ART, PLAY, AND IMAGINATION IN THE PSYCHOANALYTIC
TREATMENT OF THE CHILD\textsuperscript{1,2}

Presentation: 30 Years of Art Therapy at LMU Art Therapy Symposium\textsuperscript{3}

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I'll begin by sharing my conceptualization of how art therapy and play therapy intersect as catalyst for change. Second, I will provide case history and material about a young hero I call Peter that illustrates how healing transpired through creativity and imagination, as well as my understanding of how the relationship between Peter and me supported the creative process.

Children who create from raw materials such as art supplies and various nondescript objects (shoe boxes, cardboard, string) will formulate a play object from their imagination without pre-conceived notions of how it should be used. Creating their own play objects lays the groundwork for children to connect to the clinical material that brought them to treatment.

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The advantage of patients creating their own play objects is that they develop a sense of mastery of their world (what they create, how they create it, when they act independently, when they ask for help). Emotionally, they negotiate their own tolerance for the creation working through cognitive challenges, interpersonal and intrapersonal conflict and managing feelings through the art-making and play.

From the notion that creativity has a dynamic process intertwined within the constructs of art therapy and play therapy I synthesize the two within a psychoanalytic framework. The idea for this process emerged when I began to realize that unexpectedly my young patients would find unconventional uses for the art materials that I had not anticipated. I was struck that despite not having traditional play objects which included toys and structures, the children and youth had, upon their own volition, gravitated to using art supplies and the odds and ends I had around the office to create their own toys and structures. The children’s use of materials to create their own play objects and then, miraculously use those objects to symbolically articulate their inner psychological turmoil is the core of this paper.

You are invited to open your mind and join me as I recollect a story about a remarkable young man as we come to understand the power of creativity and imagination.
Peter was a young boy who began treatment with me when he was eight years old. I saw him weekly for three years. Peter was placed in a residential treatment center following multiple treatment failures in group homes and other residential programs throughout the county. Shortly after birth in prison, he was removed from his mother's care and adopted by a married professional couple. Peter had pre-natal exposure to alcohol and was born with syphilis. When he was about five years old, his adoptive father died in an accident, a traumatic loss, which resulted in significant distress in the home. His adoptive mother could no longer care for Peter as she had no local extended family to assist in caring for him while she worked long hours to support them.

Due to her own grief and feeling overwhelmed, she decided to give Peter up to foster care. He was sent from one foster home to another due to his escalating behaviors and his caregiver's inability to feel that they could manage him. Despite being in foster care, his adoptive mother continued to be involved, but this was grossly inconsistent. Once the adoptive mother felt that she could provide a stable enough home, she had Peter re-placed with her. During that time, she met a man and married. Peter developed an attachment to the new stepfather, but continued with behavioral problems in school. While at home he was described as highly anxious, fearful (of being left alone, spiders) and explosive. He developed enuresis and encopresis
and showed oppositional and defiant behaviors. His mother and stepfather fought incessantly resulting in divorce. Once again, his mother could not keep him at home. He required group home treatment to manage his behaviors and was enrolled in a therapeutic school.

Peter’s behaviors became increasingly uncontrollable. He became aggressive toward both children and adults, would wander aimlessly, was cruel to animals including killing family pets, had violent temper tantrums and became disinterested in things other than specific toys. He developed a preoccupation with death, destruction, and became self injurious. It was later learned that he had experienced severe physical abuse and neglect in one of his foster homes. He had been hit and had developed scabies from neglect. When he misbehaved, his foster parent would lock him in the garage storage closet for hours. This would terrify him as he would sit alone in the dark amongst spiders and lacy cobwebs.

I met Peter at a psychiatric hospital from which he would soon be discharged prior to being admitted to our residential facility. He was small for his age, disheveled in appearance and covered with chicken pox. He looked miserable. My first impression of Peter was that he was a vulnerable child who could be engaged with tenderness. He presented as shy and a little afraid but as I crouched down to his eye level and said “hi”, he stared down at the floor and softly said “hi” back. He responded to all of my questions
and asked me a few. Peter arrived at our facility that week with his DCFS social worker after he had stabilized and been medically cleared.

