990; Golub, 1989; Kalmanowitz & Lloyd, 2005; Rousseau). As well, intervention does not only aim to work with the child, but in conjunction with the social and family system of the child (Dinicola; Rousseau). While a child may demonstrate concrete symptoms of trauma, these may also intersect with reactions to the experience of loss or *cultural bereavement*, which entails culturally appropriate symptoms and reactions of grief due to personal loss of family members and being uprooted from one's culture (Eisenbruch, 1991). In the context of an art therapy intervention, the differentiation between symptoms of cultural bereavement, grief over loss of loved ones and trauma may not be distinguishable. However, a transcultural model approach to therapy asserts that these multiple realities of the client need to be considered along with understanding specific cultural norms, as well as traditional or cultural norms of art expression (Golub). In order to explore how art therapy and play can address a young

refugee child's needs, the context of the refugee population as well as typical developmental reactions to trauma should be understood.

Uprooted Children

Socio-political events of war, civil war, and organized violence underlie the voluntary migration or forced flight of many refugee families and children. Adam and Van Essen (2004) have classified refugee children to include children in families born prior, during, or after flight; children who have fled with their families; children who were born and raised in exile; children as perpetrators (e.g. child soldiers) and unaccompanied minors. Whether children of refugee families are born or have settled in the host county with their families, they may have experienced either directly or indirectly several different kinds of traumas such as the violent death of a parent or family member; separation and displacement from their home, culture, and family; terror attacks; bombings; kidnapping and life threats (Macksoud, Dyregrov, & Raundalen, 1993). They may have participated in violent acts, endured bombardments, and shelling and sustained physical injuries or handicaps (Boothby, 1992; Macksoud et al.).

Due to external political events, children become uprooted from what is safe, familiar, and nourishing, which can leave children in a state of disorganization. Traumas could also be compounded by the harsh living conditions in refugee camps and living in extreme poverty and starvation (Boothby, 1992; Macksoud et al., 1993). As refugee families and children are surviving in order to escape, coping strategies are developed to endure the many challenges and sometimes trauma symptoms do not present themselves until after they have settled into their host county (Boothby). A young child's experience

and subsequent symptom manifestation depends on the magnitude of the exposure to trauma and the extent or duration of the trauma (Macksoud et al.).

However, a young child's experience of traumatic events are mediated and buffered when relationships to attachment figures like parents, family, and community figures are not disrupted and children can assimilate traumatic events into their existing worldviews (Garbarinos as cited in Boothby, 1992). Children regulate their emotions through their parental reactions (Pynoos, Steinberg, & Piacentini, 1999) and can be protected from distress if their parents can manage to continue with normal activities of life (Boothby). When parents themselves are distressed because the political conflicts create stress and uncertainty, children may be prone to more chronic manifestations of post-traumatic stress, anxiety, and depression (Boothby; Pynoos et al.). Thus, sometimes the entire child's world structure can be overturned and former coping strategies and protective factors cease to function in a context of disorder.

Manifestations of Trauma

Childhood trauma can be defined as "the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations" (Terr, 1991, p.11). Children can demonstrate acute signs of anxiety at the onset of exposure to traumatic events, but they may also develop long-term symptoms of anxiety, depression, or post-traumatic stress disorder (PTSD), which include re-experiencing the traumatic event, avoidance of associated stimuli, and arousal symptoms (Dinicola, 1996; Marsella, Friedman, Gerrity, & Scurfield, 1996). Terr has proposed a clinically relevant system of categorizing traumas as resulting from either a single-incident trauma called Type I trauma indicative

of events such as accidents and natural disasters; or exposure from prolonged traumatic stressor called Type II trauma, such as on-going child abuse or neglect. Psychological numbness, denial, dissociation and aggressive behaviours distinguish Type II trauma from Type I. As well, overlaps from Type I, or single-exposure event can manifest as Type II traumas when there is longstanding pain, loss of significant figures (such as loved ones, culture, or home), or when there is long-term physical injury (Terr). This would be the case for refugee children who may have to flee their country with their families due to political violence and may endure difficult living circumstances as they seek safety.

Characteristic of most cases of traumas are re-experiencing the event(s) through visual, tactile, smell, or positional channels that may be stimulated by reminders in the environment, and these intrude in children's thoughts or are played out in repetitive play (Dinicola, 1996; Pynoos & Nader, 1993; Terr, 1991). These memories and re-enactments may not be conscious expressions, since for young children the origins may be pre-verbal, or the emotional valence of anxiety and fear may be transmitted through their parents despite their 'conspiracy of silence' to avoid discussing traumatic events (Danieli, 1993). Sometimes, traumas can also be transmitted in the womb during pregnancy when a mother experiences trauma (Yehuda, Engel, Brand, Seckl, Marcus, & Berkowitz, 2005) or through the parent repeating their own unresolved traumas (Fraiberg, Adelson, & Shapiro, 1975).

Modification of Traumatic Memories

Although repetitive behaviours can be re-enactment of life events, children undergo a cognitive process that alters their traumatic memories in order to minimize external or internal threats (Pynoos & Nader, 1993). For children, these memories of

fearful events are not organized in single linear episodes, but are memories organized in what Pynoos and Nader call “anchor points” in their traumatic memories such as life threats, worrying for the safety of another, cues of distress, sight of victims, efforts to gain safety, physiological reactions, and parental reactions. These may result in trauma-specific fears as there could be separate sets of reminders for each traumatic moment in the refugee journey from violence, flight, settlement, and acculturation (Pynoos & Nader; Terr, 1991). On a clinical level, identifying a child’s “anchor points” or the ways they recall their traumatic experiences, is essential for effective treatment as they are avenues into a child’s symbolic world. The cues may reveal themselves in art making or play, and these can serve as entry points for the therapist to intervene and explore with the child the trauma-related fears and reminders.

Disruptions in Development

Accompanying the symptoms of re-experiencing the events, there may be psychological numbness or avoidance characterized in pre-school aged children as decreased verbalization, loss of acquired skills, reduced interest in usual activities, and restricted emotional range (Dinicola, 1996). Increased arousal symptoms such as sleep disturbance, irritability, hypervigilance, exaggerated startle response, and automatic reactions to reminders may inhibit the child’s ability function and develop normally (Dinicola). These acquired responses to external dangers may activate internal threats to development and disrupt children’s sense of emerging self-concept, increase their feelings of helplessness, and trigger their fears of abandonment (Pynoos & Nader, 1993). Thus even when the external threats are not present and the family has safely resettled, children may continue to deal with their internal threats to their sense of security and

safety. Indeed, many children who have experienced traumatic events show increased anxious attachment behaviour towards their parents (Pynoos & Nader).

Characteristics of traumatized children are their changed attitudes towards people, their life and future, which often emerge as a lack of trust in people or as an incoherent sense of their future (Terr, 1991). For example, Golub (1989) describes in her art therapy work with Cambodian adolescent refugees, how their survival tactics of not trusting others and being vigilant to people's motives carried over into their present living situation. Thus, in terms of art therapy practice with children, we need to address some of the external related trauma cues to process the feelings associated with these memories, as well as addressing the secondary consequences to their internal developmental processes of acquiring a sense of trust, security, and a healthy self-concept.

Traumatic grief

Depending on the circumstances of the traumatic exposure and the buffering effects of external resources (parents, family and community), children from refugee backgrounds may show a range of symptoms that are either transient or prolonged. Some refugee children may be more psychologically vulnerable and in need of therapeutic intervention if their post-traumatic stress reactions keep them focused on the circumstances of their traumas, rather than addressing bereavement over losses of significant people, home, culture, and adaptation to new living circumstances (Eisenbruch, 1990; Pynoos & Nader, 1993).

Childhood traumatic grief is defined as the intrusion of trauma symptoms that prevent the child's normal grieving process (Cohen, Mannarino, Greenberg, Padlo, & Shipley, 2002). Traumatic grief produces similar symptoms of post-traumatic stress;

however, they differ in that traumatic grief symptoms impinge on normal bereavement processes. Bereaved children under the age of 5 are most at risk for unresolved grief, which is grief responses that do not get resolved within 4-6 months of the loss and maintain a pattern of symptoms thereon after (Hilarski, 2004). Thus, for refugee families who have to deal with grieving over multiple losses of culture, home, family, and trauma; refugee pre-school children may be at a higher risk for traumatic grief, especially when parents are also dealing with their own unresolved grief due to the death of another parent or loved one. There are many reminders that keep children focused on their trauma such as *trauma reminders* which are situations, places, people, and smells that remind the child of the traumatic nature of the death; *loss reminders*, which are the thoughts, memories, and objects that remind the child of their multiple losses; and, *change reminders*, which are the changes in the living circumstances caused by the traumatic death (Pynoos as cited in Cohen et al.). Evidently for refugee children displaced in a host country, the multiple reminders of trauma, loss, and change may be constantly present in their new setting. As with PTSD, traumatic grief activates children's coping mechanism of avoidance and numbing to cope with the unpleasant feelings of all these reminders, thus inhibiting their ability to grieve and integrate their losses.

Uncomplicated Bereavement

When there are no other stressors, children may undergo the normal course of uncomplicated bereavement, which is the process of adapting to the loss and integrating this new reality into their identity and lives (Cohen et al., 2002; Hilarski, 2004). Pre-school aged children are at the pre-operational stage of Piaget's cognitive development, thus often see death as reversible, do not fully comprehend that the body ceases to

function, and may engage in magical thinking in order for the deceased to come back to life (Ayyash-Abdo, 2001; Cohen et al.). Like adults, children engage in tasks of mourning, grief resolution or reconciliation. The first task is to understand the loss, filling in the gaps with fantasy or family stories of the death. The second is to accept the reality of the loss, remembering and reminiscing happy times and positive aspects of the deceased and losses. The final phase is to reorganize the child's sense of identity without the deceased and the subsequent life changes in order to convert the relationship from the living present to an interaction with memory (Cohen et al.; Hilarski; Melvin & Lukeman, 2000). Integration of the multiple losses of a refugee child needs to be revisited at each stage in development since the level of reconciliation works in process with life experiences, language and cognitive development (Hilarski). Therefore, even if there are supportive family and care providers that promote trauma symptom reduction and help engage normal bereavement, children need to develop creative resiliency in order to address these issues as they develop over time.

Promoting Creative Resiliency

Children who have experienced traumatic events have the natural tendency to use play and create art in order to resolve their traumas. The role of art therapists with these children is to help build resilience, which can be conceived as a “buffering processes that do not eliminate risks and stresses in their lives, but that allow the individual to deal with them effectively” (Rutter as cited in Werner, 2005, p.91). Treatment goals with adults would aim to reduce trauma symptoms; however, the treatment goals with children would be to counteract interference to normal development, enhance self-mastery and trauma mastery, and to restore the capacity for normal play (Drewes, 2001; Pynoos & Nader,

1993). Thus, once trauma symptoms are reduced and children engage their normal coping mechanism through play, they can begin to work through the tasks of grief resolution at their developmental level in order to integrate the new reality of their losses (Cohen et al., 2002). Areas to consider in art therapy with young children dealing with trauma and grief would be to promote resolution and symbolization in traumatic play; provide metaphoric frameworks to connect to past, present, and future; and to promote emotional expression and regulation through art creation.

Traumatic Play

Children who have experienced trauma will often engage in traumatic play, which can include “the redramatization in play of episodes of the event or the repetition in play of traumatic themes” (Pynoos & Nader, 1993, p.537). Some authors contend that children deal with trauma and bereavement through denial of these events by transforming them with a happier resolution (Lieberman, Compton, Van Horn, & Ghosh, 2003; Terr, 1991). Yet, Pynoos and Nader assert that these re-enactments do not replicate the traumatic event exactly, thus are not a form of denial, but are attempts in some way to provide relief to the child either by altering the memory, or creating an ‘intervention fantasy’ of ‘what could have been done’ to diminish the pain, or to prevent future traumas. Sometimes traumatic play can provide relief if ended satisfactorily. It can provoke anxiety if there is not a satisfactory ending or if a full range of emotional expression is prohibited (Terr as cited in Pynoos & Nader). Thus, art therapy has a key role to play in providing a therapeutic space where affective expression can be accessed through kinesthetic and visual activity of art making where traumatic memories are often encoded (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001). The ‘prohibited’

expressions of aggression, anger, revenge, and guilt can be played out in children's 'intervention fantasies' (Pynoos & Nader), and these can be promoted in a safe and contained expressions by the art therapist.

Trauma Mastery through Creative Modalities

Creative arts therapy interventions have demonstrated to be useful in allowing children to create images and replay events to sooth anxieties and difficulties due to traumatic experiences. Art therapists Kalmanowitz and Lloyd (1999) described their intervention through art creation and play with refugee children from the former Yugoslavia who were living in barracks in Slovenia. The children would create images of houses in their artwork, and in their spontaneous and collective play would create makeshift houses from materials found in the local garbage dumps and surrounding forests. Sometimes the houses would get destroyed by other local children, but the refugee children would diligently rebuild their houses, demarcating their own spaces and took pride in their "homes" (Kalmanowitz & Lloyd, 1999). This is an example of how children participate in their own self-healing through play by creating a sense of stability and perseverance in rebuilding a psychological sense of 'home' and personal space that is their own, despite being displaced because their real homes have been destroyed beyond repair due to war. This may be seen as an example of 'traumatic play' and 'intervention fantasy' that incorporates a sense of 'home' and 'security' in the child's memory.

In a group intervention with pre-school refugee children infected and affected by HIV/AIDS (Willemsen & Anscombe, 2001), fairy tales, art, and play were used in a non-directive way to help children confront their fears, anger, and sadness due to their illnesses and bereavements over deceased parents. Through imaginary play, children

played out various roles to identify with imagined or real roles they play in life such as ‘fighting men’ to feel empowered; the role of their deceased parents through being doctors that took care of others around them; or had their faces painted as clowns to play out being funny despite their sadness. Influenced by the fairy tales told in the therapy, the group found a symbolic resolution to their initial tensions played out in the group at the end of the therapy program to sail off in a boat together to a ‘desert island’ to have a party.

In both interventions, real solutions to children’s current instability could not be established. However, the sense of mastery, agency and control in a child’s life could be temporarily evoked through imaginary play and creation. As children play out these fantasies, they link positive memories to the difficult ones and gain a sense of mastery over their traumas. Although, both of these cases provide examples of work with refugee children, they provide little substance on the mechanisms of how children resolve their traumas possibly because of the limitations of short-term group therapy (Willemsen & Anscombe, 2001), or therapy in unstable conditions (Kalmanowitz & Lloyd, 1999).

Traumatic play may be in response to traumatic circumstances, however these ‘intervention fantasies’ may be triggered by the context of present difficult circumstances, even though they may be related to previously acquired traumatic reactions. Golub (1989) describes a case example of an intervention with a young Cambodian refugee in an American foster family, who reacted to a family argument by hiding under the covers in her bed in the foetal position and clutching her house key until the following day. Through the use of clay and spontaneous play with the art therapist,

the young girl was able to replay and transform the previous night's argument into a more desired harmonious outcome.

Art therapy can also provide a bridge for the past, present, and future, especially for children who may have a fragmented sense of time due to the process of migration and flight. Indeed, creative expression intervention workshops (Rousseau & Heusch, 2000; Rousseau, Lacroix, Bagilishya, & Heusch, 2003) with refugee and immigrant children provided a forum to metaphorically bridge the past, present, and future through the telling and drawing of imagined migration, or 'trip' of a fictive character. In interventions set in the host country, children drew from elements in their culture of origin and host culture, sometimes being able to reconcile them, or sometimes not quite successfully bridging the gap (Rousseau & Heusch). Interventions in war torn areas, such as in the former Yugoslavia aim at providing a positive social reality by recalling positive pre-war times, acknowledging fears, and developing a sense of security and vision for the future (Baráth & Pécs, 2003; Kalmanowitz & Lloyd, 2005). Both types of interventions promoted a healthy sense of self through acknowledging the child's culture and their resilience in adapting to difficult circumstances. The importance of this aspect of 'bridging' past, present, and future is that children are able to have a sense of coherency to their possibly fragmented lives, and to build the resiliency needed to encounter life's challenges.

Engaging symbolic elaboration through art and play

A child can symbolically express through image making in order to access traumatic memories, and at the same time provide a distanced object in order to externalize emotions linked to difficult memories (Johnson, 1987). Thus, children can

learn to master such difficult feelings and learn to regulate their behaviour through art creation. In this process they develop skills of non-verbal and verbal communication, and active problem solving (Kalmanowitz & Lloyd, 2005), which are attributes of healthy coping (Werner, 2005). The element of non-verbal art expression is significant for traumatized refugee children as verbal expression may be limited due to reasons related to post-traumatic stress, disruptions in development, or acculturation difficulties.

