



TRAUMA: A GESTALT PLAY THERAPY PERSPECTIVE

Claire Harrison-Breed describes how she honours the adaptations to survive made by children who have experienced trauma – meeting the underlying fear and terror before helping them to adjust and thrive

do not view a child's behaviour, displeasing as it may sometimes be, as sickness. I view it as the child's evidence of strength and survival. A child will do what he can in any way to survive in this world. He will do what he thinks is the best thing to do to get through the job of growing up.'

I walk through my local high street deep in my own thoughts. Suddenly, I hear a child shout: 'Ahhh, get off me, don't touch me, f**k off, you're hurting me.' The child looks about 10 years old and I flinch as she throws herself to the floor with a thump. A red-faced adult is holding the child as she writhes in the adult's arms. There is a look of panic on the adult's face – they are desperate not to let go of the child. A passer-by tuts and mutters: 'What kind of parent lets their child speak to them like that? What she needs is a bit of discipline and a good smack.' Moments later, the child again shouts: 'Get off, you're hurting me.' Now another passer-by shouts: 'Let go of that child or I'm calling the police.'

Unprocessed trauma becomes frozen in time, complete with the body's responses, physiologically trapping the child in a state of high arousal and terror

Pause for a minute and ask yourself what you would do.

Dexter is seven. During the therapy, he has a strong desire to be in control. Again this week he asks: 'Can we play the baby game?' We play with the dolls, and quickly Dexter becomes frustrated if the foster carer or I try to help. We are only allowed to join in on Dexter's terms, as he is in charge of taking care.

Cedrick is 11 and enters the room with confidence. He predominantly speaks in a loud booming voice and rarely holds a sentence together without a string of obscenities. Nothing frightens Cedrick – crying is for wimps and affection is babyish. If you want to get on in life you use your fists and don't show weakness. Cedrick has been excluded from school again, but he doesn't care.

Asha is five. He was walking to the park with his sister and mother when his sister was struck by a car. Asha has gone from confident to withdrawn and anxious. He is reluctant to leave the house and regularly wakes in the night, screaming.

Rosy is 13. She always has a smile on her face and really does not mind what we do in therapy: 'I just love coming, so it's up to you.' She moves around the room with rigidity while insisting that everything is fine, simultaneously scanning while conducting herself in a still, ghost-like manner.

Every one of these children and young people is showing us something very precious; each of them is showing us how they have survived in a world that has not met their needs or that has denied them safety, love and consistent care. I have been working therapeutically with traumatised children and families for over 20 years, yet still, every day, I am in awe of the resourcefulness, skill and immense capacity that each

of the children and young people has developed to survive. I know this is the case simply by their existence.

Within Gestalt therapy, such adaptations are viewed as 'creative adjustments' to the environment that we are embedded within. Like a sunflower that will bend and adapt to get sufficient light to survive, human beings make similar creative adjustments to survive and thrive.

Understanding the Gestalt perspective

Gestalt therapy works in the here and now. This does not mean that experiences from the child or young person's past are not considered. Quite the opposite. The Gestalt therapist is focused on how emerging experiences impact on the child and young person now. We cannot change the past but we can work with the impact on the present moment.

The whole environmental context or 'life space' within which people act, needs to be considered in order to understand the child's interaction with themselves and others.² We cannot expect the child to change simply because their environment changes. For the traumatised child, this often takes time, consistency and persistence. The fears and subsequent behaviours will be more ridged or fixed if the child has needed these ways of being to survive. The behaviours should be understood and honoured as gateways to the internal world. The fear, emotions and perceptions that lie beneath are the core for the child or young person. Attempting to modify the behaviour without understanding the roots of it will at best be ineffective but more likely create significant internal conflict and miss the true needs of the child.

Imagine that you were told that, while reading this article, all vehicles had been fitted with sensors that

make them automatically stop if a pedestrian steps into the road. From now on, pedestrians have right of way. You are reassured by the people around you, many of whom you have not known for long, that you are safe and can step out whenever you choose. Would you? Most people wouldn't. Over time, however, and through observing others, you might tentatively step out as long as you had one foot firmly on the pavement and could retreat to the familiarity of the curb if you no longer perceived it to be safe. Our previous experiences are stored and hard-wired in our brain. They come to the fore automatically if we have learnt that something is not safe.³ Yet we expect children who have experienced trauma to surrender the safety strategies they have developed to survive, such as hitting, swearing, compulsive caregiving, hoarding, not trusting others, dissociation, hypervigilance or cutting off from the body in which they have experienced acute terror, simply because we tell them their environment is now safe. Worse still, we pathologise the child and the behaviours, seeing them as mental illness or dysfunction, if they do not surrender them willingly.

We need to understand the original context of the child's behaviour and what it is trying to teach us about how it has enabled them to survive. Under these behaviours lie fear and terror that need to be addressed before we can even begin to consider alternative ways of being for the child.

Creative adjustments are our capacity to adapt and problem solve, striving to live in the best way we can with the environment and resources that we have. This is an ongoing process of adaptation between the self and the environment or 'otherness' at any given moment, in an attempt to regulate and reach equilibrium.⁴

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Cedrick's creative adjustment

Cedrick, who speaks only in a loud voice, is, in fact, one of seven older siblings. Both of his parents were drug dealers and addicts. There was rarely food in the house, so frequent fights would occur between siblings, which were never stopped by his parents. There was also lots of violence from the string of adults who came to the house. Bricks came through the window, and his father regularly chased people off with a baseball bat. Cedrick was removed into care at five. He had learnt that, to survive, you do not show weakness or vulnerability, you show strength through violence. To be within a chance of having any of your needs met, you had to shout the loudest. Swearing was simply part of how people communicated.