Each week when I came to pick Peter up for our session, he expressed excitement as well as insisting that he bring a toy. This later became a struggle as he would want to bring the toy to the classroom following the session, which was prohibited by the teacher. Peter would bring the toy into the session and immerse himself in fantasy play. During the play, there was no acknowledgment of my presence. At times, he would invite me to engage in the play providing that the theme and rules were on his terms. There was a consistent theme of destruction, and he would play out various aggressive fantasies. There was seldom an optimistic ending to his storylines. He responded to questions during the play by ignoring them. He was rude and demanding, with a desperate need for control.

Early on, sessions were filled with dismantling and creating specimens from various toy dinosaurs and animals. The one thing he readily accepted from me when offered was model glue. Globs of glue were used to secure the various dismembered appendages into an integrated conglomeration of a ‘monster’ in which he would express great pride once constructed. Through working with Peter on this process for numerous sessions, I quickly learned that disaster was around the corner. Peter not only immersed himself in the deconstruction and reconstruction of these creatures like a young Dr.
Frankenstein, but he could hardly wait to engage his creation in active play. This was where trouble began.

He had not made the connection that once the model glue dries it is not malleable and doesn’t allow movement of arms, legs, tail and head(s). He’d attempt to shift the head in this and that direction and try to balance the weight by adjusting the legs so the figure would stand. Because he could not accomplish his intentions, in frustration he would re-break the limbs, or head or tail resulting in his disintegration into agitation and crying fits, all leading to an explosive rage. The office air was riddled with gross profanity, and plastic body parts would zoom across the room. It felt like I was caught in the path of a tropic storm.

Despite my efforts to soothe his upsets and sometimes redirect the outbursts in order to restore a sense of safety, he would regress to a position of helplessness and hopelessness, asking for and then rejecting help.

Peter: “Help me.”

Nick: “OK, what do you need me to do?”

Peter: “Hold this part here so I can glue it!”

Nick: “Like this?”

Peter: “No! Not that way! You’re fuckin’ stupid! FUCK!”
This process continued for some time until he began to shift his focus from multiple toys, to bringing in a single toy to the sessions and then additionally utilizing the art materials in the room.

I would describe Peter as an overly ambitious youngster whose ideas were often grander than his capabilities. His projects often became anticlimactic. He didn’t have the technical skills to construct, design and develop his vision and was not able to tolerate the frustration. Session after session we would repeat the same struggle, trying various methods to construct his creations (stick glue, school glue, staples, and rubber cement) until in one session he discovered masking tape! We used craft sticks to create structures and model clay to form people and automobiles. The masking tape was the answer to all of his problems. He could obtain the immediate gratification of building, connecting, layering and maneuvering an object without it collapsing, snapping or sticking to fingers and shirt sleeves. He had found his medium, and from that point forward, he was able to construct the toys at a momentum he needed to play out his fantasies.

Success! He gradually began to trust that I could actually be helpful. It was my job to tear off the tape at varying lengths because when he would try to tear it, it would stick to his arm and hands and twist, making it impossible to tear. Dr. Frankenstein now had his Igor.
Peter enjoyed his freedom in using the entire office space for his own devices. Re-creating grotesque monsters became less appealing and he "got an idea" to create a road using cardboard, plasticene, craft sticks and the stapler. The process began by creating automobiles using various colors of plasticene. Peter would use the furniture in the office as primary supports that served as cliffs. He would attach one end of the cardboard to the art table and then link it to several other lengths of cardboard pieces secured by staples to the next piece of furniture. However; the cardboard was not firm enough to maintain its strength across the room, particularly when a heavy mound of plasticene was placed on the road.