Through the reworking of traumatic memories and associating them with mastery of emotions through art, there is an active re-coding of memories that help children resolve trauma elements (Pynoos et al., 1999). Children undergo constant re-examinations of their difficult memories and develop new or secondary appraisals of new meanings for them when they have a chance to express them in a satisfactory way (Pynoos et al.).

Children tend to do this naturally in play, but those who are traumatized, or who have experienced symptoms that inhibit emotional expression, or symbolic play, need assistance to re-establish normally developing ways of coping through play, art creation, and fantasy (Drewes, 2001). Greenspan and Wieder (2006) provide a framework and approach to understanding early childhood mental health through an intervention called *Floortime*, that combines both psychodynamic and behavioural perspectives to engage a child in meaningful shared communication. Children who have been traumatized and dealing with traumatic grief may present disruptions in their basic functional emotional development acquired from the ages of infancy to age five. These functional emotional developmental levels are distinguished by their ability to regulate sensory experience; regulate their emotions through their caregiver; initiate and respond with pre-symbolic gestures; sustain two-way communication symbolic communication; and represent their

emotions symbolically in order to make logical connections to abstract notions of emotions like anger, love, happiness (Greenspan & Wieder). Although, this approach is lead by the child, it differs from the non-directive child-centered approach to play therapy (Landreth & Sweeny, 1997) in that the play is a two-way communication where the therapist uses art, play, and 'how, what, why' questions to engage the child in symbolic elaboration and differentiation. The therapist acts as an active playmate to increase symbolic capacity, rather than being purely non-directive.

As trauma may affect young children by a regression in a child's skills and development, intervention is aimed at engaging intentional and reciprocal communication that builds warm and trusting relationships with shared attention, interaction, and communication on the child's terms (Greenspan & Wieder, 2006). Through sensory exploration of various materials like sand, paint, and clay children can re-explore various emotional states in reaction to the materials and in relationship to the caregiver or therapist, that have been inhibited by traumatic numbing (Aach-Feldman & Kunkle-Miller, 2001). For example, Proulx (2003) uses developmentally appropriate art activities, such as dyad painting, dough-making, and construction to strengthen emotional ties between parents and young children in order to establish shared communication that has been disrupted, or not properly established. The art therapist helps a child increase their capacity to symbolize by returning back to the process of imitation, associating feelings, and gaining skills in symbolizing through approximation (Aach-Feldman & Kunkle-Miller). Therefore, sometimes in the initial phase of therapy with young traumatized children, there may be a need to return or regress to a younger developmental level in order to rebuild the capacity to symbolize.

Even when children have re-gained or have the capacity to symbolize, often they can only express their experiences indirectly in metaphor, rather than directly expressing their memories and feelings. Sandplay provides a medium for children to bereave the death of a parent (Carey, 1990), or to process global traumatic experiences, like the large-scale tsunami (Lacroix, Rousseau, Gauthier, Singh, Giguère, & Lemzoudi, 2007). In an intervention with school age immigrant and refugee children (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005) creating art images in story form provided a medium for children to communicate their difficult feelings through metaphor, and over the course of the intervention the experimental group reported lower mean levels of internalizing and externalizing symptoms. Thus, if children are not able to express traumatic events directly through words or explicit images, it may be easier and beneficial for them to project onto stories and metaphors that resonate with their own experiences.

In the majority of the art therapy literature I have reviewed with refugee and immigrant populations, most cases and interventions describe work with school-aged children and adolescents, while sparse art therapy literature exists with pre-school aged children. Although, some of the aims and conclusions of these studies can be generalized to this younger population, there remains a further investigation of the particularities of working on issues of trauma and bereavement with this developmental range. However, the approaches of art and play therapy with preschoolers are applicable in understanding the phenomenon of exploring cultural bereavement, trauma, and grief of refugee children.

Methodology

Purpose of the research

The main objective of this instrumental case study is to explore how the use of art and play in therapy can help a young pre-school aged refugee child address issues of trauma and loss due to political violence in the child's home country. It aims to integrate theoretical models of transcultural approaches to therapy and developmental approaches to trauma through the experiential understanding of the art therapy process with my client. My assumptions in using a qualitative approach to research is that it is my own subjective exploration of a complex factors in a human's experience (Stake, 1995). I attempt to maintain and address multiple realities of myself, my client, the child's creation of artwork, our interaction as therapist and client, social factors, and the larger guiding discourse (the setting, my supervisors, and literature). In doing so, I hope to further understand the complexities of working with a young pre-school child, who has experienced multiple traumas in a critical time of development when frameworks of understanding the world are being formed. My main research question for this case study is to find out in what ways do loss, grief, and cultural bereavement manifest in the art creation and play with a young pre-school aged refugee child. In this exploration of understanding the manifestations of trauma, I want to know what ways art and play therapy re-engage a traumatized child's normal developmental coping strategies and capacity to symbolize, in order to assist the bereavement process.

Clinical Setting and Referral Source

I selected the participant for this research from my individual clients I saw during my second year practicum setting during my art therapy training. I worked with a large urban hospital team in Montreal focused on transcultural issues in mental health. The transcultural team collaborates with community partners, in this case a particular regional CLSC, a community health centre in a multi-cultural community with a large population of immigrants and refugees. I was referred by the CLSC's psycho-educator to work on-site at a local daycare with children exhibiting a variety of behavioural and/or emotional problems. My role as an art-therapy intern was to provide services to children in a French-speaking daycare educational setting, yet I provided art therapy services apart from the regular routine of the classroom. I set up my session temporarily in the mornings in the gross motor room, usually used by all classes in the day care. Thus, in addition to a wide variety of art materials available for me to use, I also had gross motor equipment available, such as balls, large building blocks, foldable tents, and mats. As well, I had a sandplay tray, a small collection of toys, cars, figurines, instruments, hand and finger puppets, a medical kit, old cell phones, and sheets of fabric in various colours.

Kaylan was referred to art therapy because he exhibited post-traumatic stress symptoms due to politically motivated violence in his home country, resulting in the death of his father and the beating of his mother and himself by local police. We started art therapy sessions in November 2006 and finished session at the end of April 2007. In total, we had 16 sessions with many missed sessions due to Kaylan's absences due to sickness related to his post-traumatic symptoms.

Research Participant

'Kaylan': Description and Family History

When I first met Kaylan, he was four and a half year old boy, of South Asian origin, who appeared attractive and intelligent, yet somewhat emotionally detached in his interaction with me. Upon meeting him, he could speak his language of origin and English fairly fluently and was learning French very quickly. Although he now speaks French reasonably well, we conducted our sessions in English, as he was more comfortable in this language. He used English amongst other family related settings such as in church and among family friends, thus the art therapy sessions become a place that bridged his French-speaking host culture with part of the culture he lives at home. He arrived in Canada with his mother Ratna in December 2005 and received refugee status in the fall of 2006. His family came from a middle class urban background in his home country, however, upon arriving in Montreal as refugees his family's economic condition had changed drastically to a low-income situation.

Trauma issues

When I started art therapy sessions with him in November 2006, it was nearly one year since the police killed his father in his home country, and they fled the country out of fear of reprisals. His father was accused of being associated with a terrorist bombing after his workplace was bombed. He was interrogated for this association and beaten to death during his confinement in prison. After his father had disappeared for several days, Ratna was summoned by police to meet her husband in the hospital. However, they were shocked to find that he was dead and severely beaten. Afterwards Ratna, who was

pregnant at the time, was interrogated and beaten by the police. Kaylan was present at this traumatic scene and the police splashed him with hot water to “calm him down” from his crying. The family faced much social stigma following these events and out of fear of reprisals, family members assisted Ratna and Kaylan to escape from their country of origin. They escaped in December 2005 and upon arriving in Canada, Ratna haemorrhaged and had to abort her pregnancy. Kaylan was present to witness all these events and not surprisingly prisons, police/authority figures, and hospitals have become traumatic reminders.

The psychoeducator described several post-traumatic symptoms he exhibited at the time; such as re-experiencing the event due to trauma cues (such as police and hospitals), persistent crying tantrums, and intrusive and vivid memories. He also exhibited anxious attachment behaviour, as he was fearful of losing his mother, while also appearing emotionally detached from her. He alternated from appropriate affect to psychological and emotional numbness when he discussed traumatic memories. Kaylan was also experiencing nightmares of being trapped in a cage, anxious behaviour, and somatic symptoms of vomiting.

Pre-trauma and post-trauma issues

The tremendous trauma that both Kaylan and his mother experienced due to these events is also compounded by pre-trauma issues of a conflictual family dynamic and amplified by post-trauma issues of migration and settlement. Ratna was stigmatized by her community for being more liberal in her adoption of Christian beliefs and for having an ‘unusual’ child. Consequently, she held a belief that someone in her community had cursed her family and feared that something horrible would happen to her family. The

tragedy that occurred to the family when the father was murdered confirmed this family belief of being cursed and reinforced any prior ambivalent attachment between Kaylan and his mother.

After receiving refugee status, Ratna's parents and two older siblings arrived in Canada to live with them and claim refugee status. This posed an additional pressure on Ratna to care for their health needs, as well as tolerate her parents' criticism for her parenting skills, especially in controlling Kaylan's crying tantrums. Kaylan has a strong attachment to his grandparents. Both Kaylan and his mother are dealing with unresolved and complicated bereavement, thus making it more difficult for Kaylan to have a sense of emotional stability without the protective factor of his mother to regulate his emotions. Around the time I began art therapy sessions, Ratna found a picture of Kaylan crossed out with a circle and a cross on his face. She discovered that one of her closest friends had put a curse on Kaylan, which re-activated her previous fears of Kaylan getting hurt and dying. The re-activation of reminder of curses also reactivated Ratna's sense of social stigma from the South Asian community.

Family resources

Although there is a complex family dynamic that compounds Kaylan's trauma symptoms, there are also several resources that support the family's adjustment. During the time of the intervention, the family received close follow-up with the CLSC's psychoeducator, who provided psycho-social interventions several times a week. They maintain continued family contact with family members in their home country. As well, the family has a religious and social support from a Christian community. Kaylan also received much stability through the structure and routine of the daycare environment. He

is enrolled in kindergarten for the fall 2007, which demonstrates that the family is capable of functioning and planning ahead for the future.

Research Design

Instrumental Case Study

As demonstrated in the description of Kaylan and his family, it is evident that there are multiple psychological, developmental, social, political, and cultural factors that contribute to the understanding of his traumatic grief symptoms. Due to the complexity and richness of Kaylan's case, I chose a qualitative instrumental case study approach because it provides a framework that seeks to understand the lived experience of an individual within the context of the individual's multiple realities (Marshall & Rossman, 2006). A case study method involves the systematic investigation of a particular person, group or system in order to understand the complexity and context that allows the subject to function or to operate (Berg, 2004; Stake, 1995). I situate my understanding of this case in my theoretical orientations of the transcultural and developmental approach to art therapy in treating young children who have experienced trauma. Thus, the instrumental case study methodology is a qualitative research method which probes a theoretical issue or research question, and uses a case study to gain insight into this issue (Stake). The value of the case study is that it helps a clinician to understand a particular human experience through the details of a treatment procedure and how that treatment might be working, rather than averaging the findings across a number of cases (Kennedy, 1979). Qualitative research provides a holistic view to understanding trauma in children, investigates the phenomenon in a natural setting, delves into the complexities and process

of the situation, and allows relevant issues that have yet to be identified to emerge from the investigation (Marshall & Rossman).

From investigating this single case study, I can understand the particular processes of art therapy that work with a young child that is representative of typical cases of refugees who have experienced trauma due to political violence. It is a unique case of young child with symptoms of trauma related to wider spectrum of common issues facing refugees who have experienced political unrest, possible trauma, loss, and cultural bereavement that have led to their migration. Transcultural models and developmental models of trauma need further exploration in how it relates to art therapy. Through this exploration of a child experiencing trauma symptoms, I will investigate established notions of traumatic play (Pynoos & Nader, 1993), cross-cultural notions of art and symbolism (Golub, 1989), and developmental aspects of expression of trauma in art.

Qualitative Data Collection

Qualitative research necessitates the collection and analysis of data through multiple sources in order to provide credibility and reliability of the case study findings due to the inclusion of multiple perspectives (Patton, 2002). The multiple data sources include data collecting from routine procedures of my clinical training in documenting Kaylan's process and progress in therapy such as through detailed case notes, photographing art works, and supervision. While additional research data such as observations of Kaylan in the daycare setting, discussions with daycare staff, video recordings of the sessions, and transcription of the videos, were supplemental to my clinical duties of my training.

Information documents (See Appendix A), and a consent form to participate in the research (See Appendix B) were given to Kaylan's mother. All identifying information has been altered to protect the confidentiality of the client and his family.

Case notes

Case notes consisted of extensive notes taken after each session, notes taken from consultation with the psychoeducator on the family circumstances during the course of therapy, and notes from individual and group supervision from my internship supervisors. I completed an observational assessment using a modified version described by Malchiodi (1997) at the beginning of the therapy intervention (See Appendix C). I re-evaluated Kaylan's progress at the completion of the therapy program to assess the change in his behaviour, task orientation, product/content of art expression, interaction, and developmental level.

In my case notes, I noted Kaylan's physical and emotional affect in the sessions, his capacity to maintain shared and engaged attention and communication, his motor planning and fine motor skills, and his capacity to engage in symbolic elaboration of ideas in his play and art-making. [These criteria were influenced by observational and assessment tools outlined by (Greenspan & Wieder, 2006; Malchiodi, 1997)]. I also recorded any pertinent verbalizations in his interaction with me, and any associations he had in the process of art making, or looking at his finished images.

Artwork images

All the artwork was stored in a private folder or in box (for three-dimensional work), and was available for the child to view in each session. After each session, all

creative productions such as art images, sandplay images, and constructions of toys in the room, were digitally photographed. Digital images of the artwork were stored in a password-protected file on my private computer. Permanent artwork was stored in a private office in the daycare setting during the entire intervention until the end of the therapy session, after which time, the child was invited to take the artwork home. In the end, Kaylan decided only to take home his three-dimensional pieces and wanted to leave his art folder with me. (Ethical codes require that I store these art productions for 7 years after the termination of therapy before they may be destroyed).

Video recordings

In addition to obtaining permission to take photos of the artwork, I also asked for permission from Kaylan's mother to record the therapy sessions for my personal analysis. My initial intention was to record all of the sessions, so that I could review these sessions if necessary, and so that Kaylan would become habituated to the camera's presence. For the most part Kaylan seemingly ignored the small digital camera (approximately 2" x 3"), but at times he did want to view recordings of his actions in front of the camera.

Out of 16 sessions, I recorded five sessions, from session 3 until session 7. As I will later elaborate in the case study, Kaylan's mother withdrew permission to film the sessions due to her feelings of discomfort and fear that images of him could be used to cause him harm. I immediately discontinued all filming after she withdrew permission to film. The sessions that I did film, I recorded digitally and stored in the same way as the images in order to ensure confidentiality. I viewed all of the recorded sessions afterwards and transcribed them for data analysis. Afterwards, I deleted all the video files as requested by the family.

Verbatim Transcripts

I transcribed the 5 sessions including behavioural actions of myself as well as Kaylan's interaction to me, our verbalizations, his emotional affect, play choices, and interaction with the art materials so that I could qualitatively analyze the sessions for recurring themes. Since the sessions I filmed were early in the therapy intervention, I particularly noted when he would verbalize traumatic material; my reaction and probing to elaborate either verbally or symbolically; and his tendency to dissociate by not responding, lowering his affect, or switching activities.

Data Analysis

The theoretical framework for analyzing and looking at my case study data will be guided by transcultural approaches to therapy (Dinicola, 1996; Rousseau, 1995) as well as developmental models of trauma and bereavement (Bowlby, 1969; Pynoos & Nader, 1993). Because it is an instrumental case study (Stake, 1995), I am guided by my theoretical concepts, but I am also open to the emerging material brought into the therapeutic session by my client.

The analysis of data was an on-going process as I conducted therapy. Much of my reflection on the case was similar to what I did for my other individual clients where I considered possible interpretations and alternative explanations to the emerging themes brought up in therapy and I consulted with my supervisors on these associations.

However, in addition to this I immersed myself in a procedure of qualitative data analysis, as described by Neuman (2000) and Yin (2003), where I reviewed all the data I collected for the case study, coded my case notes and transcripts for recurrent themes, and wrote memos to myself of how these themes may or may not relate to the current

literature. In particular, as I was guided by literature on trauma, I looked for recurrent traumatic play, traumatic behaviour, and art content described in the literature (Pynoos & Nader, 1993). I created a data analysis grid to organize codes and themes emerging from all the sessions, case notes, symbolic content of the images and play, video recordings, observations, initial and final assessments, supervision comments, and theories.

