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Case Report

Play Therapy: Voice of a Silent Scream

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Introduction

"Play Therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' his/her feelings and problems just as, in certain types of adult therapy, an individual 'talk out' his difficulties.[1,2] Children use play to express feelings and thoughts. Play emerges from the child's internal life and reflects the child's internal world. Therefore, children use play to express affect and fantasy and in therapy, to express troubling and conflict-laden feelings. The expression of feelings itself, sometimes termed catharsis, thought to be therapeutic.[5,7]

There are a few Indian studies on play therapy mainly focused on emotionally problems, conduct disorder and somatoform disorder in children.[4,8,10] Play therapy is one of the most suitable therapeutic methods for children in acute grief situation.[3] Authors stated that play oriented therapy remains the dominant and most enduring approach to child treatment in acute grief.[6]

The Case

M.G, a five year old girl presented with a history of being irritable, having anger outburst, crying spells, sleep disturbances, demanding a particular hair style, throwing temper tantrums when it was not appropriate along with adjustment problem over a period of 18 days subsequent to her mother's death. The child came with nil significant past history, personal history; temperamentally she has always been a happy child, with good concentration, adequate sociability and low frustration tolerance.

Family Background

The child was born of non-consanginous union. She was the eldest among two siblings and was very close to her mother and sister. Her father was diagnosed as having mild mental retardation. He was attending to family business. Mother was a homemaker, studied up to B.A, II year. Mother committed suicide by hanging herself in the toilet in front of both children, after telling her maternal aunt over the phone to kill her children

later. The mother was aware of the father's handicap prior to the marriage. The parents had conflictual relationship and had been in marital therapy in NIMHANS. There was a close bonding between the mother & the child. The child was not allowed to be close with father. Whenever parents had disagreement, the mother would tell the child not to talk to father. The mother was attending to all the needs of the child and especially took interest in dressing up M.G. and making different hairstyles. The mother never allowed any interference from any other family members regarding child rearing. The mother had anankastic traits and was a strict disciplinarian. She never tolerated any mischievous activity by children. She even scolded children, if they spilled rice while eating. In addition, she would tell them "you want to become like your father & one day I'll die then you'll realize". The mother had never allowed children to say anything in front of her and used to tell them "*Keh Diya to Keh Diya"* (I have said it that is it). Currently, both children are staying with paternal grandparents and father. The maternal aunt visits them often & was taking care of their needs, as children are very close to her. There were discussions about remarriage of the father with this maternal aunt.

Clinical History

M.G. and her sister shifted to paternal aunt's place immediately after their mother's death, and therefore did not know what happened. They constantly asked for the mother for next 2-3 days. Third day, paternal aunt told M.G. that her mother had died & would not come back again. The child went to her room and lied down for 20-30 min & then again started playing with other children. Subsequently, she was scared to be alone and especially in the toilets. She had many doubts about death. e.g., if dog was sleeping or somebody was in deep sleep, she used to ask whether they were alive or dead.

She used to be unsatisfied with her dress and hairstyles. These things irritated her most, and led to crying spells and anger outbursts. Then she would keep trying on her own for long. She also started using her mother's phrase i.e. *"keh diya to keh diya*" (I have said it that is it) which she never used before. The child would throw temper tantrums more during mornings and evenings.

Diagnosis

She was seen at Child and Adolescent Mental Health Unit, NIMHANS and diagnosed to have Acute Grief Reaction or? Adjustment disorder.

Another possibility was that it was just a normal reaction to an abnormal situation.

Psychopathological Formulation

The mother was the only attachment figure in the child's life. The child's symptoms were her grieving and trying to communicate her sadness & anger for lost figure through her symptoms. After she heard about her mother's death the first response was of protest, followed by a longer period of searching behavior. As her hopes to reestablish the attachment bond did not materialize, the searching behaviors gave way to despair and detachment & she had to eventually accept the situation and reorganize her.

Behavioral Observation and Assessment

Initially, the child was reserved, quiet and hesitant but as the sessions progressed, she became more relaxed and comfortable. However, everyday she came with a bit of hesitation. Whenever asked any question related to her problems, she sounded irritable. She was scared to be alone, even for few minutes. She was observant, vigilant and thoughtful about each issue related to her problems. Assessment was planned to understand her relationships with her parents, her fears and strengths. On Raven's Controlled Projection Test, [9] the child showed complete identification with the mother. Parental conflict was evident with regard to children. Fear related to death and ghost was present. However, her belief was that ghost came to the children because ghost was scared of being alone. On Raven's Controlled Projection *Test* (*RCPT*): Question 3: One-day child had a fright. What happened? : *bhoot aa gaya hoga, kyunki use akele rehne mein darr lag raha Hoga* ("ghost must have come because it is scared of being alone").

Description of Play Room:

There was a playhouse, which consisted of many male and female dolls with household things. There was a separate place of cooking and sleeping. There was three generation cloths. The playroom also had many other toys such as cars, bus, scooter, gun, wooden rings, blocks, colours, sand, water and puppets.

Therapy

Total number of sessions held was 16 with approximate duration of one and half hour per session, as patient could stay only for 10 days. Client centered play therapy was planned and goals of therapy were to manage her anger, to allow her to ventilate her feelings and emotions and to help the child to adjust to the new situation and accept her mother's death. Keeping grandparents concern in mind to clarify about child's needs concerning new mother.