Peter was remarkably tenacious, and despite many moments of crying and shouting a string of profane words he mastered so adeptly, he "got an idea!" He realized he could use paper towel rolls, secure them with masking tape to support the weight of the bridge. With this new innovation, he created off-ramps meandering from various cliffs to canyons, back up to mountain edges and tops of buildings. At this point I was a full participant. I was responsible for helping him connect roads, test the weight of vehicles and help him mend weak seams while cheerleading his attempts and eventual successes.

He incorporated a Spiderman action figure in the play. I was often the "bad guy," and he would chase me on the unsteady cardboard roads until my
car was run off the road to a plunging explosive death. The play became rough and elements of sadistic enthusiasm emerged. The forceful assaults Spiderman made on his mortal enemies resulted in the plastic action figure body snapping apart.

Although Peter would also “fall apart” during the moments when Spiderman’s head or arm popped off, he would quickly pull himself together so we could repair the action hero with school glue. I would steadily hold the body parts in place, while he ejected glue (often in globs) onto the plastic frame. He would instruct me to hold the figure firmly so the glue would dry. Once Spiderman was reattached and ready for combat we would resume our play.

At some point, Peter realized that the confinement of the room was no longer sufficient. The window was the perfect opening to expand the main road from the small cliff (chair) to the window sill. The road then stretched from the higher cliff (art table) to the smaller cliff, over the window sill down to the dirt outside the window. Plastic toy cars were disassembled so that the axle and wheels could be inserted in the plasticene. Spiderman could now propel himself from one cliff to the next and out the window to the jungle (outside the window). He was fascinated watching Spiderman’s vehicle slide down the steep road to the leaf filled dirt below. Once the vehicle rushed to the bottom, we ran outside and around the building to see where the vehicle
landed. The play would continue outside the window. Another world was created that included a dangerous jungle, and a swamp (where a pool of water would accumulate from a loose garden hose). Down the alley (along the side of the building) rocks, sticks, and leaves were used to crush and hide from his enemies.

Peter spent several sessions creating a coat of armor to protect himself from the "bad guys". He drew large spiders on construction paper, coloring them in with various magic marker colors and then cutting them out. Once he had several of these spiders created, he began to design his suit. Using the stapler and masking tape, he formed bands that would wrap around his arms, legs, hips and, the final touch, a head piece. He elicited my assistance as if I was a master tailor, sizing and fastening this coat of armor to him in a way that allowed for movement without risking damage to the paper arachnids. Once fully suited, Peter asked me to take him around campus to show off his latest creation. As we passed others around the campus, he would yell out enthusiastically, "Hey look man, I'm Spiderman and I'm not afraid of spiders anymore!"

Toward the end of our work together, there was a plan for Peter to be discharged to a group home with fewer boys. He became more capable of managing his frustration and could more readily identify alternatives to meet his challenges. Themes of death, destruction, and rescue efforts continued
to be integrated into his play. In time, he accepted my contributions to the play. Power struggles were less pervasive as were his depressive symptoms. Participation in peer related activities and his social interactions were less plagued by conflict and instead, were replaced with attempts to negotiate and share some degree of empathy, though his competitiveness continued to permeate these relationships.

I suspect that Peter's history will continue to haunt him, impacting the degree of success and level of functioning he can achieve. Regardless, his courage and creativity that flourished in our work had brought us to a place that opened possibilities for growth and hope. It is that valiant optimism and heroic strength that I anticipate will continue to nourish his resilient nature.

I'd like to take some time to discuss physical and relational space. The office space alone sets a tone for the unfolding of an exploratory process. Though the confines of the room may have its limitations, the furniture, placing of materials and attention to safety is ideal for the physically and intra-personally destructive child. Having a variety of art supplies and multi-textured material entices the artist's palette.

The space itself potentially invites a child to engage at whatever level of energy he brings into the room. This is a far cry from other spaces that curb enthusiasm and self expression. Mistakes and messes often result in being scolded or unappreciated as part of the exploratory process. The
office and furniture served as a physical base in which an interactive holding field (playground) can take shape.