Verification Procedures

In this procedure, all the data was viewed as a whole in order to have a wide range of perspectives and different angles of looking at trauma and how it is processed through art and play. The validity or in qualitative terms the credibility/believability (Lincoln & Guba as cited in Marshall & Rossman, 2006) of my case study findings will be addressed by setting my parameters for the case study, which is that I will be exploring a single case of a refugee child who I observed and treated in the context of therapy. As much as possible, I will attempt to invite the reader to enter into the descriptions of the sessions and artwork to understand the case. The external validity or generalizability of the case findings will be ensured by the triangulation (Patton, 2002) of various sources of data (my case notes, artwork, ensuring congruency through the verbatim transcripts); analysts (my observations, insights from classmates, guidance from my supervisors); and looking at multiple theoretical perspectives to interpret the case (such as a transcultural approach and a developmental approach). Using these various sources, I will attempt to link the particularities of the case to larger theoretical concepts and make connections of how this case can be generalized to similar cases of refugee or immigrant children who may experience grief or trauma. In considering the plausible explanations for the case

findings, I will attempt to consider multiple explanations in order to establish reliability or dependability of the findings.

Reflexivity- Researcher and Participant vs. Therapist and Client

My main role towards my client is that of the therapist, while my secondary role is that of the researcher. Ethically, I am bound to the needs of my client, before the needs of my research. All measures to ensure confidentiality were implemented, such as changing identifying details of the family, using a pseudonym in supervision, and keeping notes and artwork secure and confidential.

As a researcher writing a case study, the researcher plays many roles in the interaction with a participant as well as the reader of the study. Stake (1995) suggests that certain roles are emphasized more than others depending on the point of view and purpose of the researcher. These roles are indicated as the teacher, advocate, evaluator, biographer, and interpreter. From the various roles Stake describes, I believe I take on the role as an advocate for a global lens of seeing my client from a transcultural model (Dinicola, 1996), which emphasizes the need to contextualize clients in social, cultural, historical constructs. I also play the role of the interpreter of the case, as a clinician trying to draw multiple sources of information towards new ways of connecting them and understanding the phenomenon of trauma and art therapy.

I play a somewhat conflictual role as an art therapist and researcher in regards to this case study. Through writing and analyzing my process notes, I attempted to recognize any periods of conflict between these two roles, over extension as therapist for this somewhat 'special' case study, and countertransference issues of idealization or over-identification that tend to occur in treating clients with trauma (Golub, 1989). For

example, when I decided to record all the sessions for this case study, I was only thinking from the researcher's perspective to ensure reliability of my observations. My objective of having a rigorous research procedure overshadowed my clinical sense of how this may be perceived as intrusive to the family. Initially, I obtained oral and written permission from Kaylan's mother through mediated communication with the psychoeducator. I took for granted that I should have insisted to meet with the mother in order to explain my research procedures and to allow her to decline procedures in which she felt uncomfortable. This incident was a very important lesson for me in delineating my multiple roles through self-reflection, and to work to the benefit of my client.

This reflexive bracketing (Ahern, 1999) allowed me to not only follow my exploration of my research questions, but also to see what issues the client brings into the session. This is what Stake (1995) calls the evolution of *etic* issues, the ideas I bring into explore in the research, towards allowing the *emic* issues of the client to emerge. In this sense I see the research participant as my client as well as my guide to understand and expand my ideas of working with a refugee population so that I do not reinforce the unbalanced relationship of the 'victim-saviour' dyad (Papadopoulos, 2001). Although, I am interested in childhood trauma and cultural aspects of my client, I need to see the entirety of my client beyond the trauma and culture to include other variables that may be of importance.

Subjective positioning

My theoretical perspective of culturally-centered therapy influences how I will describe, analyse, and discuss this case study. Art therapy literature using a transcultural lens is shifting from assuming a neutral 'culture-free' therapist attempting to understand

the cultural ‘other’, towards a dynamic understanding that situates the client and the therapist in the multiple and intersecting layers of social influence and identity (Dinicola, 1996; Riley, 1997). As I have described my client and research participant in order to provide an understanding of his worldview and experience, I feel it is also necessary to position my relationship to this research area and clinical interest. My own interest in working with immigrants and refugees comes from my family history of being Chinese-Vietnamese refugees escaping the atrocities of the Vietnam War. My own personal inquiry in working with this population comes from growing up in a diverse multicultural city, seeing the resiliency and capacity of people to live meaningful lives despite many losses and hardships. My objective aims to focus on how the arts contribute to the resiliency of the individual to overcome difficult and often traumatic experiences, and to move away from a model of pathology that frames migrants as victimized individuals.

I also come in to the therapeutic setting as a racialized individual, with my own social history that influences the way clients perceive me (Riley, 1997). For example, in this clinical setting, my visible ethnic identity allowed my client to affiliate me not to the dominant white Francophone host-culture, but to some place in between, because we spoke English and I too was an ethnic minority in a Western setting. In recognizing how my own social appearance affects the therapeutic relationship, I hope that this case shows that the transcultural approach refers not to learning about the differences of the “*other*”, but that we meet in a third space of intercultural exchange.

Findings

Summary of Sessions

Beginning phase in therapy – sessions 1-5

The first five sessions with Kaylan took place in November and December before the winter break. In general, Kaylan would move from one activity to the next, engaged at one moment and often abruptly lose interest and move to some other activity. He would be engaged in his interaction with me and be animated for some period of the play and then would wander around the room aloof or anxiously exploring and pulling out more toys. As he would play, memories were often triggered, and he would stop his play to talk about them, but would rarely elaborate when I probed or asked questions. In many instances, he would switch activities and switch topics in the moment of talking about some intense memory. I often found myself feeling confused or disorganized in my thoughts and feelings after these sessions, and would hang on to fragments of clear moments of his personal story that he would recount. My responses were probably counter-transference reactions of ‘vicarious traumatization’ (Heusch, 1998) in response to Kaylan’s psychic disorganization in describing traumatic memories. Although, it was initially hard to connect and maintain shared attention with Kaylan for extended periods, we did begin to share moments of joy and pleasure of playing together. By the second session, he demonstrated positive transference in our relationship by asking me to come over to his house to play, or to come pick him up to play at the daycare. At the same time, he also showed a fear or reluctance to return to his classroom teacher, who has an authoritative presence, which he perhaps associated as a traumatic reminder of the police

authorities. Through highlighting some salient points from each session, I hope to illustrate a general picture of Kaylan who seemed somewhat lost in his world of memories from the past and present.

Session 1

The therapy room was arranged so that as a child walks into the room, the art materials and a child size table with chairs are set up on the right of the room and the toys are placed in the left side of the room. In the initial session with Kaylan, I laid out a variety of dry materials (eg. markers, pastels, crayons, and pencils), a watercolour paint tray, paper, and 'Playdoh' arranged on small stair case in the room that were easily available to the children. He initially played with the 'Playdoh', making a blue monster and stuck in to the wall and later on, he created a large red snake. Although this blue monster and snake would not reappear in this form in later sessions, Kaylan and I would come to repeatedly play a game of hide and seek from 'the monster' or he would cast me as the monster to find him. According to a study by Nagy (as cited in Ayyash-Abdo, 2001), children at a concrete operational stage may often personify death as a monster. It is possible that Kaylan brought into the therapy room the fear of death through the symbol of the monster looming in the room.

However, he did not linger on this image as he was much more interested in the cars and trucks in the toy basket. Upon my direction, we created a road for the cars together with large rolls of paper (See Figures 1 and 2). I asked him what would go on the road and he listed off things like houses, banks, parking lots, and police stations. I attempted to prompt him to draw these things on his road; however, he insisted that I draw them myself. I helped him along by drawing a sign like "parking lot" and later on

he added his own 'stop sign' (Figure 2). He in turn would draw squiggly lines to indicate the street, words on the signs, or numbers. When he drew his house (Figure 2), he would say "My house - 4718 Pine Street" and repeat his address several times through this session and later on in future sessions, demonstrating his resourcefulness and foresight to get back to the safety of his home in case of an emergency. His house is perhaps an apartment block, but in his image it appears fragmented and disconnected, with each floor illustrated by large ovals seemingly toppling over each other.

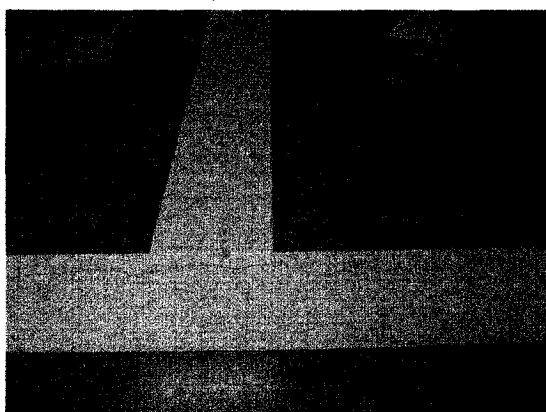


Figure 1-bond paper approx. 10'x2' each strip

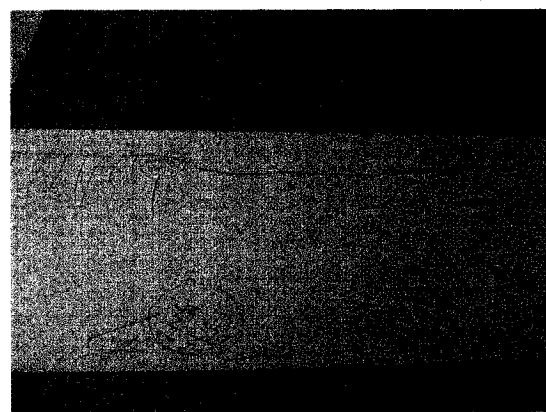


Figure 2- Detail of Kaylan's apartment and stop sign

When I asked him about the police station, he would say things like "Police take children and beat them." He would later take the police car and repeatedly run over the snake he made. At one point in the play, he drew a line with marker on the road, later adding blocks to create a barrier, and said that nothing could pass beyond it (Figure 3). He also said that no one could pass beyond the stop sign he drew in front of his apartment block (Figure 2). These first indications of barriers and protection of his home, I later realized were his initial attempts to modify his traumatic memories and intervene with strategies of protection from possible future danger (Pynoos & Nader, 1993).

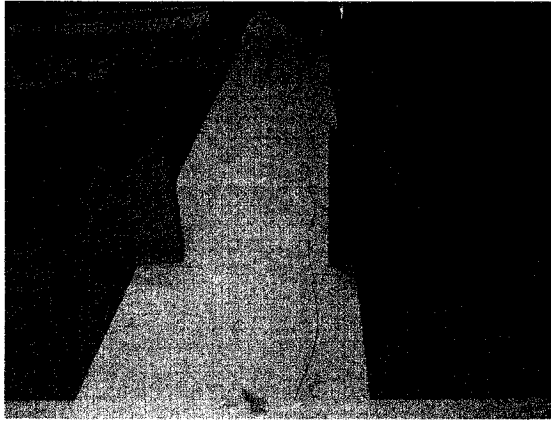


Figure 3-Detail of barrier with blocks

He ended off the session with making a quick painting with watercolours (Figure 4). He first drew the red face, then the blue lines. Afterwards he began mixing all the colours in the tray to make a mess and covered up his initial image with brown swirls. Initially, I overlooked the importance of this image because it was made so quickly and Kaylan would not elaborate and name anything in the image. However, I have come to see through supervision and reviewing my notes, that this image of bold lines repeats in later sessions and it seems to indicate perhaps the trauma of the prison and his nightmares of being trapped in a cage.

In session 5, while making quick and forceful drawings with chalk pastel on his folder, he saw this previous image and drew an “x” on it. It so happens that around that time, Ratna had discovered the picture of Kaylan’s image crossed out that had been used for witchcraft or curses. Upon reflecting on this image with insight through supervision, I realize how the family beliefs and fears of curses infiltrated Kaylan’s unconscious image making. In these initial sessions, I began to gather clues to Kaylan’s ‘trauma reminders’ (Cohen et al., 2002) such as police/authorities and curses, and ‘loss reminders’, such as his home set in Canada rather than his home country.

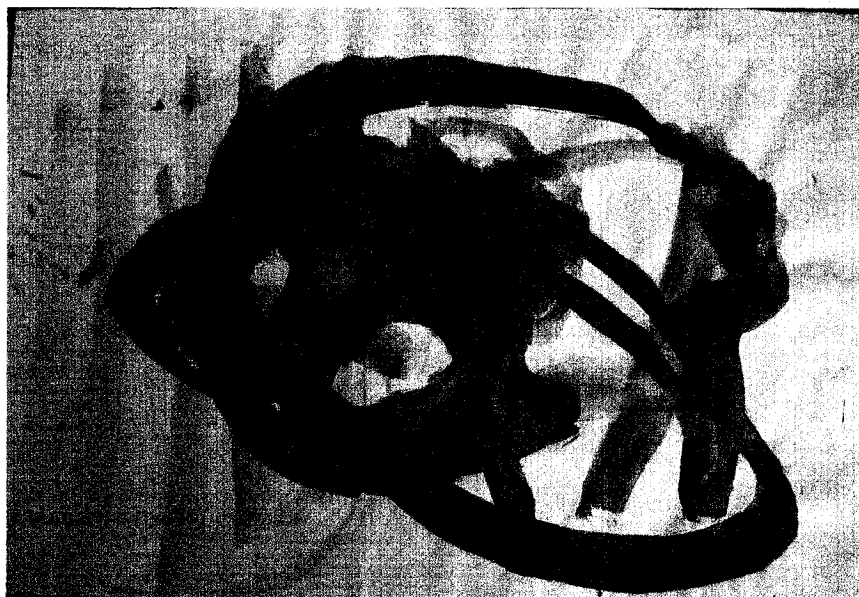


Figure 4-white bond paper 18" x24", watercolour and pastel

Session 2

In session 2, we continued to play with the road and he would repeat his associations to police beatings, relating the ‘beatings’ to his friends hurting him. We played hide and go seek in the tent with monsters looming outside. While playing with the cars on the road, he would stop to talk about his grandparents being sick in the hospital and imitate his grandfather moving slowly. He would say comments like “Montreal hospital is dirty – so many people,” seemingly alluding to the negative experiences he has had in hospitals. In this session, he recounts a memory of migration from his country of origin to a stopover in London and falling asleep in a family friend’s arms on a double-decker bus. I created a bus out of a ‘Q-tip’ box, getting Kaylan to help with the taping in an attempt to elicit memories of this event (Figure 5). He demonstrated little investment in decorating the bus, quickly painting the box red to cover the ‘dirty’ surface, and showing little interest in playing with it on his road. I noticed in this session that he demonstrated difficulty elaborating his symbolic world, often inhibited by his

concrete thoughts. When playing with a toy bus and trying to get over a barrier, he stopped and said, “buses cannot fly” and could not move the bus forward past the barrier. While playing hide and seek, we pretended that the monster was outside of our tent and I sent Kaylan to find and kill the monster. He went to look under the table, shrugged, and said, “there’s nothing there’. In these early stages of therapy, he responded to my propositions of pretend and magical thinking with concrete responses and became stuck and unable to continue the story, which indicates that he found it difficult to resolve the anxiety created in his ‘traumatic play’ (Drewes, 2001; Pynoos & Nader, 1993).

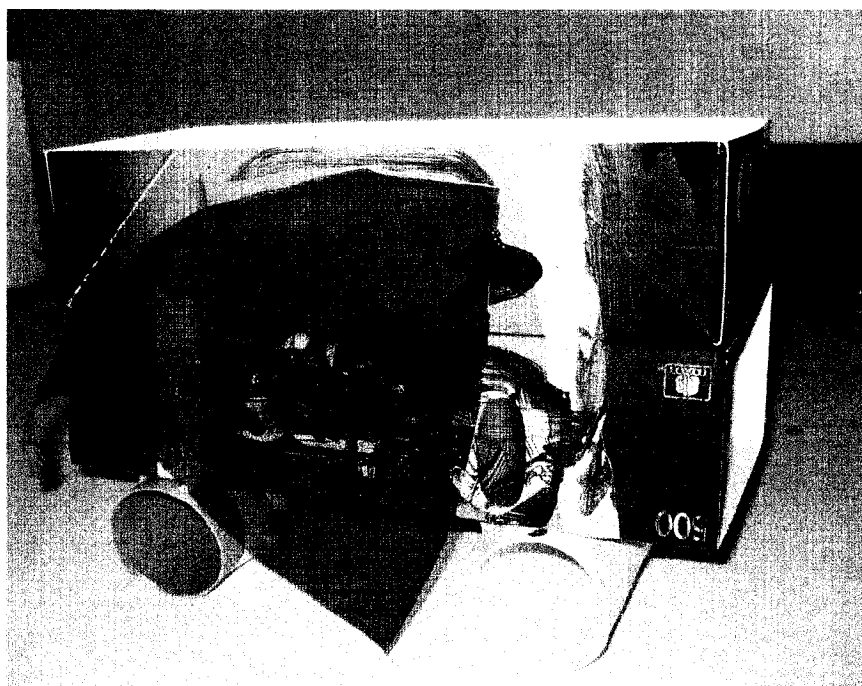


Figure 5- Double-Decker bus in London, construction with boxes and rolls, tape, paint and clear film, approx. 15" x23"x10"

Session 3 and 4: Sandplay

After a two-week absence due to sickness, Kaylan returned to therapy when I introduced sandplay. In session 3 and 4, Kaylan repeatedly buried objects in the sand. While playing with cars and boats in the sand tray, Kaylan began methodically burying a

boat figurine and then marking the mound with wooden ‘Popsicle’ sticks (Figure 7). When he made this barrier, he said “this is not going” and I reflected that “No, no one can go behind there” and he confirmed this reflection with a nod. In session 4, he also buried the boat again, yet without marking it. My immediate symbolic association to this process was that Kaylan was burying emotionally difficult parts of himself, his real and psychological losses – the pain and bereavement of his father, leaving family behind, and leaving his country of origin. In working with a bereaved child who also buried objects in the sandplay, Carey (1990) suggests the possible symbolic interpretation of burying objects is that the child is trying to bury emotions of rage, or is attempting to hide and protect the fragile ego, and possibly trying to integrate the recent deaths in his life. A boat normally floats on top of water, navigating the emotional world. However, Kaylan has it sunken, buried into the depths of his unconscious, and has it marked off so that no one can go beyond the barrier, thus not allowing access to the emotions of his losses.

