

PLAY THERAPY IN CHILD PSYCHOLOGY: A CLINICAL ILLUSTRATION OF A CHILD EXPOSED TO DOMESTIC VIOLENCE

العلاج باللعب في علم النفس الطفل: عرض حالة عيادية لطفل ضحية العنف الزوجي

LA THERAPLAY EN PSYCHOLOGIE DE L'ENFANT : ILLUSTRATION CLINIQUE D'UN ENFANT EXPOSE A LA VIOLENCE DOMESTIQUE.

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ملخص: يجب على المعالجين النفسيين الذين يتعاملون مع الأطفال فهم كيفية استخدام الأطفال للرموز، مثل القصص والرسومات، للتعبير عن عالمهم الداخلي. تكشف هذه الإبداعات عن أعماق مشاعرهم وأفكارهم وتجاربهم. هذا الفهم ضروري للمعالجين لتوجيه علاج الطفل بفعالية. نقدم حالة ايوب، وهو صبي يبلغ من العمر 6 سنوات. كان يعاني من صعوبة في الانسجام مع الأطفال الآخرين، لذلك أحضره والداه لرؤيتنا. اكتشفنا أنه تعرض للعنف المنزلي في المنزل. استند نهجنا العلاجي إلى العلاج باللعب، الذي كان أداة ممتازة في تعزيز شعور أمين بالأمان والاستقرار.

الكلمات المفتاحية: العلاج باللعب؛ الرمزية؛ علم نفس الطفل؛ العنف الزوجي.

Abstract: Psychotherapists working with children must understand how kids use symbols, like stories and drawings, to express their inner world. These creations reveal their deepest feelings, thoughts, and experiences. This understanding is crucial for therapists to effectively guide the child's therapy.

We present the case of Ayoub, a 6-year-old boy. He was having trouble getting along with other kids, so his parents brought him to see us. We discovered that he was exposed to domestic violence at home.

Our therapeutic approach was grounded in Play Therapy, which served as an excellent tool in fostering Ayoub's sense of security and stability.

Keywords : Theraplay; symbols; child psychology; domestic violence.

Résumé :

Les psychothérapeutes travaillant avec des enfants doivent comprendre comment les enfants utilisent les symboles, comme les histoires et les dessins, pour exprimer leur monde intérieur. Ces créations révèlent leurs sentiments, pensées et expériences les plus profonds. Cette compréhension est cruciale pour que les thérapeutes guident efficacement la thérapie de l'enfant.

Nous présentons le cas de Amine, un garçon de 6 ans. Il avait du mal à s'entendre avec les autres enfants, alors ses parents l'ont amené nous consulter. Nous avons découvert qu'il était exposé à la violence domestique à la maison.

Notre approche thérapeutique était ancrée dans la thérapie par le jeu (Theraplay), qui a servi d'excellent outil pour favoriser le sentiment de sécurité et de stabilité.

Mots-clés : Theraplay, symboles, psychologie de l'enfant, violence domestique.

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Introduction :

Art can provide an escape from a position of victimhood, which is too often occupied and unacceptable. It can be a launchpad to rediscovering oneself as an actor, finding oneself capable of crafting not just survival tools, but the beginning of a shift in social connection, which is often strained by exclusion.

Mediation can positively alter a frequently damaged self-esteem, supported by the reactivation of a desire for change. The act of "taking delivery" of one's ability to express, engage others, communicate about one's work, and accept help to advance one's production can serve as guarantees and reference points for measuring and regulating emotions, without being overwhelmed by them (Colignon, 2008).

The tools of movement art therapy have a role and mission of physical and emotional healing: writing, creative expression, physical expression, and role-playing are invitations for bodily memories to participate in the narrative.

All these artistic mediums allow the individual to recreate and translate their experiences, to understand their suffering.

Domestic violence has devastating effects on the mental and physical health of children who are victims. The daily tensions experienced can manifest as physical and psychological health problems that often persist even after the cycle of violence has been broken.

Upon receiving a child victim of domestic violence, we deemed Theraplay beneficial to introduce parents and child simultaneously, aiming for a harmonious and fruitful change in the child within a world that suits them, which is play.

1-ART OF THE ART:

1.1. Play and the Child:

The child, play, and language: Play holds a central place in the symbolization of the child's world, opening access to language, as evidenced by numerous specialized theories. It is, therefore, a tool of choice for the therapist (Crocq, 2007, p. 182).

Childish play often corresponds to the staging of a drama where desire transpires through the current processes of ego defense. But it is important to consider that the child's "here and now" play experience is mixed with a "phantasmatic story" that unfolds in a relationship with the other and as the fulfillment of a desire. It mobilizes defensive play, which, when staged, can be understood and interpreted. If a child expresses themselves in the clinician's presence by saying, "A wolf doesn't exist... We're going to play at not being afraid of anything," they indicate through this associative chain that they are afraid. But play is also a way to deny dialogue with the clinician and can itself become a defensive process. The child then plays to "not be with" the clinician, to control the anxiety that their presence triggers, and to avoid talking about themselves. Verbalizing this phenomenon to the child often readjusts the situation. Play is also a pleasurable activity that allows the child to master impressions and events instead of being subjected to them. This shows its great symbolizing and therapeutic value (Berkouche, 2022, p. 281).

