

# Play and Trauma: Theme and Variation

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**TTAC**  
A COLLABORATION  
BETWEEN

**NEW YORK  
CENTER FOR CHILD  
DEVELOPMENT**

**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH

**NYU** SILVER SCHOOL  
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# Who We Are

**The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded through ThriveNYC, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)**

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

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## NYC Early Childhood Mental Health TTAC Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

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*Thursday, April 2, 2020*

TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

*Wednesday, May 20, 2020*

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part I

*Friday, May 29, 2020*

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part II

*Thursday, June 4, 2020*

Beginning at the Beginning: Early Childhood Mental Health Consultation in Infant & Toddler Care - Part III

*Wednesday, June 10, 2020*

TTAC Webinar: The Loss and Grief of COVID-19: Real Challenges and Practical Suggestions

*Friday, June 12, 2020*

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# Defining Play

- Play is understood to be the “child’s spontaneous and pleasurable actions on objects, others and self, which contribute to the discovery, expression and mastery of physical and social reality, ideas and feelings” (Sheridan, Foley, & Radlinksky, 1995, p.1)
- The dimension of spontaneity embraces the qualities of play as intrinsically motivated, self-directed, flexible and unfolding. (Lillard, Lerner, Hopkins, Dore, Smith, & Palmquist, 2013)

# Functions of play

- **Tension reduction and pleasure**

“The biological significance of play is partly a safety valve for overflowing energy” (Greenacre, 1969, p. 356)
- **Exploration, discovery and mastery**

“ Play is to the child what thinking, planning and blueprinting are to the adult...beginning mastery of the future by anticipating it in countless variations and repetitive themes” (Erikson, 1964, p.120)
- **Stimulation, arousal and regulation-novelty, uncertainty, complexity**
- **Wish fulfillment-pleasure and imagery which compensate for felt limitations, anxieties and deprivations**

# Functions of play

- **Assimilation of reality through binding anxiety and bridging inner and outer worlds**

“Play, being under the child’s direction, can represent fragments of reality according to his needs and wishes. Thus, can dose himself with larger or smaller bits and need not bring the whole overwhelming situation down on himself at one time” (Greenacre, 1959, p.66)
- **Problem solving, adaptation and dress rehearsal for real life**

Play is “imaginative anticipation of future roles played out with toys and costumes in tales and games” (Erikson, 1975, p. 213)
- **Self-curative**

“For to play it out is the most natural self-healing measure childhood affords.” (Erikson, 1950, p-113)
- **Expression and communication**

Taken as a whole, play is a complex communicative system, often in code, that mirrors changing mental development, the inner life of magic and fantasy, the environment and conscious intentionality. (Foley & Baz, in Press)

# The Developmental Continuum of Play

## Sensorimotor play (Birth-12M; FEDL 1-3)

- Getting and taking-in the world through sensory exploration, experimentation and discovery
- Learning through sensorimotor play includes accidental object discovery, repetition, exploration, anticipation of the effects of actions on objects
- Leading to novel imitation, awareness of an independent universe, increased anticipatory behavior, limited understanding of language and the intentional application of known means to new situations

# The Developmental Continuum of Play

## Functional Play (12-18M; FEDL 4-early 5)

- Combining objects in ways intended
- Constructive play: complex combinations of objects often involving building and destruction in correspondence to ambivalent trends
- New means through active trial and error experimentation e.g. tool use
- New means through mental combination e.g. solving simple puzzle by inspection, memory and thought



# The Developmental Continuum of Play

## Representational Play (18M- 30M; FEDL Early 5)

- Reenacts the activities of daily living based on real experience using props and planned sequences
- **Symbolic Play (30-60M; FEDL 5&6)**
- Pretense-novel combination beyond personal experience and break with convention on object use, scene or role
- Creates complex dramatic scenes which expand on actions and ideas beyond personal experience with imaginary roles, companions and fantasy plots and action

# Attributes of Symbolic Play

- Object substitution
- Pretense
- Emotional meaning
- Socio-dramatic quality
- Roles and rules

# Play Themes

- Sensory pleasure and tension reduction
- Getting and taking in
- Alertness and “ableness”
- Resolution of ambivalence
- Mastery and autonomy
- Reality and fantasy
- Finding a place in the family
- Experimentation, problem solving, trying on new possibilities – an “intermediate space”

# Social Continuum of Play

- Solitary
- Onlooker
- Parallel
- Associative
- Cooperative

(Parten, 1932)

# Types of Play for Children



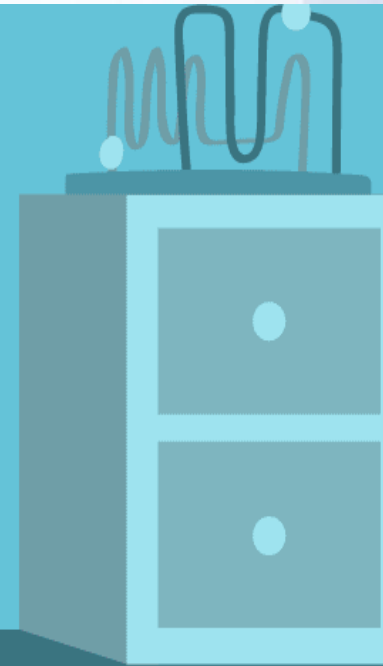
unoccupied



solitary



onlooker



parallel



associative



cooperative





# Self-Regulation

The child's developing capacity to flexibly modulate and grade reactivity to sensation, affect arousal and behavior; recover from dysregulated states and sustain levels of adaptive arousal with relative autonomy in support of goal-directed actions across a broad range of functions.