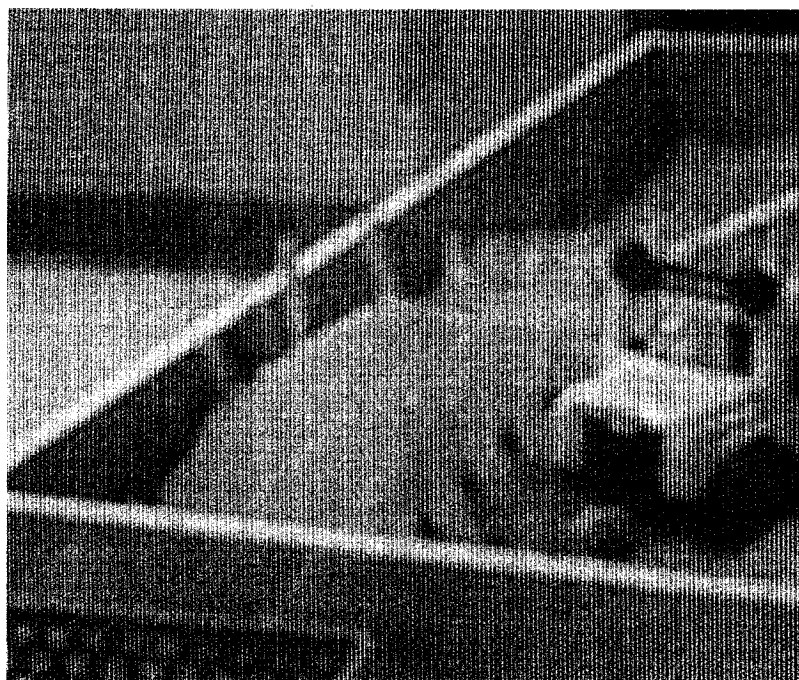


Figure 6- Image from video still of sandplay session, with toys wooden popsicle sticks

In both session 3 and 4, he spoke about his grandparents being sick and having to go to the hospital. He seemed very concerned for their wellbeing, but could not elaborate further on the subject. In session 4, I asked him to create a family portrait in the sand and he chose figurines to represent his family that are present in Canada. While talking about his grandmother, he said to me “she beat me”, while methodically burying the figurine of his grandmother in the sand. Seeing this as a concern, I probed where he was hit and if he was hurt, and he responded that it didn’t hurt anymore. I later confirmed with the psychoeducator that Kaylan uses the word “beat” in several ways to mean, hurting, hitting, or any frightening behaviour, and in this context he probably was referring to corporal punishment that was within reason. As well, around this time, the family had learned about the recent curse placed on Kaylan. Out of their anxiety and fear, they would over-react anytime he would get hurt. It is possible that Kaylan was referring to one of these incidents at home. Once again, in the process of burying, Kaylan has buried the negative parts of what his grandmother represents. He shows concern for his grandmother and is very attached to her, so it may be difficult to also accept that she can hurt him as well as be kind to him. Perhaps similar to the reason he buried the boat, he may be burying the painful and difficult aspects that he cannot handle.

Session 5 – “You hide this?”

In this last session before the winter holidays, Kaylan seemed to recognize the confidentiality and safety of our therapeutic relationship. Kaylan did not have a chance to decorate his artwork folder and since it was the last session before the break, I prompted him to draw something on it. Taking some black chalk pastel he quickly drew a cross

(Figure 7) on the inside of his folder. He began joyfully singing songs he remembered from church, imitating the church minister, singing “Jesus in the name we pray, Jesus does not love dirty people.” Upon hearing this, I asked him who are dirty people and whether he thought he was dirty or clean. He replied that he was clean and that “pushing people is dirty people.” The theme of dirty and clean resurfaced throughout the therapeutic process and it seems that Kaylan derives his concepts of good and bad, clean and dirty, acceptable and non-acceptable from his family’s religious beliefs. As he associates dirty with bad, Kaylan in later sessions engages in play involving cleaning in what appears to be a way to clear away bad feelings or negative aspects of the self in order to be acceptable.

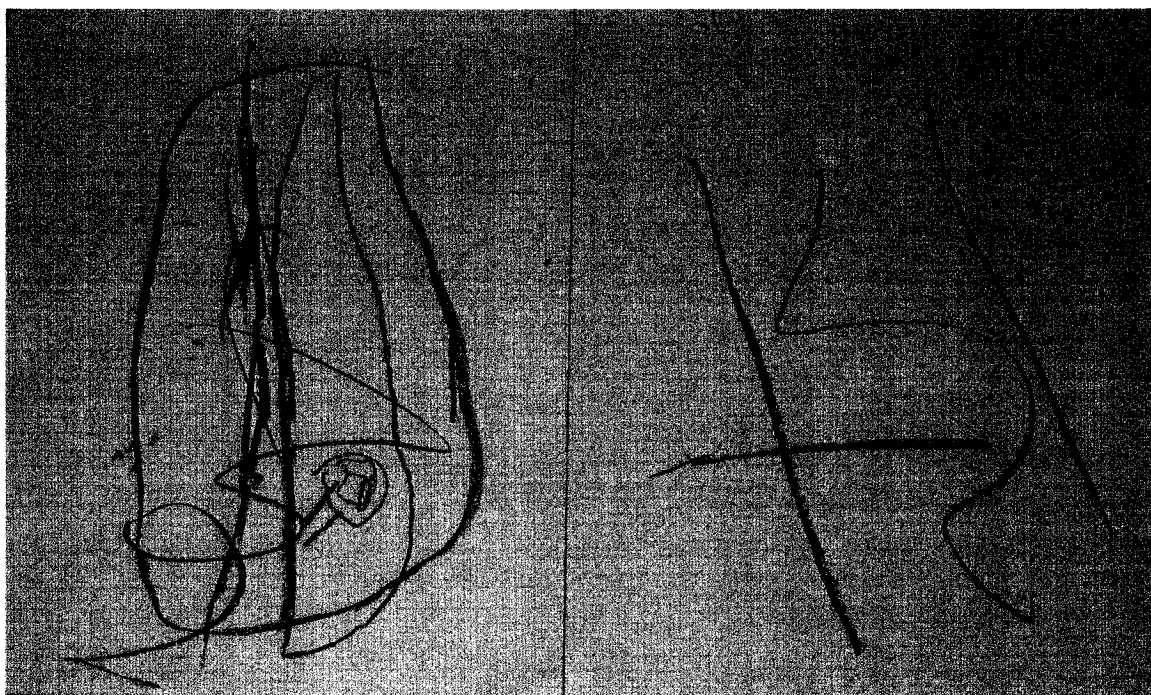


Figure 7- "A bus and a cross" - Bristol board folder- two pieces 18"x 24" poster board taped together, chalk pastel

Attempting to follow-up on the last session, I prompted him to draw a family portrait. He asked me before starting, “You hide this?” and I reassured him that

everything in our session was private and that he could do what he wanted in his drawings. He then began drawing with the black chalk pastel with quick, energetic, and somewhat aggressive downward strokes repeatedly on the outside of his folder (Figure 8). He stopped mid-way and asked “Me can go dok, dok?” referring and gesturing to his forceful lines. He seemed to be asking if I would permit this kind of aggressive behaviour and perhaps the associated feelings, and I responded that he could do anything he liked. Afterwards he quickly crossed out his first image with the chalk pastel (Figure 4) and moved on to another activity. While he did not elaborate on this image, he seemed to respond to the permissiveness with which I allowed him to express on a sensory-motor level to release anxiety and on a symbolic level to therapeutically externalize his intrusive traumatic memories (Johnson, 1987; Norton & Norton, 2006). It was with this image that I realized that the image of lines, barriers, or bars seemed to repeat in his productions and that perhaps this was an indication that it may be representations of his trauma. At one level, it could represent the bars of the cage in which he is trapped within his nightmares, the prison he envisioned his father in, and, on a symbolic level, the desire to block out these bad and intrusive memories.

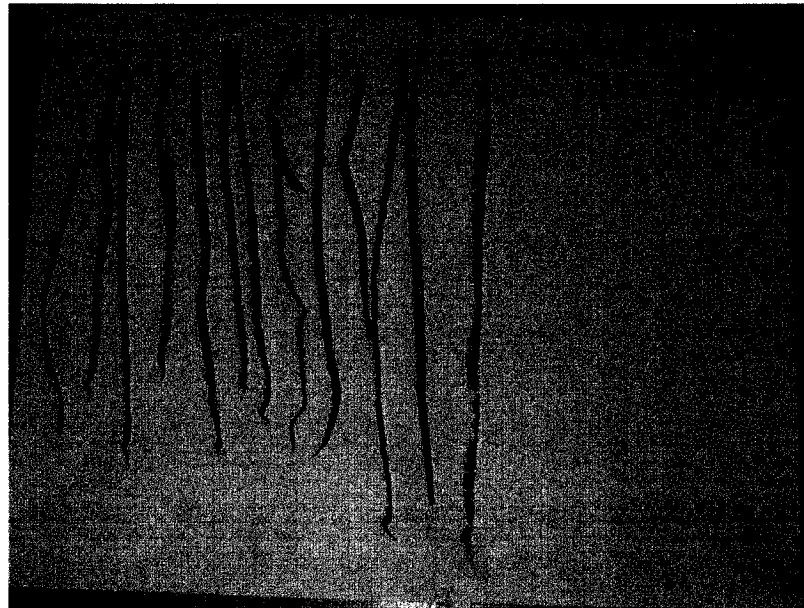


Figure 8-"You hide this?" - Front cover of folder

Middle phase in therapy – session 6-11

Upon returning from the holiday break, Kaylan is reminded of his father's death when in class they read a story about fathers. Subsequently, he began to have uncontrollable tantrums at home, experiencing vomiting, refusing to eat, and he was refusing to return to daycare. The story and daycare acted as trauma and loss reminders (Cohen et al., 2002) of the violent death of his father and his absence. However, his psychological numbness was now giving way to common grief reactions of pre-schoolers such as being physically ill, refusing to eat, and being hyperactive (Ayyash-Abdo, 2001). With the psychoeducator's family intervention and a reminder that he would return to art therapy sessions, he reluctantly accepted to go to daycare. Gradually, his avoidance behaviour towards the daycare subsided and he began to act compliantly and responsively to the daycare environment. While at home, his tantrums became more difficult to handle, and he continued to refuse to eat even though he ate at the daycare. This caused much stress for Ratna in the home environment, as the grandparents were judging and

criticizing her parenting skills. In this middle phase in therapy, although there were many on-going trauma reminders and stressors, Kaylan progressively became less fragmented and disorganized in the therapy sessions. The traumatic play themes continued, but as the sessions moved on, Kaylan's capacity to elaborate his symbolic world increased, re-engaging the coping skills to deal with setbacks and loss that were inhibited by his traumatic symptoms.

Session 6 and 7

After returning from the break, a growing split from the home environment and the daycare environment seemed to be evolving in Kaylan's mind. In sessions 6, he stated that his daycare teacher was happy that he was eating his lunch. I asked if his mother was happy and he replied that his mother was "beating him all the time." The psychoeducator confirmed that it was a tense and anxious environment at home, as the family found it hard to calm Kaylan and often responded by escalating their reactions by screaming at him. Within the session, Kaylan continued to express traumatic themes in the stories from his life events and within his play and image making. For example, upon prompting to draw an image of something he did over the holidays, he drew grid-like image (Figure 9). He stated that it was the way people walked along a path. However, in the session, he talked about his grandparents being put into a prison and his mother yelling at the police to get them out. The similar lines showed up in another painting in the same session (Figure 10), where he said it was a ladder people climbed on. Also, he quietly buried the 'Spiderman' figurine in the sandbox and marked it with a wooden stick and little umbrella. Thus, in this session he continued to create the 'prison-like' image and constructing an event of his grandparents in prison, while also burying of figurines,

perhaps indicating the desire to close off the negative and difficult emotions that were overwhelming him. However, the image of the ladder seemed like a hopeful image, perhaps symbolizing the hope of getting out of the cage of his painful memories.

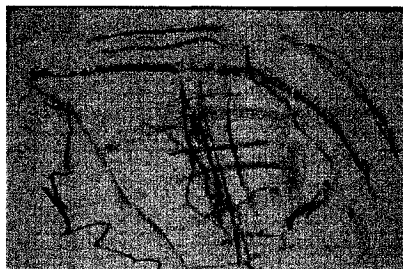


Figure 9-bond paper 18" x20" and oil pastel

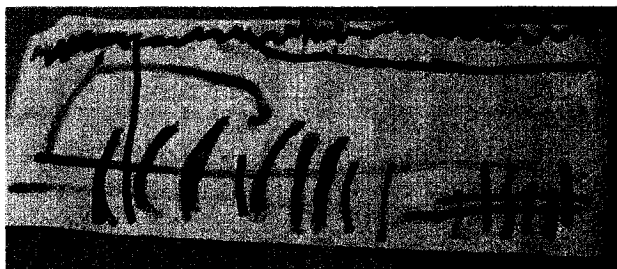


Figure 10 - bond paper 18" x46" and watercolour

In session 7, a gradual shift in Kaylan's ability to sustain his attention in his play and visual expression became more apparent. In a joint-painting (Figure 11), Kaylan painted "Chor" the monster that takes away bad dreams, in an invested manner. He asked me to paint, so I imitated his image, with my image on the left mirroring his on the right. He was very animated and invested in the image, talking about the nightmare he had where he gets into a car accident with the psychoeducator and the window shatters. I confirmed with the psychoeducator that this was from a real event where they got into a bump with another car. Obviously, in his nightmares, a small incident in real life becomes a frightening experience in his nightmares. However, he also demonstrated playfulness in explaining this image, as he stated that the hands of "Chor" were on his head and he mimicked this with his own arms, while speaking in a high-pitched voice as the monster "Chor." When putting up the image and looking at it on the wall, Kaylan commented, "they are the same!" expressing the delight and awareness of having his emotions and fears visually reflected back to him in a supportive way. Through externalizing a reminder of his nightmares and using it as a form of communication with

me, he was able to find relief in traumatic play and rework his memories (Pynoos & Nader, 1993) and emotions associated with his nightmares.