In fact, what interests Winnicott above all when addressing play, and what makes his discovery so valuable, as you know, is not just the object, but the "transitional space," which he will call the "intermediate area." This transitional space is a "third area," Winnicott tells us. It is a paradoxical space because it is located between external reality and internal reality, between inside and outside (Rabain, 2002).

1.2.The Interest of Play in Child Clinical Practice:

Winnicott remains considered a major author on the theme of play, with his theoretical and clinical contributions continuing to fuel reflection on this subject in a lively way.

Establishing a transitional space where the patient restores their ability to invent the world. Example: a child whose mother is unwell experiences guilt in becoming autonomous. Yet, they need to build themselves outside the maternal gaze. Play offers them a creative, secure space in which they allow themselves to experience this separation. A space where they can express themselves (De Vaumas, 2013).

1.3.Theraplay:

Theraplay is a play therapy method widely used in Anglo-Saxon countries, based on the work of Phyllis Booth and Ann Jernberg. It relies on the natural and playful way in which interactions between children and parents unfold to provide support to families in difficulty and help them develop responsiveness and structure essential for the child's development. This method concretely shows parents how to use play to communicate love and authority and to guide their child in interactions that will develop their skills, self-esteem, and confidence (Booth, Jernberg, 2023).

A process, therefore. In "Playing and Reality," Winnicott speaks of a "journey" that leads the young child from subjectivity to objectivity. "The little piece of blanket is what we perceive of this journey that marks the child's progression towards lived experience." Winnicott seeks, indeed, to identify nascent psychic spaces, he seeks to construct the historical experiences that allow (or conversely hinder) the constitution of internal spaces, he seeks to construct the psychic places where psychic phenomena can be located. Winnicott seeks, indeed, to define a theorization of the psychic world that accounts for the emergence of psychic life, of the psyche insofar as it is living, process, space, creation, and creativity (Rabain, 2002).

Play is an integral part of the expression of the child's psychic life and proves to be a valuable tool in sessions. But reading Melanie Klein's works on the subject can give the impression that the interest in play is sometimes too confined to its usefulness in the context of sessions, without being resituated in a more general way in the child's developmental trajectory (Boutinaud, 2017).

Theraplay® is a form of short-term therapeutic intervention, based on attachment theory and created in Chicago in the 1960s by Phyllis Booth and Ann Jernberg. It uses non-symbolic interactional play to recreate secure relational experiences between the parent and the child (Jernberg & Booth, 2014) in situations where secure attachment is not in place or needs to be created (adoption, for example). The interactive sequences are carefully structured by the therapist to make possible the shared pleasure of being together in the child's preeminence. These elements of shared positive emotions can be crucial in restructuring the attachment relationship, thus promoting increased organization and security for long-term mental health.

Theraplay was typically created to be used from early childhood to age 12, but it has gradually been modified to be applied up to old age.

Theraplay is centered on interaction, the here-and-now experience, adult guidance, synchronization, right-brain language, multisensory experience that includes intensive use of touch, the playful aspect, as well as the relational dimensions present in Theraplay interactions. At stake here are structure, engagement, "nurture" (i.e., the way of caring for the child to make them feel how worthy they are of being loved), and challenge (Vandenbroucke, 2021).

1.4.Objective of Theraplay:

The objective is to strengthen attachment, increase self-regulation, promote trust and joyful engagement, and enable parents to continue on their own the health-promoting interactions developed during therapeutic sessions (Booth, 2023).

1.5.Child and Domestic Violence:

The World Health Organization (WHO/OMS, 1996) provides a descriptive definition: "By violence, we mean the intentional use or threat of use of physical force or power against oneself, another person, a group, or a community, resulting in or having a high risk of resulting in negative consequences on the physical, mental, or social health of the victim" (Girard, et al., 2004).

Children exposed to domestic violence are no longer considered mere witnesses but as an integral part of this violence that affects them. The consequences of exposure to domestic violence are now well and better identified in professional circles. However, the diversity of the effects of domestic violence on children's development remains to be specified. It is increasingly necessary to focus on the characteristics and intermediate variables that appear in connection with the context of domestic violence and affect the child's adaptation (Paul, 2020).

2- METHODOLOGY:

2.1.Materials:

We were inspired by Benoît Virole, a psychologist at Robert-Debré Hospital, who created a small wooden box. "Inside, I have about thirty small objects and figurines that allow the symbolic expression of conflicts, situations, or desires that the child cannot verbalize" (De Vaumas, 2013). Thus, "a whole range of dolls, stuffed animals, games, soldiers, animals, some board games and also felt pens and sheets of paper." We had crafted our own toolbox which served as our therapeutic mediation.