Space can also be considered within the context of a relational framework. Some of our most prolific psychoanalytic thinkers such as Winnicott (1971), Ogden (1994), Stolorow (1987) and Benjamin (1990), and art therapist Shaun McNiff (1981), value space in their theory and practice. McNiff (1981) speaks of Winnicott’s potential space as not necessarily the physical surround, but the paper from which the artist creates. The blank paper offers a space to safely explore threatening affect in the presence of the clinician. Peter drawing the spiders in my presence was the act that fostered the safety and openness needed to confront and ultimately transform his affect associated to the phobia. Peter’s volatility was contained in the play space because it had been augmented to accommodate expressive expansiveness and therefore, he could both experiment and explore creatively.

Psychoanalyst, Jessica Benjamin (1990), imparts a contemporary understanding of space. She describes an intersubjective space; a blending of two subjectivities where one is challenged to define where one subjectivity ends and the other’s begins. Intersubjectivity is a developmental achievement that occurs when two subjectivities intersect resulting in mutual recognition.
Peter and I co-created our playground (physically and relationally) that fostered mutual recognition. Benjamin (1990) stated that "...recognition begins with the other's confirming response that tells us we have created meaning, had an impact, [and] revealed an intention..." It took several months before Peter was ready for me to transition from an observant spectator who bore witness to his process to co-participant. Sharing our experience supported intersubjective development that resulted in intimate engagement. To acknowledge our separate subjectivities, I commented on my observations when Peter showed frustration verbally and non-verbally. We discovered that we could check out each other's interpretations for closer accuracy rather than supposing the other's reality as truth.

Through this newly emergent co-participatory play, I introduced my own thoughts into the play experience. Conversely, as I accepted Peter's ideas and direction, Peter began to accept my contributions not as intrusions, but as options for a more expansive narrative. It was at this point that our divergent worlds could co-exist without privileging one over another. Neither of us remained embedded in our private world where reality-testing lacked significance. We acknowledged each other's ideas and then engaged them as acceptable contributions to the joint experience.

Next, I will discuss the role of affect regulation in my work with Peter. At times, I felt challenged to stay in our shared space, particularly when Peter
became hostile and overly aggressive. His rage would overwhelm me. Peter’s affective range was limited and his expression was primarily hostile. Co-regulation is altering affective intensity within the dyad that restores regulatory functions through the integration of thought, feeling, and action. It was paramount that I sustained my co-regulating stance with Peter when his frustration became overwhelming during the art-making. His hyper aroused state prompted me to modulate the intensity of my affective position such as a softened tone of voice. The intervention provided a different experience for Peter as he would inevitably escalate to a level of agitation that resulted in destruction. During those escalated moments, others would often react in a highly charged manner only escalating his sense of inadequacy and panic. Once Peter’s regulation was restored, we could address conflict in our relationship prior to resuming our work. The benefit of this process was that Peter could successfully reinstate his emotional composure within the context of the relational matrix.

Psychoanalysts Stolorow, Brandchaft, and Atwood (1987) typified affect as an “organizer of self-experience throughout development, if met with the requisite affirming, accepting, differentiating, synthesizing, and containing responses from caregivers” (p.67). Peter’s adoptive mother was a highly anxious woman who was generally unable to regulate her own affective states. She reacted to Peter’s fits of agitation and threats with
angst. It became clear that Peter did not develop regulatory efficacy. Instead, his self organization included survival by means of affective fragmentation, destructive behavior, and repellent gestures (yelling, farting) that kept him safe and others at bay. I often felt overwhelmed by Peter's annihilating disposition and the need to self-regulate at a moment's notice. When I was able to stabilize my own dysregulated state Peter and I could renegotiate our engagement.

An enactment occurs when there is a disowned aspect of ones self that is dissociated from awareness, then 'played out' in the relationship. Enactments are influenced by one's history that is unconscious and therefore unknown. Peter used objects that symbolically represented disavowed aspects of him self because they could not be consciously articulated. His rage and fear took shape in the form of his creations. Peter shifted from symbolic thought through the play (I hate, I am afraid, I am worthless) to symbol formation (I can destroy those I hate, avoid those I'm afraid of and humiliate those who make me feel worthless).