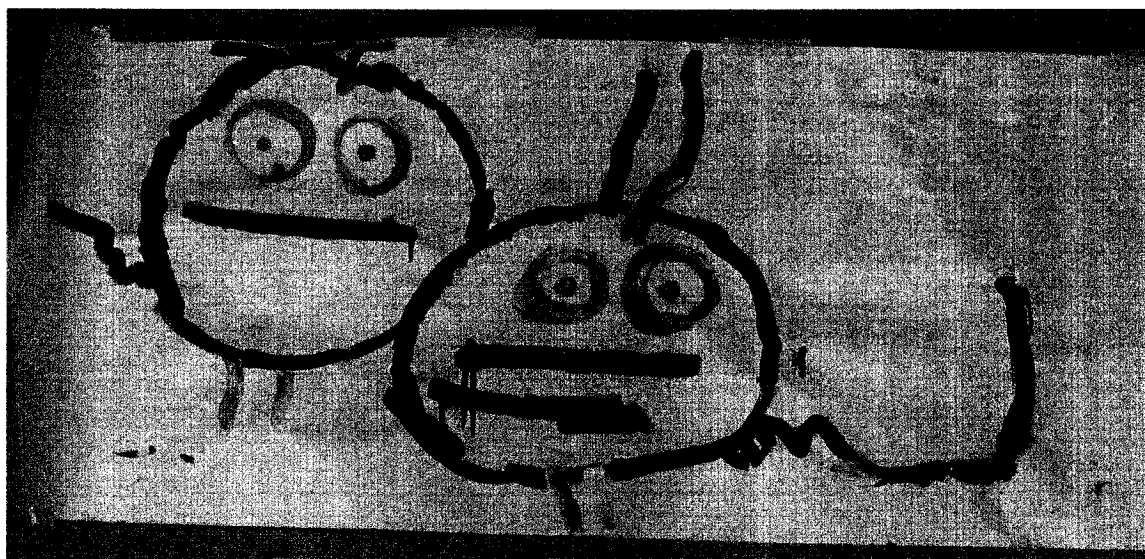


Figure 11- "Chor the monster in nightmares" - dyad painting therapist on left mirroring Kaylan's image on right - bond paper 18" x46" and tempura paint

Interestingly, in this particular session, in his play themes Kaylan started referring to some of the longing and grief of what he left behind in home country, in particular his dog. He used the spotted black and white cow puppet and spontaneously began barking like a dog. I would bark back. (He played this game very briefly in session 5, but could not sustain the game for very long.) Then I stopped to ask him if he used to have a dog. He said, "Yeah, I miss my dog." I responded, "You must be sad not to have your dog anymore?", and he replied, "My dog is sad." Seeing that he could not say "I am sad", I began to ask him about his feelings whether *he* felt sad, knowing of the recent lost reminders of his father. Trying to see if he would talk about his behaviour he showed at home, I asked him if he sometimes cried, or gestured with my arms moving in the air, if he has tantrums. However, this line of discussion was too painful for him for he stopped the conversation and told me "Don't talk this, okay?" and began to play with his toy truck

to put out a fire on a building made of blocks. I only began to realize after reviewing the videos, that my own direct questioning would make him want to change subjects. Yet, when I stayed in the pretend play as I did later on in the same session, we could play the dog conversation much longer. This dog play becomes important in dealing with his bereavement later on in his therapeutic process.

Trauma Cues and Reminders

As Kaylan's behaviour consistently began to differ between the home and school environment, Kaylan's mother became more concerned about his tantrums. Around this time, I contacted Ratna for the first time to talk about any questions she might have about Kaylan's involvement in my case study research, since I was mainly communicating with her via the psychoeducator. This is when my researcher and therapist roles began to conflict with one another, for as a part of my research I was filming each session to qualitatively analyze them. Kaylan's mother was reminded of the photography, and this reactivated her of experiences of curses, making her believe that perhaps in some way my filming was linked to Kaylan's current uncontrollable behaviour. This in turn, led Ratna to want to suspend art therapy sessions in order to test her hypothesis and to attempt to ease her anxieties.

Subsequently, the psychoeducator and I had a one-hour intervention with Ratna to discuss her concerns, beliefs, and fears. In this session, I came to see how emotionally fragile she remained, how she continued to demonstrate some post-traumatic stress symptoms like dissociation to traumatic reminders, heightened arousal, and anxiety. Perhaps she was also reacting out of her realization of the growing therapeutic alliance

between Kaylan and myself, as well as Kaylan's affiliation to the relatively calm school/Canadian environment as opposed to the anxious home environment.

Sessions 8 – 11- a therapeutic shift

Following this intervention with Ratna, the psychoeducator followed up with several family interventions in order to help the family understand and contain Kaylan's grief and trauma reactions. Kaylan's mother accepted to re-start art therapy the following week, with the condition that there would no longer be any filming. Kaylan immediately seemed to relax in the art therapy sessions and began to be more at ease with sensory play, art making, and demonstrated an increased ability for symbolic elaboration and problem solving. He spoke less about his family issues and would often say that the family was healthy, perhaps prompted from his mother not to express family issues in the sessions. However, he often brought up missing his home country and spoke about returning with his mother, as well as inviting me to come with him. In this request, he demonstrated his positive relationship with me in our therapeutic alliance. Thus, he had less incidences of dissociation since he spoke less about difficult memories, and he began to reminisce positively about his home country and the things he left behind. Through our intervention with Ratna, I also discovered that Ratna talked more about Kaylan's father in positive ways, whereas prior to this time, his father was not mentioned at all. This is an indication that Kaylan was going through normal grieving process (Cohen et al., 2002), as he was permitted the space in his family to reminisce positively about his deceased father. Symbolically he also expressed the grieving process, while playing in the sandbox, he appeared to express age-appropriate notions of death as reversible (Ayyash-Abdo, 2001), by stating that his buried 'Batman' figurine was not dead, but sleeping. I

asked him if he would come back to life and he replied, “Yes, one day.” Just as he expressed his desire to return to his home country, symbolically he seemed to express the desire for his father to return.

As Kaylan began to draw on his internal resources, Ratna became more anxious because the psychoeducator was reducing her services to the family since they had less immediate concerns. Ratna had less to worry about with her parents being healthy and settlement issues were resolved, that she began to focus her anxiety on Kaylan and subsequently her anxiety affected Kaylan. Parental anxiety can be transmitted to children through parental actions, family dynamics, and beliefs that affect childhood attachment issues and behaviour (Bögels & Brechman-Toussaint, 2006). For example, Kaylan would come into sessions slightly disorganized stating “no videos” or “no pictures” attempting to allude to the incident with the curses, thus demonstrating his heightened awareness of his mother’s anxieties and personal sense of anxiety around these issues. Thus, although he began to progress with a more engaged and sustained attention to activities, he would also become more disorganized when his mother or family was anxious.

Emerging Themes

Self-concept

Indeed, in the following sessions after our intervention with Ratna, Kaylan began to focus a lot on his self-concept as independent and capable being a ‘big boy’ nearly turning five. From session 8 and onward, he would state things like “I’m powerful”, “I like me”, or seek affirmation for his actions by seeking my attention like saying, “Look at me, look how I can do this.” A stronger ‘sibling rivalry’ developed

between him and his friend Boris with whom I also saw in art therapy, as he tried to compete for my attention. He would often inflate his self-concept by putting down Boris, stating, "I'm better than Boris" or "Boris cannot do this." He also demonstrated a greater parentification and independence from his mother, stating that he could do things on his own that his mother could not do. I also confirmed with the psychoeducator that Kaylan was also beginning to care for his mother, when she would experience somatic pains and headaches. Kaylan's role in his family was to be responsible, to behave well, and to soothe others, thus making him more aware of his sense of self in relation to others. He often would say to me that he no longer wanted to play with children, but with adults. According to Cohen et al. (2002) a feeling of estrangement, being different, or set apart from others may be a indication of traumatic grief for those who have had traumatic experiences along with losses. Even though he appeared to engage more in the grieving process, he seemed to continue to demonstrate ongoing indications of traumatic grief.

Sensory play and cleaning up

Fortunately, Kaylan began enjoying the sensory activities I would introduce in the art therapy sessions and played in a non-goal oriented manner. Through the sensory play, Kaylan was able to acquire developmentally appropriate engagement and exploration with the materials, increase sensory discrimination, and develop a greater capacity for symbolization (Aach-Feldman & Kunkle-Miller, 2001), which contributed to his therapeutic progress. In sessions 8, he silently enjoyed playing in shaving cream and paint on plastic sheets and occasionally made prints from them (Figure 12). In many of the sessions, he enjoyed playing with water at the sink or in a plastic bin I would put on the art table and he would add soap, food colouring, objects, or blow bubbles.

In session 10, he actively acquired toys in the room to clean with soap and food colouring. In this session, he previously made a mask, with my assistance (Figure 13) and only half-finished cutting out the eyes and liberally putting on glue, but without sticking anything on it. He would take a brush and experiment with putting water on the mask to watch the marker marks transform. While cleaning his objects with water, he stated he was “cleaning all the cars like new” and that his mother “cannot do this.” I reflected that it would be nice to clean up all the toys to make them like new, like changing homes and moving to Canada. However, he responded that he liked his home country and did not like Canada. He seemed to be upset that his mother could not clean ‘the mess’ – perhaps of their new life circumstance and Kaylan’s difficult feelings. It seemed that in this session, as well as others, he was cleaning up all the psychic mess and ambivalent feelings of being brought to Canada and leaving his home country. Interestingly, he created a mask and spreading glue on it, yet without attaching anything to it, as if to say that he found it difficult to ‘stick’, to ‘attach’ to his new home, when he greatly missed his old home.



Figure 12-Sensory play - shaving cream and paint, print made on bond paper 11" x 14"

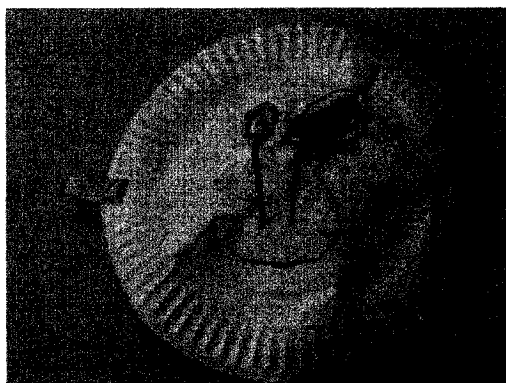


Figure 13- Mask - 10" paper plate, marker and tinted glue

Creating a home

In all the sessions following our intervention with his mother, Kaylan asked to put up the foldable tents and often pretended that these were his many big homes (Figure 14), as well he created high towers (Figure 15). Upon Kaylan's return back to art therapy in session 8, he asked if I could return with him to his home country, as he really wanted to go back home. I stated that I could not go because I lived in Canada. He also continually spoke about how much he loved and missed his home country. However, in that session, we used the tent to act as his 'house' and he invited me to play with him in his house, thus satisfying his need for me to bring play with him in his home environment. His pretend play developed further using the tents as props, as he repeatedly strengthened his self-concept by making many 'big houses'.

In session 9, he pretended to be a teacher driving the school bus tent, and he filled the bus with toys for all the children. It seemed that in this play he was tapping into his caring self, while also expressing the desire to be cared for through receiving an abundance of pleasurable toys. Drewes (2001) suggests that encouraging the identification with the nurturer/provider is beneficial for traumatized children, so that they do not repeatedly fall into identification with the aggressor or victim. In building these 'homes' with the tents and towers with blocks, he appeared to be repairing and building up his sense of self as a provider with abundance. As well, he was addressing the sense of loss and longing for his home country while using the therapy sessions to build the psychic bridge that bring these worlds together.



Figure 14- "Look, I have big houses" - foldable tents and fabric



Figure 15- "Tower" - milk crates and pylons

Lost and found

We would often play hide and seek in these sessions with the tents put up, where we alternated from hiding and seeking, thus sometimes he asked me to find him and then he would try to find me. This hide and seek game was often repeated in our phone play, where we would pretend to call each other on old cell phones I introduced to the therapy room in session 6, after the holidays. Kaylan was particularly attracted to the 'real' phones as opposed to the 'toy' phones, which allowed him to project and pretend to be an 'older boy', or even an adult like his mother. In the beginning of our phone play in session 6 and 8, Kaylan's narrative always centered around being lost and calling me to find him. It seemed that he was re-enacting an incident with his family when they got lost in Montreal. This theme of being lost often reoccurred as his form of traumatic play. In these earlier sessions, for example in session 6, he would begin by saying, "Ah...ah it's Kaylan. I don't know where's me? What is the road?" or "where is my home?" He would embark in the play for only a minute or two, then, he seemed to disengage and leave the

play. It looked as if it caused him too much anxiety to continue to play out the story. However, as his play became more elaborate, he would extend this narrative. Gradually his narrative found resolution, where he allowed me to find him by staying within the play, rather than abruptly hanging up. His narrative changed in session 9 onward to calling his mother or family friends to tell them where he is saying, "I'm at Lucy's place", or telling his loved ones what he was doing, or where he was pretending to be in his play. Metaphorically, his narrative of being lost was gradually transforming to being found and asserting his place.

End Phase in Therapy –session 12 -16

The end phase in therapy marked a culmination of his gradual progression from fragmented and disorganized play to an increased integration and flow of his play narratives. As well, he began to show sustained attention on his art creations, increased pride and satisfaction with his artwork, and was able to elaborate metaphorically the meaning of his work through associations or in play. He also had a keen awareness of what ending the art therapy sessions would mean. For example, even before I started talking about termination, Kaylan began to tell me that he was going to be leaving the daycare soon for kindergarten and asked if we could continue playing until then. However, I told him that I was leaving within four sessions and he understood that I would be leaving him before he left me. Knowing that we had very little time left together, he began to negotiate and ask for more time to play. According to Ayyash-Abdo (2001), children who have experienced death seem to have an advanced concept of loss and death, thus probably making Kaylan quite aware of termination. I describe these last sessions in the therapeutic process in more detail, simply because Kaylan's progress in

moving from repetitive traumatic play to beginning to work through grief, despite his family difficulties, is revealed through his art and play creations.

Session 12

Kaylan presented at this session looking very tired, sad, and emotionally fragile, yet showed the most active engagement in play and art making since the beginning of sessions. Upon entering the room with me, he immediately said to me that his mother was very upset lately because he has “been bad”. Only did I later confirm with the psychoeducator that a crisis had developed at home and Ratna and his grandmother had a terrible fight the previous night. Ratna had left the house emotionally distressed since she could not tolerate the arguing and only returned late that night. Her abrupt parting had left Kaylan in frozen shock, activating his fears of abandonment and uncertainty of when she would return.

Interestingly, Kaylan’s initial phone play in this session began with his ‘lost narrative’ however, his sad affect gradually brighten as we pulled out the tents to play. He asked to play hide and seek, but requested that we not say “boo” to scare each other, but rather that we count to ‘7’ and simply find each other. It seemed that he wanted to alter his game of ‘being scared’ and rather than casting me as his traumatic reminder of the monster, he wanted to cast me as the nurturer, the person who could find him and take care of him. It seemed like he was asking me through the play, to help find him in his time of emotional difficulty.

In this session, he engaged in making a car/truck (Figure 16-18) out of an egg carton, cardboard scraps, and plaster I had pulled out for the prior session. He sought my affirmation and acknowledgement for his abilities to put the car together with the plaster

strips, perhaps demonstrating how he can ‘put himself together’ despite an emotional setback, and to counteract his feelings of ‘being bad’. While putting on the headlights of the car, he demonstrated problem solving and patience when his idea did not work, while also asking for my assistance to fix it. He asserted how he could do things on his own and how he did not want to play with children anymore, but with adults like me. He was very proud of his construction, wanting to paint the bottom (Figure 16), top (Figure 17) and insides (Figure 18).

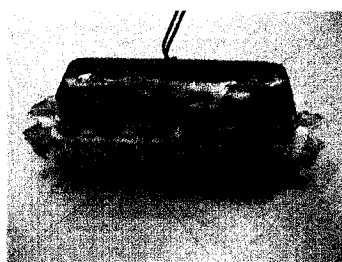


Figure 16- Egg construction car



Figure 17- Detail of bottom car

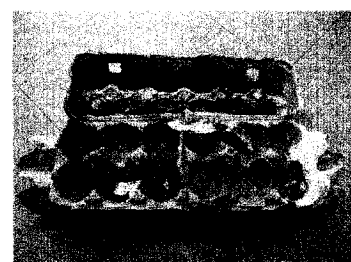


Figure 18- Detail of interior

Egg Carton construction and paper rolls, approx. 16”x 7”x 10”
-paint, plaster and pipe cleaners

He was very excited to play with his newly constructed car, yet before he did so, he began to play with the water we used to soak the plaster strips. He asked if he could clean the ‘dirty’ floor with the water before he played with his car on it. I permitted him, but defined the limits to the floor and not the play matt and he complied. I wanted to be able to contain this process of cleaning to limits that he could manage. Methodically, he cleaned the floor with water and dried it up with a towel. Upon my asking, he said he knew how to clean floors because he cleaned at home as well. As in previous sessions of

cleaning, Kaylan seemed to be aware that he was cleaning up the ‘dirtiness’ with his verbalizations/associations often relating to his home life.

He had experienced a very difficult night with his whole family upset and he believed it was his own-doing. Through his play, he seemed to clean up the floor of his emotions – the psychic mess of sadness, guilt, and numbness – so that he could set up the space to play freely. After he cleaned the floor, we raced the car he made and he enjoyed winning, and making the car fly through the air. Unlike in the earlier sessions I had with him, he did not let his concrete thinking stop his imagination, but allowed his car to fly. This demonstrated that despite an emotional disruption in his home environment, he was able to play with fluidity and freedom of his imagination to expand beyond his former restricted patterns of play.