Dexter's controlling adaptation

A key component of trauma is the sense of isolation and terror, flooding the system and rendering us overwhelmed or stunned. Within the therapy, the first challenge is to develop reconnectedness with others. Within the trauma work, a consistent other or stable primary attachment figure is vital, both in and out of the therapy room.⁵ This may be a parent or adoptive parent, foster carer or another consistent attachment figure. As a starting point in the therapy, attention in the play is given to activities that develop trust and attachment. For example, the child makes muddy puddles on paper of the things they find challenging. The attachment figure dots the paper puddles around the floor of the play room. The attachment figure then takes the child's hand and the child is challenged not to look down. The attachment figure then guides the child from one side of the room to the other, trying to help the child to avoid standing in the puddles. Activities such as this develop trust and offer alternatives to self-reliance. The children will snuggle into a blanket in the attachment figure's arms while they are fed and listen to stories about how much they are loved. Over time, such interactions allow the child to begin to access a place of regulation and connectedness. Dexter learns that he does not have to be in control and that adults can meet his needs, and he gradually learns that he does not have to be solely responsible for self-care and the care of others.

Embodiment and triggers

'We live not only through our thinking and imagining, but also through moving, posturing, sensing, expressing. How then can we ignore the fundamental physical nature of the person in a profession where the aim is to heal the self, the whole person?'⁶

The mind and the body are not split. Gestalt recognises that we are embodied beings and pays close attention to the embodiment of experiences and emotions. Trauma, without doubt, is a highly charged,

embodied experience. Unprocessed trauma becomes frozen in time, complete with the body's responses, physiologically trapping the child in a state of high arousal and terror. The body's responses can then themselves be traumatising to the child. Stimuli such as a smell or certain sounds or tastes can catapult the child back into the trauma that they are trying so hard not to remember. Suddenly the child is in a stress response, fighting for their life as if the trauma is happening in the here and now. The child in the opening paragraph was not 'bad' or 'naughty'. She was in a state of terror simply because the two of them had walked past someone who had the same scent on as her abuser. The child does not know this consciously, and neither does the parent, but their brain and body does. They have reacted, without choice, in an attempt to survive. The mother's arousal is not because she is a bad parent but because she is fearful that, like so many times before, the child will take flight, only this time they are by a main road. Gradually with mother's consistent support, the child eventually regrounds. She is shocked and scared by what just happened. What no one passing by sees is that the mother was reassuring the child that she is safe and that she is loved, while trying to gently rock her until she calms. After the stress response is over, the mother pulls a biscuit and drink from her bag and gently strokes the child's head as she lies in her arms, exhausted and confused by what happened.

Within the therapy room, it is important that we psychoeducate the child and parent around the psychological manifestations of trauma. 'You have a very clever body and brain that is trying to keep you safe. The brain has a sensor that goes off if it thinks you might be in danger. When this happens, your thinking brain shuts down. Sometimes, if the sensor has needed to go off lots in the past, it gets a bit muddled and goes off when things are safe, as it still thinks they are not. We need to work together to let your brain and body know that you are safe.'

Discharging the stuck state

It is important to process the trauma through the body discharging the stuck states that the body holds. In other words, physically moving through the trauma. The Gestalt therapist notices the movements and changes in the body and encourages the child to exaggerate them or mobilise them into completion. Remember Rosy? Rosy's mother's violent partner left the house many months ago. In therapy, Rosy learns to ground and reconnect with her body, allowing herself to be congruent with her emotions through focusing on what her body has to say. She no longer has to have the fixed grin that enabled her not to show disapproval in a house where, if she did so, the result would be a beating for herself or her mother. She learns that it is safe to be noticed and inhabit her environment with her whole self.

Asha's nightmares continued to recur, and in the sand we play out the scenes leading up to his sister's accident. As these unfold, we discover the place of terror when Asha had to let go of his mother's hand. As his mum ran to his sister in the road, Asha stood frozen at the pavement side. We worked with Mum at integrating this and also Asha running into his mother's arms beyond the frozen terror, mobilising this stuck frozen response. Slowing the process down in the therapy room Asha and his mother played out an ending with resolution. Eventually the nightmares subsided.

To truly understand children's experiences of trauma we need to honour the behaviours that the child or young person displays, as these are what has enabled

them to survive. It is through the process of understanding the fear beneath the behaviour, and working with this, that we can anticipate that the behaviours will no longer be needed on a daily basis and can evolve or grow. The 'point of access' to the child's world is not through their behaviour but through understanding what the behaviour is conveying, and supporting the fear and terror that lies beneath such behaviours. It is only through sitting with these roots alongside the child that the behaviour will organically shift. It's only through working with the whole child and their environment, including parents, carers, school and the community context, that the child can be fully met and go on to thrive.

Claire Harrison-Breed has over 20 years' experience working therapeutically in her private practice, Broad Horizons Psychotherapeutic Services. As a play therapist and Gestalt psychotherapist, she works with children, young people and families, specialising in work with children who have experienced trauma, attachment difficulties and dissociation. Alongside therapy, supervision and providing CPD trainings, Claire works part time as a senior lecturer in counselling for the University of Northampton. She will be delivering a workshop titled 'The Embodiment of Trauma: a Gestalt Play Therapy Perspective' at the BACP CYP conference on 7 November 2015.

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