Peter's aggression directed at me could be thought of as more than poorly regulated affect. The extreme emotions enacted within the transference may have represented retaliatory fantasies and rage as well as identification with the aggressor (Krystal, 1978). The play objects and I
served as recipients of the sadistic pleasure he incorporated into his trauma narrative.

Peter asserted self sufficiency and I was an object to be destroyed through his verbal abuse and rejections. It was when he was able to trust that I could survive his hostility that he could make use of me. Early in treatment, Peter projected much of his destructive ambitions onto his toys. As he began to experience me as safe and not retaliatory, his projections were directed at me. I may have become the symbolic representation of the perpetrator.

David Wallin (2007) posits that the process of pretend play allows for additional experiences to bridge the inner and outer world, freeing the child from his constraints. Psychoanalyst Phillip Bromberg (2006) and psychiatrist and trauma expert Bessel A. van der Kolk (2005) wrote about the patient’s attempts at mastery to ensure that the trauma is not repeated. The child utilizes play that reflects the original event as if it were his present. For Peter, terror, annihilation, and despair was lived daily. Our relationship supported present day experience as a new opportunity for being different in the world. An alternative narrative could be co-constructed to allow for an expansive range of experience. Barratt (1997), a psychoanalyst, wrote that reality cannot be fully captured nor put into words. It was through Peter’s play that the unconscious could be metaphorically articulated.
Harriet Wadeson (1980) recognized that the creative process in art-making becomes a physical process that enlivens and stirs energy as play therapy often does. Cheryl Carp (1998), described observable signs indicating when the person is engaged in spontaneous play. “These include quickening of movement, wide, alert eyes, increased energy flow, greater interaction with others and increased laughter” (p. 250). When Peter declared that he had an idea, the thrill in his voice could not be denied. During those moments, his body was enlivened as his imagination became feverishly mobilized. When Peter risked extending the play space beyond the office walls and to the world outside he found the courage to “break out of” the symbolic storage closet, achieving freedom from imprisonment and terror. The space supported this newly found freedom and welcomed the emergence of further exploration.

You may have noticed that I have not spoken of interpretation. Interpreting Peter’s actions and fantasy world would have only alienated him. I propose that my flexibility in meeting Peter at a level he could appreciate served him better. Kestenbaum (1985) for example put forward, “The artist creates. The critic or investigator of mental processes examines the product and, it has been suggested, destroys it just as dissecting a butterfly destroys its life and beauty” (p. 479).
Peter and I had a tacit understanding of how we could affect one another and how we could not. It was more useful to engage Peter through his play so that he could pursue his own strivings for participation. When disruption occurred, instead of interpretations, Peter and I participated in reparative work, both symbolically and true to life.

Regardless of the cause of nonverbal communication, art and play become the child’s voice. Objects and actions created from imagination articulate the intersubjective terrain. This space is then shaped within the context of the co-participatory connection of patient and analyst. Art and play provide a window into the child’s experience, transforming the unarticulated into the articulated and allowing for recognition to occur. When expression is achieved, it is imperative for the analyst to bear witness from a supportive and attuned position.

I invited Peter to embody the creative process so his story could unfold. I mirrored his enthusiasm and accepted his strivings for expression. The art-making that led to play supported this process. He could risk failure with the confidence that we could ‘repair’ what was perceived as damaged. The Spiderman action figure was a representation of himself that could be held, glued back together and reincorporated into the play, reflecting resilience and worth (he is valuable enough to be attended to despite being destroyed by the aggressive actions of another).
Finally, I heed warning for clinical consideration. Despite the documented advantages of using art and play in child treatment, there are potential barriers and risks that must be considered when contemplating the use of creative methods in treatment. The discerning clinician should first weigh the benefits and risks involved, based on the clinical assessment. While making this assessment, the clinician should hold in mind the value of the creative process prior to embarking on such a course with one’s patient.