Session 13

In this session, once again, he appeared tired. According to the psychoeducator, he had not been able to sleep due to the fear of separation from his mother again. He exhibited a very low affect throughout the session, with moments of pleasure in the play. I explained to Kaylan that we would be finishing our art therapy session together. With all the children I saw in individual sessions at the daycare, I gave four small gifts as visual reminders to the number of sessions left. As well, I had the artwork from all the previous sessions available for review. In this session, I gave each child a small chocolate egg and Kaylan preferred to open his gift at the end.

He noticed a new toy placed in the playroom. It was circular ramp for toy cars, with controls to move parts of the ramp. He took an immediate liking to this toy and began to move the controls repetitively, noticing things popping out. He did this for a

long time until I decided to introduce some toys cars and planes that were in the toy basket. We began to play a game of “red light, green light”, whereby I would fly the plane off the ramp, and he would tell me when to stop and go through moving his controls to red or green. I asked him where would the plane go, and immediately he said his home country. I placed a cloth on the floor to indicate his home country and another to indicate Canada. He controlled the control panel, while I flew the airplane between Canada and his home country. I asked him if there would be anyone to visit in his home country, and he named his mother, family friends in Canada, his friend Boris, and me; however, he could not recall of anyone that was not in his present life. I later added the ocean between the countries and his truck he made from the last session. He added Bangkok and America to the airplane’s destination and placed the cloths on the floor himself. We spent the entire session moving from country to country on the airplane, occasional switching roles, but Kaylan preferred to remain at the controls. At the end of the session, he did not want to leave. He seemed fully aware what ending our sessions would mean, and he was solemn when he opened his gift to eat his candy.

Session 14

We continued on the theme of discussing termination. Kaylan was aware that his friend Boris was absent form daycare that day and would try to negotiate spending more time in the session. He exhibited an acute attentiveness to me, for example when I yawned in the session he asked if I had slept well last night. This allowed us to discuss how he had not been able to sleep lately because he was staying up to play with his toys. From discussing with the psychoeducator and noticing these comments, I confirmed with her that Kaylan was staying up because he was afraid of separation from his mother. It

seemed as though his attentiveness to me was a result of his behaviour at home, and perhaps due to the impending termination. Although he continued to exhibit parentified behaviour and attentiveness to the needs of adults, he was also demonstrating a greater capacity to play, to integrate trauma cues, and elaborate his symbolic world.

In a sandplay image (Figures 21 and 22), Kaylan began to approach the trauma cues, such as police and cage-like images that he had not brought up in therapy since the beginning phase in therapy. In this image, he created a home-setting on the right, juxtaposed to the area on the left which he placed figurines referring to his country of origin and his home city I will call "A", in order to protect confidentiality. He discretely buried a car in the right hand corner with a plastic house (that is slightly revealed in the sand in Figure 19), without mentioning what it was.

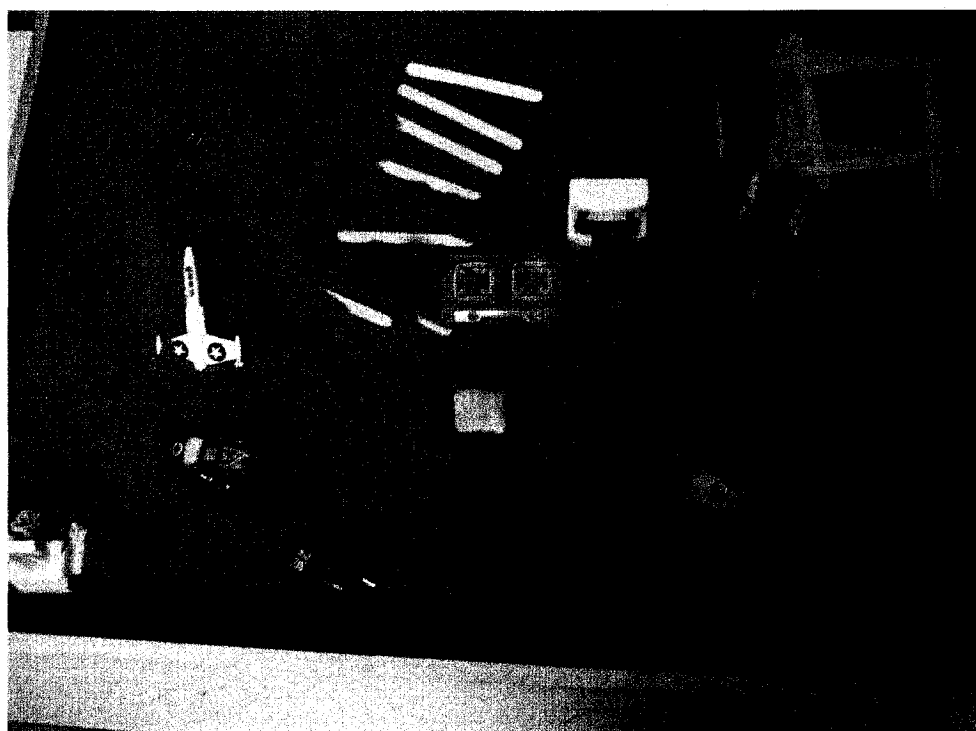


Figure 19-Sandplay image- aerial view, with "A police on left", the strong Hotwheels car below, the weak Boris tractor in the barrier of Popsicle sticks. The home of the Hotwheels car in the right corner made from Popsicle sticks.

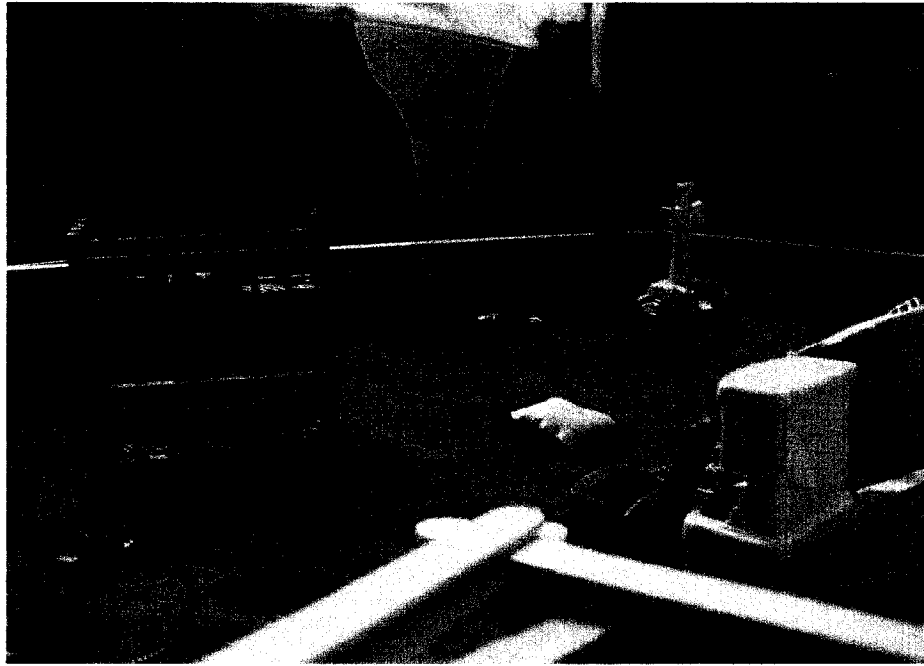


Figure 20 - Sandplay image - view of the bunk bed, church and office building

On the bottom left side of the tray, he placed a cross and a figurine of the twin towers. He first called this “A”, but later said they were church office buildings. He placed ‘Popsicle’ sticks in rows and called it “A”, later named it the “A police” area, and flew the “A police” airplane around in the sandbox. He chose a black ‘Hotwheels’ car to be him. He showed how strong the car was, how it was hard to break, and capable of moving fast. He chose a green tractor and called it his friend Boris, saying that it was weak and slow. In his play, he would out-chase the “A police”, while the tractor remained and was caught in the “A police” area, or what appeared to be the ‘prison’ or jail of the “A police”. By the end of the play, he had out chased the “A police,” while the “A police” crashed and was buried halfway in the sand.

In the right hand side of the image, he placed figurines of the home, cupboards, stove element, a phone, and a bunk bed. He turned the bunk bed upside down at one point (Figure 20 shows it right side up), and poured sand all over it. He said that there was a

baby that was scared at the bottom, while the mom was upstairs on top. My immediate associations when I saw the upturned bunk bed was that it looked like a cage, reminiscent of his case/prison like images. He later asked me to help him build a home for the 'Hot wheels' car, and I created with him an enclosed box out of 'Popsicle' sticks in the left hand corner of the sand-tray. He would use this as a home base, where he would return and then leave to move through his sand play. In his request for my help to build a home, it seemed he was acknowledging my role in creating a safe space for him in the therapy room.

He continued this play of creating a home with putting up the tents. He said he lived alone and we went 'shopping', filling up his home with all the toys in the room. He also went to the CLSC in another tent to see a doctor to get better. He invited me over to his place and we ate food prepared from the 'Playdoh' in plastic dishes. At one point, I suggested that we eat *dal*, a common South-Asian dish of stewed lentils. He laughed and said that is a food he eats at home, but enjoyed the suggestion and served me food from his country of origin.

Unlike the previous times, when he spoke about police or being scared in nightmares, Kaylan was able to remain present, without dissociating, safely containing difficult feelings in the metaphor of the sandplay figurines. It seemed as though he was able to return to these difficult trauma reminders such as the "A police" and through the play overcome them with the 'strong' aspects of himself. It seemed that he used his friend Boris to project the weaker aspects of himself in order to inflate his 'older', 'stronger' self. In some ways, this possible splitting of his self-identity helps him split off the

unwanted parts that get buried in the “A prison”, while his stronger self can live protected in his own home.

In this sandplay image, there is a presence of protective symbols and actions to transform traumatic reminders. For example, he placed the cross and office building area of his home country on the left perhaps showing the protection and peace he associates with going to church. He also continued to use burial, discretely without mentioning why he buried a car and house, possibly showing that he was still metaphorically processing the loss of home and father. Also, he covered the inverted bed with the scared baby with sand, possibly trying to transform and cover up the pain of being scared with a mother far away. Although he does not elaborate on the presence of the phone, it seems like a relevant symbol Kaylan used often in therapy as his means to connect with family and friends.

Session 15- “A birthday gift”

Kaylan continued to progress in his play integrating many recurrent traumatic play themes and finding resolution and relief through the play. This particular session was Kaylan’s birthday and he appeared quite happy to play in the therapy session. This was a special session not only because it was his birthday, but also because Kaylan was able to use the therapy session to its greatest potential. I gave him a clown nose as one of our terminating gifts and sang him happy birthday. This started the session in a good mood, and he was quite happy and engaged in the sensory play of shaving cream and paint. He finished off with prints of his hands (Figure 21), as if marking out his place in the therapy session and in the world as an older boy.



Figure 21- Shaving cream and paint hand print on blue construction paper 8" x 10"

It seemed that his freedom to regress and get messy through the sensory play allowed him to play more freely in the rest of the play. We had pulled out the tents and cars and Kaylan was placing the cars in the tent like a garage. He found a green plastic toy, said it was a bomb, and threw it in the house. We tore it down together and he jumped in the crumbling fabric of the tent, letting it land on him and laughing saying that he was okay, but there was still a fire to put out. I placed a red cloth flapping it and he directed me saying, "The fire goes like this", spreading the cloth on the flattened house and putting the toy 'bomb' on top.

As the play progressed, Kaylan got more excited and spontaneously began barking like a dog. His affect was happy and smiling throughout when he proposed this game of playing the dog. He said that I would play 'papa' and that he would be 'the puppy' saying to me, "You call puppy and say come puppy, come puppy, it's time for lunch." Once we started this line, the play began to flow for the entire session where Kaylan would stay in character as the puppy, smiling, panting, climbing on all fours all over the playroom and whimpering like a dog. Sometimes, he would get out of character

to give me a directive, but mostly spoke in dog gibberish, gesturing to me what he wanted to do.

This was the first time he ever mentioned his father in session and he choose me to play it out in relation to him as the dog. So as the father, I would praise him saying “what a good puppy, a big puppy, he knows how to play and have fun”, and Kaylan responded like a puppy being praised by panting, standing up straight, and proud. The play magically continued in this fashion where Kaylan allowed himself to regress in the role of the puppy, taking off his shoes, expressing non-verbally, and in dog gibberish. At one point, he mischievously ran off with my toy phone and I played into it saying, “Oh what a sneaky dog, taking my phone.” We played catch with it and then I asked who we should call. He said his mother’s name and I said as the father, “I miss you so much, I wish I could be there with you and Kaylan.” Kaylan stops his character for a moment asks me, “Why you say that, you are here, papa is here”, asking me to stay in the pretend play of my presence as his father. We continued calling people that Kaylan would suggest and I would narrate how good a puppy he was. Then Kaylan would take the phone and press buttons ‘sending’ the message like a text message on a cell phone.

At one point I asked, “What does puppy want?” and he responded, “Puppy wants love.” I took a red cloth and showered him with ‘love’, covering him with the cloth, giving him tickles and he responded with laughs and smiles. I asked him, “Where does puppy live?” and he says “4718 Pine Street” nodding yes when I ask if he liked living there. The final message I sent through the phone, I asked the ‘puppy’ to send it to Kaylan saying “I love you. You are a big boy. I am so proud of you. I wish I could be

with you” Kaylan was pleased with this message, only responding non-verbally as the dog, barking, spinning around, and smiling.

I suggested that the puppy needed to take a nap, so we constructed the tent again, and I tucked him in with fabrics and blankets. He cuddled in the blankets inside the house, while I petted him on the head as the puppy from outside, continuing to praise him. After resting a while, he popped out, came through the side door of the tent on all fours, and said it was morning. He began to pile all the toys in the tent. He picked up the toy he called a bomb and said, “This is not a bomb, now it’s a toy” and threw it along with the rest of toys. He invited me in the tent, I asked him what he wanted for his birthday, and he said “chocolate cake”. While I made the chocolate cake out of ‘Playdoh’, Kaylan put pylons outside the door of the tent (Figure 22).

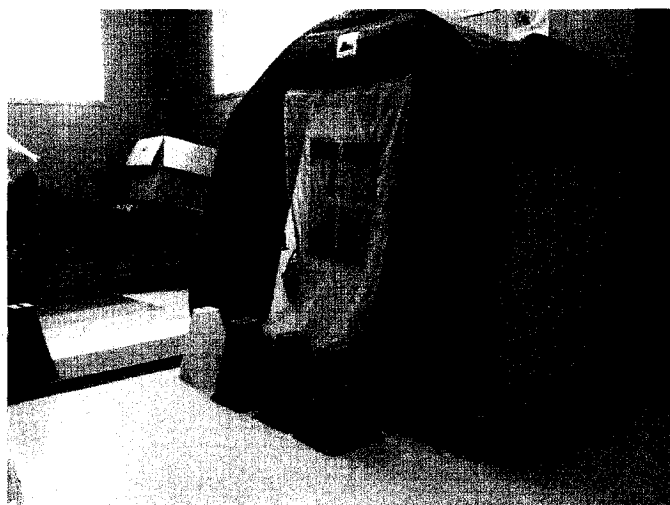


Figure 22- Tent as 'puppy's home' with barrier

Then he came back into tent and I sang him happy birthday, and he blew out the candle to make a wish. I asked him if he would tell papa his wish, yet he simply smiled. Then he showed me the barrier he made and said, “No dirty people can come in.” He left

the tent through hole, rather than the door, and began to sleep outside on the mat. I commented that puppy could sleep inside, but he asked how he could get in with the barrier. I suggested that he has the key that only he could get in and not the 'dirty people'. He was pleased with this solution and took the set of keys to come inside the tent. I took a moment with him to examine the barrier, and told him that he was safe with papa because the barrier would keep the 'dirty people' out.

At the end of play, we ate the birthday cake, while I praised the puppy. When it was time to leave, I switched out of the role as the father and called him by his name, telling him it was time to go. He did not want to leave, but I reminded him that we had one more session to play and we could play puppy again. Although he got ready to go, he seemed to continue to want me to play the father/nurturing role as he asked me to help him put on his shoes. I encouraged him to put them on himself in order to transition into going back to the classroom.

Through this powerful transference of Kaylan projecting the role of his father on me, we began the process of grieving that is more apparent in uncomplicated bereavement, where a child incorporates positive memories of the deceased/absent (Cohen et al., 2002). In the role as the puppy, Kaylan appropriately regressed into a younger aspect of himself, allowing himself to shed the parentified role and be playful. He was also capable, unlike the previous times he played a dog, to maintain the symbolic play in order to find resolution and relief to his repetitive traumatic play.

The traumatic play in this session appeared in two important symbolic forms; one, was the tearing down of the house/tent due to a bomb and the other was creating a barrier, which blocked the way. In previous sessions, he would sometimes get disorganized and

bring the tent down and not rebuild it. However, in this session he made the tent explode with a bomb, which he later transformed into a harmless toy. I began to associate this 'bombing' to perhaps the bombing that was associated to his father's workplace. In many sessions, he re-enacted fires that he would put out with his fire truck. In this session, he jumped into to toppling tent and came out of it saying, 'he was okay', afterwards playing out the fire continuing to burn the house. Pynoos and Nader (1993) would call this 'intervention fantasies' where in the play, a child attempts to alter or reverse the traumatic actions, or attempt to prevent future trauma.