Therapeutic process

Initial phase:

Artwork was chosen as an adjunct to help the child to communicate her feelings. Initially she was quite reserved and hesitant. The child was asked to draw her whole family; child had drawn her mother, sister and she celebrating her birthday and told that sheet was small to draw whole family. In most of the drawings, child had used bright colors; mother was usually in the center with children and father at the sides. Mother was always drawn in a very stylish manner whereas father figure drawn in inappropriate physical measure usually standing with grandparents. While asking reasons for getting angry, she reported that she did not know and usually other people disturbed her. The child used to behave very maturely and communicate her feelings as a matter of fact; she used to talk about her mother in indirect ways i.e. she would say my cousin sister's maternal aunt is my mother.

Middle phase:

She started sharing secrets i.e. her mother had died and did not want anybody to know it and repeatedly told the therapist not to talk to family members. She feared negative

reactions from her family members. She also shared that she is very emotional and cries easily unlike her younger sister. Behaviorally, she was still cranky and demanding at home. Developed trust with therapist and seek reassurance for that.

Play Therapy Sessions:

For initial two sessions, the child did not pay any attention to dolls; she sat turning back towards dolls. She played with sand and water, by making cakes and celebrating birthdays and wanted constant involvement of therapist in that. Most of the themes during play therapy were surrounded on birthday, as two days prior to her mother's death she had celebrated her 5th birthday. During the play, she celebrated her sister's and her cousin's birthday. When gently suggested about her birthday, she said "No". She was very particular about cleanliness, completion and kept telling that things should be done in particular way. In third session, while drawing she told that she wants to play with dolls. She identified one doll as mother, small doll as child and a father doll to make a complete family. She enacted their daily rituals from getting up in the morning until night.

Reflection of play activities was initiated. Whenever emotionally laden feelings were reflected, the child did not show any reaction to it. During play, the mother doll was doing all the household work from child rearing to taking other responsibilities whereas for father doll, she said that "*oh ho! inko to hath se khilana padega, har roj mujhe hi khilana padta hai*" (oh ho! He will have to be fed by someone; every day I only have to feed him). In one session, she enacted the sleeping routine, where the mother doll wanted the father doll to be away, the child expressed her need to be with the father "*nahin to mann nahin lagta*" (I don't feel good). In addition, said that "*yeh uske bhi to bachche hai"* (these are his children too). Also enacted that the father doll was doing something to mother doll & told *"papa mummy ko tang karte hai*" (father is disturbing mother) which the child did not like and stopped the father doll by pulling his hair.

Later, she paired all dolls and identified them as uncles and aunts. They came for a party at home, everybody was enjoying, and she sang songs. However, she was aware that she has to take care of young child and father. She constantly made attempt that each doll should have a pair. She was also very curious about their dresses and also turned them upside down to check their undergarments and asked question about it. By the end, the child enacted accident & death of some people in the family. She tried to nurse them with medicine, drips & oxygen. Also, told the therapist not to cry, as she will take care of everything. On that day, she abruptly left the session and told that she did not want to play (Reflection of these behaviors was not attempted as the therapist felt the child was not yet ready for reflections).

Interpretation of all the sessions:

1. Preoccupation with the mother, acceptance of her death.
2. Underestimation of father's abilities to parent was emerged clearly.
3. Wanting to play mother's role, basically taking over parental role.
4. Wanted to get over with the grief but not yet ready.
5. Lack of trust in the other family members.

Termination phase:

The child was aware that the family was taking her back in two days time and she was eager to go back & join school. During play the child stated that she did not need many people around her. The child was reassured that her mother was a good person. There is no harm in talking about her openly, and it will not lead to any negative outcome. The child was told to contact the therapist whenever she wanted to talk.

Issues discussed with family

After analysis of her temper tantrum, the child's grandparents were taught anger management techniques. They were told not to think about remarriage of the father at least in near future, and were counseled to help the child to cope with the trauma.

Discussion

Play therapy is a well recognized and research-supported form of child psychotherapy. Choosing play and art therapy as a therapeutic technique in this case was a good choice, as this therapeutic approach assumes that children have the ability to solve their own problems satisfactorily, and that their growth impulse makes mature behavior more satisfying than immature behavior. Similarly, in this case it had allowed the child to bring out her emotions in a very non threatening way. Though due to limited time there was not a closure to the play therapy as on the last session when she enacted death of family member's, she abruptly left the session because that might have brought out excessive anxiety and there were no play therapy sessions further. Other techniques might be difficult, because child might not be able to express herself well verbally so well with regard to these conflictual issues.

The child had accepted the reality of her mother's death; she also found psychological and symbolic ways of keeping the memory of the mother very much alive. Play therapy had helped her to redefine her relationship with her mother. Moreover, she had formed new but enduring ties with her grandmother and attachment bond ultimately realigned. This was clear as in one of the sessions, the child expressed her confidence in taking decisions and that she would be able to adjust to the new situation. For example for her hair problem, she said that she would cut her hair & not worry about her hairstyle. And that her grandmother is her new mother.

On follow-Up after one and a half month after termination and subsequently after 6 months (2 sessions), 11 months (7 sessions) and 2 years, the child was reportedly maintaining well. She has stopped crying unreasonably or getting angry with other people around. She had joined the school and was very actively involved in dance & drawing classes.

Therapist Reflection

It was a unique opportunity to work with a young child of 5 years old for acute grief therapy. She was undergoing so much pain, when she did not even know the language to express it but I feel she had the excellent skills to understand whatever happening around her. Though, we always feel that younger children will not be able to understands life's reality, but while working with her I realized that it's not really true. In therapy regardless

of the age one has to treat client with warm unconditional acceptance and respect. I appreciate her abilities to understand complex relationships in the family set ups and the therapeutic boundaries very well. The use of empathy, understanding, acceptance, warmth, congruity and behavior limits and an environment in which she was given an opportunity to move toward adaptive behavior. In the last follow-up session, I got to know that father was remarried. It was upsetting as patient and her younger sister was not yet seems to be ready for this new change in the family.

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