Without a firm appreciation for both imagery and the creative process, the clinician can unintentionally impede the unfolding of a creative experience that could allow the treatment and the child’s development to flourish. At worst, damage can be done resulting in escalated anxiety, psychological distress, regression, and premature termination.

Imagery is a powerful tool and reflects the personal realities of those we treat. Despite the advantages of imagery and play in the clinical situation, the therapist may not always be prepared to see what emerges before ones eyes. Some images can be disturbing and perturb our own values and humane sensibility. The therapist working with patients who have traumatic histories must be prepared to bear witness to imagery that is beyond one’s own life experience. The therapist must have a level of comfort in working with a patient who has had experiences he could hardly imagine. The artwork touches us consciously and unconsciously, and when unprepared or
unwilling, the images may overwhelm even the most seasoned clinician. Malchiodi (1990) asserts, "If the art therapist is uncomfortable with such issues and images, she will not be effective in helping child clients overcome their own trauma and may inadvertently increase their level of guilt or decrease self-esteem" (p. 173). Antonin Artaud described a madman as someone who "society did not want to hear and [was] prevented from uttering certain intolerable truths" (cited in MacGregor, 1989, p. 284).

An additional caution, the practitioner is encouraged to consider the meaning of play to a particular child. Once more, taking a thorough history which includes assessing for past or current abuse should precede implementation of any intervention. Without such prudence, the patient's associations to the play experience could potentially trigger a distress reaction based on his or her history.

As therapists we are a privileged few who are trusted (and willing) to sit with patients and listen with our eyes, ears, and hearts when others are not. It is our responsibility to make sound decisions when choosing psychotherapeutic interventions with the least possible adverse effect and the most positive anticipated outcome. Helen Landgarten (1987) encouraged the clinician to be psychologically attuned to the patient while simultaneously making immediate decisions about which appropriate intervention to apply. I believe that it is imperative for the clinician to
continuously assess the patient's needs and modify the art task when necessary. Failure to do so puts the patient at risk for feeling flooded by the imagery, loosing the ability to separate fantasy from reality or becoming unnecessarily overwhelmed with anxiety.

The benefit of having the child create his own toy objects is that the toy will reflect a more personal experience. Rather than honing a stereotypical doll for example, the child can create a doll that more closely represents his or her culture, self image or those who are in his or her life. When the child is engaged in the creative process, he responds to his own volition and something emerges that holds personal meaning. Additionally, there may be an infinite number of toys available to a child. However, when children are free to create their own play objects, the objects becomes contextualized for that specific child at that particular time. It relieves the therapist from feeling the need to have just the right toy for the right child as that would be virtually impossible.

In conclusion, I chose to present Peter's case because Peter's story highlights the insurmountable hurdles many of our patients bear. Children I have treated over the years have even more tragic stories while others pale to the anguish Peter lived. Regardless, the use of art and play has proven not only beneficial to the clinical work, but priceless. Peter's case is an extraordinary illustration of the use of art and play in treatment. In fact, it was
this case that led to my revelation of how germane the integrated use of art and play can be in treatment. I am moved by Peter's devotion to imaginative play. He shifted from engaging only with inanimate objects and then later, engaged with me as a co-creator of experience as our relationship transformed. Bridging separate worlds through mutual play have impressed a courageous interconnectedness with humanity that attests to a courageous affinity.

The outcome of the art and play was seldom predetermined when Peter's imagination became unconstrained. Instead, the spontaneous expression enlivened him. He became increasingly confident while engaging in the creative process.

Dicker-Brandeis' (Wix 2009) realized that in the concentration camp of Terezin children "working with art materials...give form to personal experience, children would gain courage, speak truth, and unfold their imaginations" (p. 155). Psychologist, Arthur Robbin's (1984) affirms, "Inherent in what I have said is the belief that art therapists can develop flexibility and range in the use of different expressive modalities" (p. 7).

Bringing imagination into treatment requires one to extend beyond the usual parameters of the interpersonal realm. Therefore, the practice of art and play in the psychotherapeutic work expands possibilities for an authentic deepening of one's experience which is limited only by one's imagination.
REFERENCE