This transformation of traumatic play to an intervention fantasy is most powerful with Kaylan's creation of the barrier of pylons in front of his house (Figure 22). From the very first session, Kaylan drew lines, stops signs, created fences, bars, and lines of pylons where "no one can pass." However, he was finally able to articulate which people could not pass – the "dirty people" who he once said were "pushing people", perhaps alluding to the ones who caused his family much suffering. In the previous forms of these barriers, Kaylan blocked everyone, however, he realized even himself as the puppy could not pass into his 'father's house' with this kind of barrier. I suggested the solution of a key that only he had, and this provided him with the relief that these barriers were not impenetrable, but permeable to people who he chooses that are good and 'not dirty'.

After this session, I realized that my own counter-transference reactions to Kaylan's transference to me as his father were quite strong. I realized that our therapeutic relationship had deepened with a lot trust and genuine affection. I felt moved to tears after the session was over because I realized that Kaylan had trusted me to play out this grief and happy reminiscing of his deceased father. Kaylan was bringing this theme,

perhaps because we were terminating in the next session. This also brought about sad feelings in me and I realized as well that our therapeutic relationship was ending. This session also made me realize the beauty of the therapeutic process where Kaylan could bring the positive and the negative, the mature child as well as the playful child, all in the realm of imagination. I felt like this was the greatest gift I could give him on his birthday, my presence and my ability to follow his lead where he could take what he needed for himself.

Session 16

In our final session together, Kaylan continued to negotiate more time to play in the session. One of my parting gifts was a small bottle of bubbles we opened at the start, and a toy cell phone, which I introduced at the end. I thought that this was an appropriate gift as a transitional object as Kaylan had developed so much of his ability to elaborate his symbolic world through playing with the telephone. Kaylan was quite aware that this was our last session, although he did not fully understand why he had to end. It seemed that he spent the session wanting to do all the things we have done in our entire time together, which made him a little more disorganized as he moved excitedly from one activity to the next.

He wanted to repeat the story of the puppy from last week and I followed suit, giving praise, and repeating the game of sending the messages to loved ones. Through the role of the puppy, he expressed a greater range of emotions than in the previous time we played. He demonstrated his happiness, need for abundance, need of comfort, as well as sadness and at times, anger or aggression. We took a trip together as puppy and father, and Kaylan began to gather all the toys and art materials in a bag. He created a bed for

himself and sought affection and nurturance. We reviewed his artwork as the role of the puppy and he showed sadness, whimpering as a dog would, when some of the papers in his folder stuck together. However, he became happy when he saw our dyad painting (Figure 11) and he asked to paint. I pulled out the watercolour paint blocks and he created a few strokes on the backside of our dyad painting. Similar to our dyad painting, he asked me to paint with him and I echoed his strokes on the left hand side, as he painted on the right. As he painted, he got more disorganized, making a mess, and spilt water on the floor. He made no associations to the painting, but after making the mess, he asked me “no pictures.” When I asked if he liked to take his folder home, he said he did not want to bring it home because it was too big, and said I should keep it. Perhaps through this messy painting and the other images in his folder, Kaylan could not bring the ‘mess’ home and thus echoing his mother’s warnings of ‘no pictures’. As well, it seemed that he wanted to leave the difficult feelings embodied in his images with me, rather than bringing them home where they could not be contained.



Figure 23- Last painting - water colour on the back of Figure 11

As he continued to play out the puppy role, he would show a somewhat aggressive behaviour or play that he had not shown before. For example, while playing tag with the cloths, he would hit me with them or playing with the bubbles, he would blow the bubbles in my face. When I gave him his final gift of the phone, I said that he could play phone and call anyone anytime he wanted. We began to play hide and seek, with me being the monster. We pretended that our phones were lasers and, at one point, he zaps me with his phone.

It seemed that Kaylan was expressing his happiness about the time we spent together, but also his hurt, sadness, and perhaps angry feelings that our therapeutic relationship was ending. However, as in the previous sessions, many of these feelings were mediated through the play and as his role as the dog, which made it easier and more permissible for him to express these feelings. His daycare teacher came to pick him up at the end of the session. He found it difficult to say good-bye, nearly leaving without saying anything to me. His teacher encouraged him to give me a hug. He did so and then playfully said, "Bye, bye, grosse patate", '*Bye, bye, big potato*' a funny phrase that all the kids in the daycare were saying. Saying goodbye to me in this way reiterated the multiple feelings that he expressed during the session. In some ways, it was showing his resilience to engage in humour, at the same time by calling me names he could express his angry or sad feelings towards me for terminating our therapeutic relationship. It seemed that although it was difficult to say goodbye, he left in a playful spirit, with the many real and symbolic gifts in hand.

Discussion

Analysis of Therapeutic Themes

My guiding questions for this case study were to understand how cultural bereavement, trauma, and grief manifested in the art creation and play of a traumatized refugee child. As seen in the case summaries there were multiple trauma cues from the past and present that activated Kaylan's developmental issues of security and self-concept. My other guiding question pertains to my clinical understanding of how art and play therapy can assist in re-engaging children's natural coping strategies through symbolic elaboration, and encourage them to find resolution and relief in their traumatic re-enactments. Through my analysis of the resulting themes guided by the literature on childhood trauma and bereavement, I found that the role of art therapy is to provide a transitional space where the child can safely re-enact and gradually transform their narratives to find a sense of resolution in their play.

Trauma Cues That Activate Developmental Issues

Anchor Points from the past and present

From the beginning of the therapy process, Kaylan immediately exhibited through verbalizations and repetitive images, his multiple "trauma reminders" (Cohen et al., 2002), or 'anchor points' (Pynoos & Nader, 1993) that kept his mental resources focused on the trauma and inhibited his ability to sustain symbolic play. Some of the trauma reminders from the past were police, hospitals, and jails (as seen in the many images of bold lines, Figures 4, 6, 8, 9, 11 and 22). Although some 'anchor points' were obvious,

others such as his first painting (Figure 4), I did not fully see its relevance until a supervision comment that it could be an image related to the picture used in a curse.

There were also present day reminders that caused Kaylan's anxiety because they were linked to previous trauma or they activated developmental anxieties of separation and loss. For example, the lines that resembled prisons/jails were also repeated in his nightmares of being locked in a cage. His grandparent's sickness and hospitalizations activated perhaps the fear of losing them. He would also conflate different traumas, such as saying his grandparents were in jail once, demonstrating that traumatic memories are not linear or discrete, but can be modified to aggravate a child's inner fears (Pynoos & Nader, 1993). As well, the arguments between his mother and grandparents, and subsequent parting of his mother also activated the fear of separation. Loss and change reminders were activated by the story about fathers in class and this activated Kaylan's longing for his dog, his home country, and his father. The threat to his personal safety was also an issue, as the videos reminded the family of curses; and ill-treatment from family, friends, or authority figures were labelled as 'beatings'.

In these instances of ambiguity, cultural forms of bereavement, norms of behaviour at home and school, and individual relational triggers are possible sources of his perceptions and behavioural reactions (such as his tantrums). However, it also appeared that Kaylan's over-responsiveness could have been due to the his trauma symptoms of hypervigilance to threat, which may have made him misperceive the actions of his family and friends (Greenspan & Wieder, 2006). These misperceptions of the intentions of others also affected his self-concept as was evident in his approach to his

own art-making at the beginning of the therapeutic process, where he demonstrated uncertainty, disinterest, and devalued his skills in creating images on his own initiative.

Transformation of Narratives

Traumatic Play and Re-enactments

Initially, Kaylan's play had an uncreative, repetitive, disorganized, and anxious quality, which Cohen et al. (2002) would call traumatic play. He could not sustain any play theme or art activity for very long, which could also be due to his developmental stage, but accentuated by his trauma symptoms. His traumatic play took the form of repeating games that reactivated feelings of being scared, being lost, being in danger, and being inadequate. For example, he liked to play hide and seek by casting me as the monster in order to be scared when found. According to Norton and Norton (2006), children tend to cast the play therapist as the villain/perpetrator in order re-enact the trauma and to re-activate feelings associated with being disempowered. His narratives of being lost and disoriented were seen through his phone play of being lost, his stories of migration, and associations to his images of "not knowing the way" (Figures 10 and 11). He often played the part of putting out fires with the fire truck and tearing down houses/tents that activated feelings of danger that needed to be controlled. He created images barriers, stops signs, and fences stating, "no one could pass" thus trying to protect himself from impending danger. During the therapy process, he noticed toys that were broken, toys that needed cleaning, and he always noticed new toys and materials in the room, eliciting feelings of things not being adequate unless they were whole and not broken. Play therapists Norton and Norton, contend that often children's perception of the

toys in the room such as toys being broken, reflect their own self-concepts of being problematic and unwanted. Through engaging in repetitive games that activated sensory, somatic, and subsequent discharge of emotional energy, Kaylan was recapitulating his traumas (Norton & Norton), while at the same time not finding the soothing needed to find relief to resolve his traumatic play (Pynoos & Nader, 1993).

Intervention Fantasies and Modification of Trauma

Gradually over time, Kaylan was able to modify these games, as well as find joy and relief in playing them out. Pynoos and Nader (1993) refers to the transformation and modification of traumatic memories as ‘intervention fantasies’, where children process the traumatic event in play through altering the event, interrupting the danger, and preventing future trauma. Only when Kaylan was able to sustain shared attention in the play and art making was he able to find relief in his intervention fantasies and achieve trauma mastery. He began to assert more control in the way we played out our games. For example, in playing hide and seek when he was emotionally fragile, he would ask to remove the monster from the game, so as not to be scared, thus able to seek soothing and choosing to cast me as the nurturer, rather than the aggressor (Norton & Norton, 2006). In playing out the airplane traveling from his home country to Canada, he remained at the controls of when and where the plane would move. In building his self-concept, he compared himself to his friend attributing weaker characteristics to him. In his sandplay in session 14 (Figure 19), he buried the negative parts of himself that he projected on to the toy tractor he called his friend Boris, thus showing the splitting in order to increase his own self esteem.

As the trauma symptoms reduced and gave way to normal grief responses, he was able to engage in magical thinking that allowed him to transform concrete objects to symbolic tools of play. His phone play narrative moved from identifying concretely that the toy was “not working” towards using it as a magical tool to communicate with friends, family, and his deceased father in the play. His concept of death as reversible was age-appropriate, as he would refer to the buried ‘Spiderman’ as possibly coming back and he was able to imagine his father and dog in the play. Despite the traumatic reminders in his daily life, Kaylan seemed to draw on his inner resources, becoming more resilient as he began to identify with the role of the nurturer/provider, relating to his church minister, playing out the doctor, teacher, and bearer of toys.

The burial of objects in the sand continued to the final phase in therapy, however, he only partially buried the car, house, and “A police” (Figure 21), while also juxtaposing an image of a safe home away from danger, suggesting that Kaylan could bury the difficult traumatic reminders of loss and hurt, while also rebuilding a safe space. The greatest indication of this capacity to find relief and resolution in building a safe home is in session 15, where he built a home for the puppy and father with a barrier to stop “dirty people” from coming in (Figure 24). Interestingly, the trauma cue of the repeated lines and barrier became a pivotal ‘anchor point’ that Kaylan actively engaged in to change its meaning. Again, the barrier was repeated however, this time it was permeable to good things, good memories, and good people through a symbolic key that only Kaylan possessed. Through playing out this symbol repeatedly, he was able to differentiate what is good and what is bad, without conflating these concepts to block everything and everyone out through numbing and avoidance.

From Trauma to Bereavement

As noted in the literature, children who experience trauma symptoms will not all experience traumatic grief, as some children are capable of separating trauma and loss reminders and move towards integrating the losses and changes in their lives (Cohen et al., 2002). By the end phase in therapy, Kaylan started demonstrating that his trauma symptoms and present day trauma reminders did not prevent him from beginning to grieve the losses and longings in his life, while also integrating and recreating positive memories of loss reminders such as his home, his dog, and his father. The multiple creations of homes through tents (Figure 14) and in the sandplay tray (Figures 21-22), and calling home, provided him with a sense of stability and security, unlike the toppling image of his home in the first drawing (Figure 1). As well, themes of transportation, such as his car (Figure 16-18), migration stories through the play, demonstrated that he could move and explore from his secure home in safety, rather than being buried in the sand (Figure 6) or blocked on the road (Figure 3).

The sensory play through exploring water, shaving cream, paint, sand, and 'Playdoh' allowed Kaylan to regress to a deeper level of the psyche and repair traumas that occurred when he was younger. It was through first playing with shaving cream that Kaylan was able to shed his parentified behaviour and enter playfully as his dog in session 15. This regressed behaviour played out as the role of the dog in the final sessions, which allowed him to experience a range of emotions such as sadness, happiness, pain, and anger. He was able to identify to me as a surrogate father through the play, however, he also demonstrated some feelings of estrangement from others when he frequently commented that he only want to play with adults (like me) and not children.

Through this play as the puppy and me as the father, Kaylan was able to begin to the process of grief resolution (Cohen et al., 2002) understanding the loss, re-evaluating this relationship to the lost figures in his life, and creating positive memories to his father and puppy. Perhaps in working through these feelings in our termination of therapy, he was able to begin repairing some wounds over the multiple losses of his father, his beloved dog, and home country.

Overview of Therapeutic Interventions

Therapeutic Transference

I found that one of the main factors that allowed Kaylan to achieve emotional resolution in his traumatic play was the transference in the therapeutic relationship. From the beginning, Kaylan demonstrated a positive transference toward me, by requesting to stay longer in the session, to pick him up to play or to play at his house, and later his exclusive desire to play with adults. This immediately provided a basis for building a therapeutic alliance where he felt safe to tell me memories from his life and to follow his lead, even if it was fragmented and at times disorganized. When he became disorganized, or dissociated due to a difficult memory, he seemed to also relate to me as he does with his mother, showing an anxious attachment pattern of ambivalent approach and avoidance. As Kaylan progressed in therapy this ambivalence seemed to transform into emotional splitting, where Kaylan began to associate anxiety at home and calmness/connection with the daycare and our relationship. It seemed through the accounts from his mother and the psychoeducator that Kaylan expressed his emotional turmoil as well as responsibility amongst his family, while reserving his child self to freely play in the daycare setting.

As we began to build a therapeutic alliance, he was able to expand his capacity to maintain shared attention. Our joint painting (Figure 12) marked a milestone of his awareness of the therapeutic alliance and acknowledging that we could interact through the art medium. Through the play, he would cast me as the aggressor by being a monster in hide and seek, but resolving this game through emotional release of being scared. As his self-concept and agency began to strengthen to a parentified role, he began to take on the role of the teacher and casting me as the child as I received gifts from him. Gradually over time, he began to cast me as protector or nurturer and allowed himself to regress to being cared for, such as casting me in the role of his father and Kaylan taking the role of the puppy.

It also appeared that Kaylan could maintain symbolic play when I remained in the pretend in the roles he assigned to me, rather than trying to get Kaylan to talk about his feelings (i.e., Session 7). According to Greenspan and Wieder (2006), Kaylan was only beginning to express emotional themes through play, and was not yet ready to logically link his actions with abstract notions of emotions. Therefore, in order to maximize the therapeutic transference, it was imperative that I followed his lead and stay within the emotional expression in the play in order to allow Kaylan a space to elaborate his emotions within the play.

By the end phase in therapy, he began to differentiate how he acted at home and how he acted at daycare, and through the therapy I tried to bridge these environments so the splitting between these two worlds would not become greater. For example, in session 14, I suggested we eat a food from his culture so that he could see that his cultural home life was acceptable and understood in the daycare setting. Also through the phone play,

Kaylan would call his mother expressing positive comments of what he was doing and sometimes the desire to come home from daycare, showing that he wanted to share his joys with his family.

Multiple Modalities

As trauma is stored within the somatic experience of a person (van der Kolk, McFarlene, & Weisaeth, 1996), a therapeutic intervention that activates multi-sensory experiences expands the possibilities for emotional expression (Norton & Norton, 2006). During the process of art therapy sessions, I often laid out a variety of art materials and sensory activities, such as chalk, painting, shaving cream, goop making, sandplay, and water play. These activities served a dual purpose of activating somatic experiences of anxiety and aggressive emotional release (Figure 8), and functioning as soothing activities to address these unpleasant emotional states. The more fluid sensory exploration also allowed Kaylan to regress, become playful, and engage in appropriate roles (such as the puppy) so that he could be concerned more about the play, rather than be preoccupied with the concerns of his family members.

