Creative Manifestations: Trauma Work for Young Children

Robin Switzer, Ed.D, LPC

Abstract

Children affected by trauma can become stuck in stages and cycles of dysfunction and creative modalities have long been the natural language of childhood processing. Creative modalities with passive and active engagement techniques, integrated with real practice experiences can target the healing process for children with trauma. This article will highlight clinician experience and use of creative modalities in the treatment of traumatized young children ages three to five years old.

Creative Manifestations: Trauma Work for Young Children

The expressive creative techniques in therapy have often been utilized for multiple mental health symptom expression but also as a form of representation of the difficulties or challenges faced (Laub & Podell, 1995). Creative expression can represent the pain, the resilience, the predator, the survivor and all of the above in stages of creative therapeutic acts.

Children affected by trauma can become stuck in stages and cycles of dysfunction and creative modalities have long been the natural language of childhood processing. Creative modalities with passive and active engagement techniques, integrated with real practice experiences can target the healing process for children with trauma. Children have been shown to respond not only to creative expressive therapies in positive manners, but to subsequently demonstrate healing (Siegel, Iida, Rachlin & Yount, 2016).

There are theoretical foundations and practical applications of unconscious manifestation work with traumatized clients. Communication from the unconscious is critical as it absorbs our waking experiences with little to no protection (Jung, 1964). The more the unconscious messages vary from our waking experiences, the more distress is experienced as a larger separation occurs from a natural, honest, and healthy life (Jung, 1964). The basis for unconscious manifestation is from the psychodynamic theoretical model, and is often falsely associated with adult work only. However, it often is combined with the effective use of creative expression in the treatment of children. This article will highlight clinician experience and use in the treatment of traumatized young children ages three to five years old.

The role of this clinician is one of a participant observer, weaving directive and non-directive creative techniques to assist the client in manifesting the unconscious or shadow side (Green, 2014). The focus is on orchestrating opportunities for the child’s experience to reach non-verbal or verbal expression; an opportunity for the child to increase the connection to the unconscious by reclaiming the creative capacities and strengthen the ego by holding complex
and often conflicting emotions at the same time (Green, 2014). Interpretation is utilized to demonstrate that the therapist understands and accepts the child by bringing the unconscious to awareness in a manner that the child can navigate (Green, 2014). Having a therapist as a participant can offer phenomenological experiences that “by entering the feeling, one can change the feeling (Green, 2014, p.7).

This clinician has born witness to transformative and powerful healing work by small children, who’s experiences can be tricky for clinicians to theoretically conceptualize. A look at developmental theory demonstrates the dilemma, at the ages of 3-5 in Piaget’s cognitive development is Preoperational: symbolic imaginary and intuitive understanding with the capacity for complex abstract thinking years off in development (Feldman, 2020). Trauma, however, is complex and abstract to understand. In Erickson’s psychosocial theory of development at 3-5 years of age a child begins to develop an awareness that they could be wrong not just in trying to get a cookie, but in how they interact with others (Feldman, 2020). Feeling wrong can cause a shut down in initiating new things: trauma can be interpreted by the child as a result of being wrong. The child can internalize the trauma as a deficit in their being without the ability to verbally communicate in a clear manner to seek help from those that love and support them.

**Trauma Work with Young Children**

This article explores three cases of trauma work with clients between the ages of 3-5 years old and will highlight three different creative expressive interventions utilized: Artwork, Role Play and Sand Tray.

**Artwork**

In artwork the client can represent the traumatic event or the healing process and it can also be a way to assess the client. “For the child’s ego to resolve the effects of trauma, a meaningful integration must occur” (Green, 2014, p. 31).

**Case**

The client was 5 years old and had been almost intentionally fatally harmed by a biological parent, the child was within the care of safe family members. Upon introduction to therapy the client was asked to color a picture and utilized only black, brown and gray tones, stating that these were the client’s favorite colors. The client was shut down in almost every aspect of development and functioning.