All this material gives the child the possibility to create new statements and repair their narcissistic image, deteriorated by successive failures. "Play therapy breaks down the child's defenses and restores their confidence in their environment" (De Vaumas, 2013).

2.2.Evaluation of the Intervention Based on Play Therapy:

The play model is typically a model of the ability to "play" and to deal with life situations. Its use introduces an evaluation of the psychic processes of processing and metabolizing subjective experiences encountered in life. It is no longer an evaluation in terms of symptoms, in a psychiatric logic, but an evaluation in terms of processes of processing and metabolizing the difficulties of everyday life (Brun, 2021, p. 51).

Observation: direct and systematic observation of the child and their significant relationships during their development is a fundamental clinical evaluation method to obtain in-depth knowledge of the self-organizing, affective, cognitive, and social characteristics of the child in an interactive context, mutually regulated by precise relational patterns and mental models of the relationship (Tarquinio, et al., 2017).

3- CLINICAL ILLUSTRATION:

We received Ayoub at our consultation at the school screening unit. Ayoub, aged 6, was referred by the school doctor for learning difficulties, accompanied by poor vocabulary and social withdrawal.

The child presented with his mother, who was very discreet, seemed tired, and complained about working full-time during the day to provide for her family's needs. The child, on the other hand, did not talk much, focusing on the drawing activity that had been offered to him. Ayoub was very un-interactive. We expressed our need to receive the father during psychology consultations.

During the second consultation, we received the child accompanied by both parents, which allowed us to see the family dynamics. We observed a rather distant and reserved father, a father who described that everything was fine and that even if his son had difficulties, he would outgrow them. The mother and child never spoke in his presence.

During our anamnesis, we discovered that Ayoub's arrival was unplanned and that he was the youngest of the siblings. Having had a more or less normal psychomotor development during early childhood, Ayoub's arrival in the family was during a very difficult period in the couple's life, with financial difficulties and precarious employment for the husband, which impacted the marital life and led to regular arguments in the couple, and domestic violence gradually set in.

We emphasized the essential help that parents could add to our therapy while insisting on the importance of attachment and a secure environment that would help Ayoub develop his skills and well-being.

To achieve our objective, we found that Theraplay would be beneficial on several levels in the child's life, both relational, social, school, and familial. Through Theraplay, we can introduce the parents.

The introduction of parental figures allows us to address elements of reality (the atmosphere at home) and to approach the underlying unconscious issues, certainly introduced upstream around the links between the boy's characters and the different figurines.

Theraplay is now over fifty years old. It is a combination of playful and caring face-to-face interactions, including the parent and child together, and reproducing the experiences that are known to lead to secure attachment. These interactions are actively guided by the practitioner (Vandenbroucke, 2021).

In the case of family/domestic violence, we consider Theraplay beneficial in our case because play therapy is structured, centered on the parent-child relationship, which aims to secure the child in their attachment with each of their parents and to consolidate them in their parental skills.

We provided "about thirty small objects and figurines that allow the symbolic expression of conflicts, situations, or desires that the child cannot verbalize." The parent(s) improvise a situation from daily life and try to live it through play under the psychotherapist's observation.

Gradually, the parents realized that almost all the themes addressed involved a violent content when we suggested resolving difficulties in a more elaborate way.

We observed positive changes on several levels in the child. The most significant was the vocabulary, which was too minimal for his age. The child began to ask questions about the different figurines and the action verbs that go with the established act, while using them in his jargon. On the relational level, Ayoub became closer to the father, whom we had perceived as distant. The father realized that this child required an investment in the relational level so that he could invest in his school and social connections.

4- DISCUSSION:

Play is the child's world. In Ayoub's case, Theraplay was beneficial and had a constructive role. Through Theraplay, we reconstructed family ties, raising parents' awareness of overwhelming conflicts and domestic violence.

From Melanie Klein's perspective, a simplistic and superficial reading might make her appear as a clinician in a more "orthodox" posture, contemplating games and drawings to analyze and interpret them. But a more attentive approach identifies personal initiatives in children's games, sometimes discreetly but also more directly at other times (Boutinaud, 2021, p. 119).

Thus, attempts to understand play in children have led to an interest in its motor, cognitive, affective, and psychic dimensions, certainly not equivalent to each other but deeply involved and intertwined (Boutinaud, 2017).

Theraplay® is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun.

As therapy progressed, the parents clearly verbalized that they had a chaotic life and that they were learning to love each other, share, help each other, and all this with respect.

Plan more time with the family to promote exchanges. Ayoub was only a symptom child to express the parents' discomfort.

CONCLUSION:

Play therapy is not merely an inventory of techniques or a presentation of basic materials for interactions with a child. A psychotherapist must not only know how to create and maintain a relationship style, a "framework" that fosters the child's spontaneous playful expression, but must also be able to decode the deep or latent meaning of what the child enacts in their presence. They must be able to connect the content of the child's play to their affective functioning, that is, to their fundamental way of being with others and themselves.

Creativity and fantasy through play must continue to support the exploration of the transitional field with the child.

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