Initially, his ability to sustain enough attention and interest in art making was limited. However, as the therapeutic alliance strengthened and he was able to sustain shared attention, joint painting and construction provided him with the motivation to create symbolic expressions that he was proud to make (e.g. Figures 11, 16-18). Sandplay with a variety of figurines and construction of tents and spaces in the room provided a wider symbolic range to express his emotional states and symbolic fantasies (e.g. Figure 21, 22, 24). Having a range of multiple forms of expression provided Kaylan with the

possibility to repair earlier states of expression and move towards age-appropriate symbolic expression.

Conclusions and Recommendations

A transcultural framework in therapy provides a perspective of understanding a client and implementing an appropriate intervention that considers the multiple layers of their identity. In this case study, I attempted to understand and work with Kaylan, considering the pre-trauma family and social factors, trauma issues, migration history, settlement in the host country, developmental presentation, and his multiple cultural identities and affiliations formed by his family and social setting. All these factors elucidated my comprehension of the case and influenced how I intervened as a clinician.

As in many cases such as this, it is essential to work within a team that can address the needs of the family, the daycare and social setting, and the individual needs of the client. Kaylan's trauma and grief symptoms intertwined with his mother's, thus holistic interventions to deal with both the child and the family were necessary in order to see progress. From the incident concerning the videos and the activation of Ratna's fears and pre-occupations, I realized that even with an open mind, a clinician needs to constantly reassess and maintain contact with the family in regards to the therapeutic intervention. Forms of cultural bereavement and traumatic reminders should be considered as possible reasons for different reactions and behaviour towards intervention practices. This constant dialogue enhances the family's feeling of control and permits them not to feel obligated to the interventions offered by the host country. Therefore, in this approach, the aim is not to understand culture of the 'other', but to engage in a

dialogue of cultural perspectives, where participants reassess and attempt to clarify beliefs systems and how they hinder or enhance the therapeutic process.

Working with Kaylan, I learned that it was essential to follow his lead and support his creative expression. Structured bereavement programs can be useful with school-aged children who are mature and have their functional emotional capacities intact in order to symbolically and abstractly think about their feelings (Griffen, 2001).

However, when a pre-school child with a refugee history is working with trauma, multiple losses, and bereavement, the child might be functioning at a pre-symbolic level due to a disruption in their developmental symbolic capacity. As well, trauma reminders also activate developmental issues of separation and self-concept. Therefore, it is essential to create a good therapeutic alliance where the child can experience warm, engaged, and trusting relationship that includes reciprocal communication on the child's terms. By building a child's capacity to engage and sustain playful communication, trauma symptoms such as arousal, hypervigilance, and avoidance tend to subside, and the child can begin to focus on age-appropriate developmental goals.

Therapeutic intervention should pay special attention to the "anchor points" of a child's traumatic memories, which can be often repetitive and anxiety provoking. These 'anchor points' exhibit themselves as verbalizations, repetitive images, behaviour, and traumatic play, which are entry points for the therapist to work with the client's traumatic memories and to help find emotional resolution. By working with a child's expressions of their trauma, a child's emotional pain can feel supported and heard. When there is a strong therapeutic alliance, a child is safe to project their traumatic play in the images and play themes in therapy, as well as attempt to create intervention

fantasies in order to find relief from unpleasant traumatic play. Sensory materials such as paint, sand, and shaving cream allow for regression to earlier stages of development when the trauma incident occurred and allows repairing due to disruption in those stages. Children gradually gain mastery over their traumas, so that symptoms do not intrude on their development and ability to express, problem-solve, and explore.

Over the course of therapy, Kaylan was able to demonstrate an increased capacity to sustain attention and continuous communication, to elaborate symbolically, and find integration in his play. It appeared in this case, that staying within the pretend play, rather than rationally discussing emotions, was more appropriate way to engage in discussion of emotional themes. Gradually his traumatic play narratives transformed from re-enacting traumatic memories to creating intervention fantasies where he could begin to grieve his losses, and integrate both negative and positive memories of his home country, family, and father. Kaylan appropriately used the therapy to work through his trauma and began to investigate his multiple losses, demonstrating resilience in encountering daily challenges. Although, Kaylan's traumatic symptoms improved over the course of therapy, he would benefit from additional therapy at different stages in his emotional and cognitive development in order to address on-going needs and issues of his self-concept.

This case study described and analysed the therapeutic process of one resilient young boy, and demonstrated how trauma and grief manifests in art and play. Although, the specific processes and outcomes are limited to this particular case, one can generalize these findings about the art therapy process to work with other pre-school aged children working through cultural bereavement, trauma, and grief.

Saying Goodbye

In our last session, I tell Kaylan that I will see him one last time in a group art activity I will do with his class. He seemed pleased with this as he tells me “*bye, bye gross patate*”, and turns away to leave with his teacher. It so happens that he was absent on the day I came in to do the art activity. He missed a pleasant, messy, and fun expression of painting with cars on a huge mural paper that his classmates seemed to enjoy thoroughly. However, in the chaos of paint splashing, hands grabbing for a fascinating toy cars, and laughter of the activity, I lose sight of any individual child. I only see the group. Reflecting on this, my sadness for his absence is overshadowed by feeling glad that I would not lose sight of him despite not getting a final chance to say goodbye.

As partings and goodbyes can sometimes be unpredictable, in some ways so was our final time together. This seemed to mirror Kaylan’s own final parting with his father and his home country. We often expect and take for granted that our loved ones will return when they leave, and that we can always go home at the end of the day. This is something we learn early on in life because it helps us to create bonds of attachment and a sense of belonging and security so we can go out and explore the world. For Kaylan, learning this lesson was drastically disrupted. However, in our short time together, I felt honoured to provide a space where he could repair this disruption and learn to trust people and the world again. As I gave to him, he also taught me much about how children cope in times of adversity with creative resilience. I know that despite not fulfilling the expectation of seeing each other again, I am sure that this unfulfilled expectation will not overshadow all the positive memories of his important relationships in life.

A few weeks later, amongst the din of children being picked up from the daycare at the end of the day, I have my final meeting with the psychoeducator. She tells me that she is very pleased with the art therapy intervention. Kaylan seems to be doing well, playing with lots of energy and is excited about going to kindergarten. His mother seems to have also stabilized and found some balance in her life by volunteering in the community. Kaylan’s story began with losses, confusion, and trying to find a place in a new world. As far as endings go, this seems like a pretty good ending where Kaylan and his father could reunite in the world of his imagination, and I could play the humble witness and guide in this chapter of his story.

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Authorization for participation and supervision of your child in the Art Therapy program.

Additional authorization for photography, video, sound recordings and the use of case materials related to art therapy and research.

I, the undersigned (name of parent or guardian) _____

Parent or guardian of (name of child/client) _____

Authorize **Lucy Lu**, intern in art therapy,

To conduct art therapy with my child and to show his/her art productions to her art therapy supervisors. I understand that the content of the therapy sessions will be kept confidential; however release of information without consent is permitted if there is reason to believe that withholding such information poses a serious threat or harm to my child or to others. I also understand that I may withdraw my child from the art therapy program, without this affecting my medical follow-up at the CLSC.

In addition, to take:

Yes **No**

Photos of the artwork

Videos of the session

Sound recordings

That the therapist deems appropriate, and to utilise them for supervision and educational purposes, provided that reasonable precautions are taken to conserve confidentiality.

However, I make the following restrictions(s):

I would also be interested in participating in an art therapy Master's degree research project which may include art products, verbatim quotes, case notes, and assessment results from these art therapy sessions. I acknowledge that the information from these sessions will remain confidential.

Yes **No**

Research project

If yes, I understand that I will receive information explaining the project in detail and an Informed Consent Form upon favourable review by the Ethics Review Committee in the Department of Creative arts Therapies at Concordia University.

Signature of parent or guardian of participant

Date

Signature of art therapy intern

Date

Appendix B – Consent Form

Art Therapy Student: **Lucy Lu**
Art Therapy Intern, Masters program in the Department of Creative Arts Therapies
Concordia University,
1395 René Lévesque Blvd, VA264, Montréal, QC H3G 2M5

Internship Supervisors:

Louise Lacroix
Professor and Art Therapist, Concordia University
Tel : (514) 848-2424 ext. 7384

Dr. Cécile Rousseau
Psychiatrist at the Montreal Children's hospital
Tel : (514) 412-4400 ext. 24449

Contact at the CLSC:

Background Information:

One of the ways art therapy students learn how to be art therapists is to write a research paper that includes case material and art work by clients they have worked with during their practicum. The purpose of doing this is to help them, as well as other students and art therapists who read the research paper, to increase their knowledge and skill in giving art therapy services to a variety of persons with different kinds of problems. The long-term goal is to be better able to help individuals who engage in art therapy in the future.

Permission

As an art therapy student in the Master's program in The Department of Creative Arts Therapies at Concordia University, I am asking you for permission to photograph your child's artwork and include selected images in my research paper. As well, I am asking permission to film your child in therapy, which will not be used for public display. However, I will be transcribing my observations and interactions of your child during the session from the video. I will only use my written observations from the videos for my research paper. I also ask permission to consult with your local CLSC contact, for a period of one year (or until I have completed my research paper), in order to maintain the progress of your child. A copy of the research paper will be bound and kept in the Concordia University Library, and another in the Department's Resource Room. This paper may also be presented in educational settings or published for educational purposes in the future.

Confidentiality

Because this information is of a personal nature, it is understood that your confidentially and that of your child will be respected in every way possible. Neither your name, your child's name, the name of the setting where the art therapy sessions take place, nor any identifying information will appear in the research paper or on your child's artwork. (For example, your country of origin, religion, size of family will all be altered so that you and you child will not be identifiable).

Advantages and Disadvantages to Your Consent

To my knowledge, this permission will not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your child's involvement in art therapy or any medical follow-up at your local CLSC. You may consent to all or just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or if you have any questions about this research study, you may contact my supervisors.

If at any time you have questions regarding your rights as a research participant, you may call Adela Reid, Compliance Officer, in the Office of Research.

Adela Reid, Compliance Officer

Office of Research, GM-100, Concordia University, Montreal, Quebec H3G 1M8

Phone: (514)-848-7481 Email: adela.reid@concordia.ca

Authorization for photography, video, sound recordings and the use of case materials related to art therapy and research.

I, the undersigned (name of parent or guardian) _____

Parent or guardian of (name of child/client) _____

Authorize **Lucy Lu**, intern in art therapy,

To take:	Yes	No
Photos of the artwork	_____	_____
Videos of the session	_____	_____
Sound recordings	_____	_____
Case material	_____	_____

that the therapist deems appropriate, and to utilise and publish them for educational purposes, provided that reasonable precautions are taken to conserve confidentiality. No images of the child will be made public and all recordings will be destroyed after their use.

However, I make the following restrictions(s):

Signature of parent or guardian of participant

Date

Signature of art therapy intern

Date

Witness to Signature

Date

Appendix C – Initial Assessment and End of Therapy Assessment

Adapted from Malchiodi (1997) and Greenspan and Wieder (2006)

Child's Name:	Kaylan	
Reason for Referral	<ul style="list-style-type: none"> ○ Post-traumatic stress symptoms due to political violence in home country ○ Symptoms – nightmares of being trapped in a cage, anxiety, insecure disorganized attachment, fearful of police/authority figures, emotional dissociation. They have decreased over time, but still have attachment issues 	
Art Therapy Setting	Omitted due to confidentiality	
Socio-demographic info		
Family History		
Family Beliefs of condition		
Social Situation – family, religion		
Birth Circumstances		
Genogram of social network		
Developmental Description		
Physical	Fine Motor	Able to manipulate materials, but not motivated to
	Gross Motor	Very active, developmentally appropriated
	Tactile Response	Seems somewhat defensive to tactile art materials
	Vision	Good
	Hearing	Good
	Other	Psychoeducator states 3 – 4 self-stimulated behaviours, which I have not noticed
Cognitive	Communication	Limited expression in French, more fluent in English. Yet speech and coherency is somewhat disorganized, especially switching between two languages
	Motivation	Emotionally detached, some what disengaged
	Comprehension – receptive	Seems to understand directives and will object to the direction of activities he does not agree with
	Expression	Can express himself in English well, and seems to incorporate phrases from movies, expresses complex memories from past in short phases mixed in with current situation
	Other	Emotionally sensitive to his friend B. and family members
Art Evaluation		
Play	Sensory	Demonstrates some tactile defensiveness
	Motor	Gross motor good, and fine motor skills
	Exploratory	Will explore toys, difficulty with problem solving and elaborating play.
	Social	Relates to friend B. and aware of different treatment from other classmates.
	Symbolic	Concrete thinking, difficulty with symbolic play and imagining symbolic use of objects/toys. Very concerned with the concrete representation and the 'broken' aspects of the toys
Themes		

Art creation activity in initial sessions; Spontaneous painting, clay work and car road drawing.[Initial evaluation marked by highlights and end of year assessment showing changes in **bold**]

Task Orientation	Waits for direction	1	2	3	4	5	Impulsive
	Calm and focused	1	2	3	4	5	Restless/agitated
	Follows instructions	1	2	3	4	5	Cannot follow instruction
	Confident in abilities	1	2	3	4	5	Concerned about mistakes
	Takes time to complete tasks	1	2	3	4	5	Hurries through task
	Independent in work	1	2	3	4	5	Dependent in work
	Requires minimal assistance	1	2	3	4	5	Requires structure
	Adapts to various directives	1	2	3	4	5	Cannot adapt
	Adapts to a variety of materials	1	2	3	4	5	Cannot adapt
	Appropriate concentration	1	2	3	4	5	Appears distracted
	Sustains involvement	1	2	3	4	5	Gives up easily
	Self-initiated	1	2	3	4	5	Waits for therapist to initiate
	Values performance	1	2	3	4	5	Devalues performance
	Chooses with confidence	1	2	3	4	5	Cannot decide
Product/Content	Image reflects current feelings/situation	1	2	3	4	5	Does not reflect current feelings/situation
<i>Seems to devalue his ability to draw before he tries</i>	Image reflects positive aspects	1	2	3	4	5	Negative images
	Pride in finished product	1	2	3	4	5	Devalues product
	Positive self-statement	1	2	3	4	5	Negative self-statement
	Images are coherent/integrated	1	2	3	4	5	Disjointed or fragmented
	Spontaneous and free	1	2	3	4	5	Lacks spontaneity
	Has own expressive language	1	2	3	4	5	Relies on stereotypical images
	Presence of a metaphor or theme	1	2	3	4	5	Theme is simple and concrete
<i>Needed probing</i>	Able to discuss either metaphorically or as related to self	1	2	3	4	5	Not able to discuss or describe
<i>Drew his house upon direction</i>	Associates images with self or situation	1	2	3	4	5	No self-association with product
Content: affect	Limited affect in expression						
Themes	Snakes, monsters, police – “bad guys” ; road blocks and barriers						
Interaction	Maintains physical space	1	2	3	4	5	Goes into other's space inappropriately
	Shares appropriately	1	2	3	4	5	Unable to share
	Independent in work	1	2	3	4	5	Dependent on therapist
	Responds to limits	1	2	3	4	5	Difficulty in responding to limits
	Active	1	2	3	4	5	Withdrawn
	Responds to therapist/others	1	2	3	4	5	Unresponsive/mute
	Utilizes therapist appropriately	1	2	3	4	5	Unable to utilize therapist
	Has appropriate closure at end of session	1	2	3	4	5	Difficulty leaving session

Towards art therapist	He seems he wants to engaged and connect, but is dissociated from affect						
Towards art materials	Ambivalent use of materials. He wants to use them, but does not seem very interested in the art materials						
Towards suggestions	Will incorporate some suggestions, but will oppose others often because they seem to be a bother to me and does not want to impose						
Comments	His ambivalent interaction with me and the materials may be related to the PTSD symptoms of attachment and fearfulness of others. However, the use of materials may be due to the lack of experience with them						
Developmental	Age-appropriate expression	1	2	3	4	5	Regressed expression
Comments	Age-appropriate motor skills	1	2	3	4	5	Poor motor skills
Summary	Seems to be a very intelligent boy verbally, but his visual expression is limited.						
Summary	Kaylan appears to be an intelligent and attractive young boy, who has been affected by the trauma and grief of the past year. He appears emotionally dissociated, yet demonstrates a need to express his strong memories and fears. He is concrete in his play and image creation, thus showing a regression/delay in his ability to symbolize. However, he uses the sessions appropriately for his self-expression.						
Goals in therapy	<ul style="list-style-type: none"> ○ Provide a space for safe exploration of anxious feelings due to trauma and migration experience ○ Deepening sensory experience to promote self-regulation of anxiety and self-soothing ○ Exploration and elaboration of symbolic play ○ Promote internal creation of structure and regulation ○ Promote verbal expression of art creations ○ Possible space to process trauma and grief at developmentally appropriate level 						