**Artwork manifestation**

Once rapport and some trust were built, utilizing the concept of chakras healing energy, each week artwork using only one color began. Chakras are from Eastern philosophies in which there are seven centers of the body that correspond to energy, associated with different purposes, emotions and colors. Blockages of this energy can occur for many reasons, such as trauma, however, philosophies agree that blockages lead to negative results and working to clear or allow the energy to flow freely is healing (IARP, n.d.). The first week in session the client was asked to create a picture with the color red only (the color associated with the first chakra), and homework between the sessions was to draw one picture of something red. There was no criteria as to what it was and the child often chose items that were naturally the color of the week. The
required color drawing would occur at the beginning of the session and progressed each week from red, orange, yellow, green, light blue, dark blue and completed with purple. The colors associated with the seven chakras). After the picture, the client was allowed nondirective activities and the client utilized free drawing where people were drawn initially without faces, then eyes were added, then a nose, then a sad mouth and completed by the end of the nearly two months with a full face and happy smile. Throughout the two months, the client would integrate previous colors in free drawing but did not include future colors. By the end of the two months, the client worked in all colors, exclaimed that ‘rainbow’ was the favorite color, drew people with happy faces, joined a sports team, made friends and overall functioning was on par for age. Client was also able to tell the story of the trauma and undergo forensic interviewing. The integration occurred as the client systematically was reintroduced to each color, taking the work with one and adding it to the next. This creative capacity allowed the client meaningful integration and reconnection, healing as each unconscious component manifested by the color and was expressed by the client and accepted by the therapist.

This technique has been adapted based on client functioning to working through all of the colors within one session and repeating. The more shut down the client is, the slower the process. It has also been adapted for a client to self-identify, drawing a representation of self or their world in the color such as below:
1. Red: what/who keeps them safe
2. Orange: what/who makes them brave
3. Yellow: what they are good at
4. Green: favorite feeling
5. Light blue: favorite word
6. Dark blue: favorite imaginary item/person/place
7. Purple: who do you ask for help

This adaptation can require that the young child have proper supports in place but can also focus on the ways the client can help and recognize themselves.

**Role Play**

Imaginative role play can be a creative outlet for the client to express what occurred and manifest the self-healing archetype through a phenomenological experience. The child identifying what part requires attention and the therapist assists in “reconciling the meaning of the symbol by asking what the symbol means and externalizing the accompanying inner dialogue associated with the symbol” (Green, 2014, p. 98).

**Case**

The client was 4 years of age and was viciously attacked by a trusted dog in the face and head. The client had several stitches and several treatments surrounding scar development. The parents were present, witnessed and intervened swiftly most likely saving the child’s eye. The child regressed in terms of being able to sleep alone and was often terrified at night.

**Role play manifestation**

The client was quiet and shy and often repeated that sleeping alone at night was not an option. Once trust was established, the client shared that a ‘monster’ resided in the bedroom closet rendering the room uninhabitable at night. Description of the monster was able to be
provided and the image contained numerous amounts of teeth. When asked, the client was able to name the monster. After obtaining the facts about the monster, validation of the fear was given, (there were a lot of teeth), and a pondering occurred by the therapist. “If only you had some powers, then we would know what to do”, the client responded with “I have blue powers”. Well, that changed everything! Over four sessions, role play occurred with the therapist as the monster, and the client utilizing ‘blue powers’ to attack and defeat the monster. It is important to note the monster was played with comedic noises of theatrical death repeatedly often causing giggles from the client as the battle raged over and over each session. After four weeks, the client’s parent reported that the client ‘decided’ sleeping in their own room was warranted, opened the closet door, openly utilized blue powers to the full potential and declared the monster dead. The client was able to sleep in their own room at least two nights a week after that and increased steadily at a rate that met developmentally appropriate ranges.

**Sand Tray**

Sand tray is often associated with work that assists in manifesting unconscious material, the symbolic imaginative work representing the child’s experience with multiple similar items requiring interpretive context based on the client’s circumstances. For example, the burying of objects can mean repressed emotion, digging into one’s inner world, revealing parts of the self or “be having fun…with no deeper subtext involved” (Green, 2014, p. 42).

**Case**

The client was 3 years of age and the parents were embroiled in a very negative divorce. Both were devoted to the child’s wellbeing, but the tension was ever present. The child had regression in toilet training and was withdrawn from classes with which she was usually excitedly engaged.

**Sand Tray Manifestation**

The client took to the sand tray and recreated scenes of figures being married, arguing and then separating to different sides of the sand tray: interpretation was not required. Each week a figure was buried between the ‘couple’ at the start and never was revealed, each week the mound of sand covering that figure became larger and larger. When asked the client initially stated ‘I don’t know what that is’. Over several weeks the mound became larger, the scene replayed repeatedly. One such scenario was interrupted by the client who reached into the mound and stated, “that’s enough”. The client shared that the figure was ‘hiding’. The client held the representative figure and stated, “I have been watching and you can’t hide no more”, the figure then became the central star to many imaginative scenarios and the parent play ceased. Toilet training returned to previous levels of achievement and engagement in activities returned to previous levels of excitement. The client’s work empowered the child to confront the unknown, make it known and integration of this piece occurred.

Creative unconscious work can produce age appropriate interventions for young children wrapped in imaginative symbols who battle the complex and confusing nature of trauma. The work noted previously was a privilege and honor to bear witness to: strength, resolve and resilience wrapped in small gifts.
References