(Carver & Scheier, 2016; Foley, 2017; Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015)

# Developmental Progression of Regulatory Functions

- Physiological regulation
- Sensory regulation
- State regulation
- Emotion regulation
- Cognitive regulation
- Executive function regulation

# Contributions to Self-Regulation

Four broad factors contributing to the development of self-regulatory capacity include:

- Temperament and constitutional factors
- Cognitive control in the form of executive functions
- Symbolization
- Attachment, internal representation and family factors

(Hamoudi, Murray, Sorenson, & Fontaine, 2015 ; Ursache, Blair, Stifter, Voegtline, Family Life Project Investigators, 2013)

# Contributions to Dysregulation

Five broad factors can contribute to provoking dysregulated states in young children:

- Excessive psychosensory stimulation
- States of intense emotional arousal
- Anxiety
- Conditions of toxic stress
- Sensory processing Disorder (SPD)
- Neuroception

(Hamoudi, Murray, Sorenson, & Fontaine, 2015; Foley, 2017)

# Regulatory Functions of Play


- Intentional shifting between pretense (imagination) and external stimuli (physical /descriptive reality)
- Play as regulatory practice (physical, emotional & social)
- Private speech-self-talk
- Novelty and investigation
- Roles and rules

(Bodrova, Germuroth, & Leong, 2013; Foley, 2017; Vygotsky, 1967)



# Theme and Variation

## The Impact of Trauma on Play.....



# PLAY IS THE MOST NATURAL METHOD OF SELF-HEALING THAT CHILDHOOD AFFORDS


ERIK ERIKSON

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(Erikson, 1950, p.113)



You see a child play, and it is so close to seeing an artist paint, for in play a child says things without uttering a word. You can see how he solves his problems. You can also see what's wrong. Young children, especially, have enormous creativity, and whatever's in them rises to the surface in free play.

Erik Erikson

PICTUREQUOTES.com



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(Erikson, *New York Times*, May, 1994)

# Therapeutic / Self-Curative Factors in Ordinary Play

Opportunities for:

- Self-expression
- Access to the unconscious
- **Abreaction**
- Reworking difficult or challenging experiences
- **Gaining mastery**
- Creating a meaningful narrative

# Necessary Definitions: Abreaction

Psychoanalytic concept of “Abreaction”

*From “Studies on Hysteria”*

(Breuer & Freud, 1895)

The therapeutic process of bringing forgotten or inhibited material (i.e. experiences, memories) from the unconscious into consciousness, with concurrent **emotional release and discharge of tension and anxiety.**

(APA; <https://dictionary.apa.org/abreaction>)

# Necessary Definitions: Mastery

Psychoanalytic concept of “Repetition Compulsion”  
*From “Remembering, Repeating, and Working-Through”*  
(S. Freud, 1914)

The essential nature of trauma:  
**“The very bad thing that you could not make stop”**  
Threat to physical or psychological integrity  
Unpredictable  
No control

So.....compulsion to “repeat” the trauma in order to:  
Turn passivity into activity  
Exert control  
Master the bad thing that happened



# “Posttraumatic Play”

Lenore C. Terr, MD (1981, 1991)

- Repetitive (compulsive repetition of play)
- Rigid
- Literal / Less elaborated or Unelaborated
- Devoid of Pleasure / Joyless
- Fails to relieve anxiety / Without resolution
- Driven/ Relentless
  
- May start at various times (immediately - months after trauma)
- There is an unconscious link between the play and the trauma
- Caregiver Context:
  - stop, discourage, forbid, want the child to “forget”
  - allow, support, acknowledge

# Ordinary Play vs. Posttraumatic Play

*“Terr emphasizes that **posttraumatic play differs from ordinary play** in that ordinary play “carries with it a cure, an opportunity to fully identify with a well-meaning aggressor (parent, doctor or teacher) or an opportunity to turn the tables and spank a doll or give shots to a younger sibling. No one is hurt, abreaction occurs, and the child is able to diminish the anxiety after a few play episodes” [Terr, 1981, p. 755]”*

(Eliana Gil, 2017, p. 12)

# Ordinary Play vs. Posttraumatic Play

*“While playing out traumas, Erikson observed, children abreact the strength of the trauma, making it manageable and less intense. These abreactive experiences offered through play can lead such children to develop feelings of mastery”*

(Eliana Gil, 2017, p.5)

# “Dynamic (*positive*) Posttraumatic Play” (Gil, 2017)

A “natural reparative strategy” that allows for:

- Externalization of memory
- Gradual exposure that decreases the intensity of the trauma
- Abreactive work through repetition →  
    Weakening of negative trauma-associated affect/emotions
- Shift from a passive to an active stance →  
    Mastery of the event
- Decrease in symptoms
  
- Intervention can be child-led (follow child’s lead)

# BUT....

What happens when posttraumatic play is not curative ?



# “Toxic (*negative*) Posttraumatic Play” (Gil, 2017)

- “Re-traumatizing” (Terr, 1991)
  - “Stuck” quality
  - Mastery is not achieved
  - Arousal and anxiety are not relieved
  - Symptoms may be exacerbated
- 
- Requires direct intervention by clinician so that positive outcomes can occur

# Posttraumatic Play Representation

## Direct / Literal Representation

- baby doll is a baby
- police car is a police car

## Symbolic Role Representation (victim, aggressor, rescuer)

- dinosaur = aggressor
- baby cow = abused child
- mommy cow = harmed caregiver
- lion = protective caregiver
- Soldiers = large force for good or evil

## Physical or Sensory Reenactments

- child alone (e.g. using their body or the environment)
- child attempts to enlist others (e.g. eliciting abusive behavior)

## Artistic Representation

- Drawing / painting

# Role Representation: Dinosaurs !



# Role Representation: Human Figures





# Role Representation: Blocks & Soldiers



# Physical or Sensory Reenactments

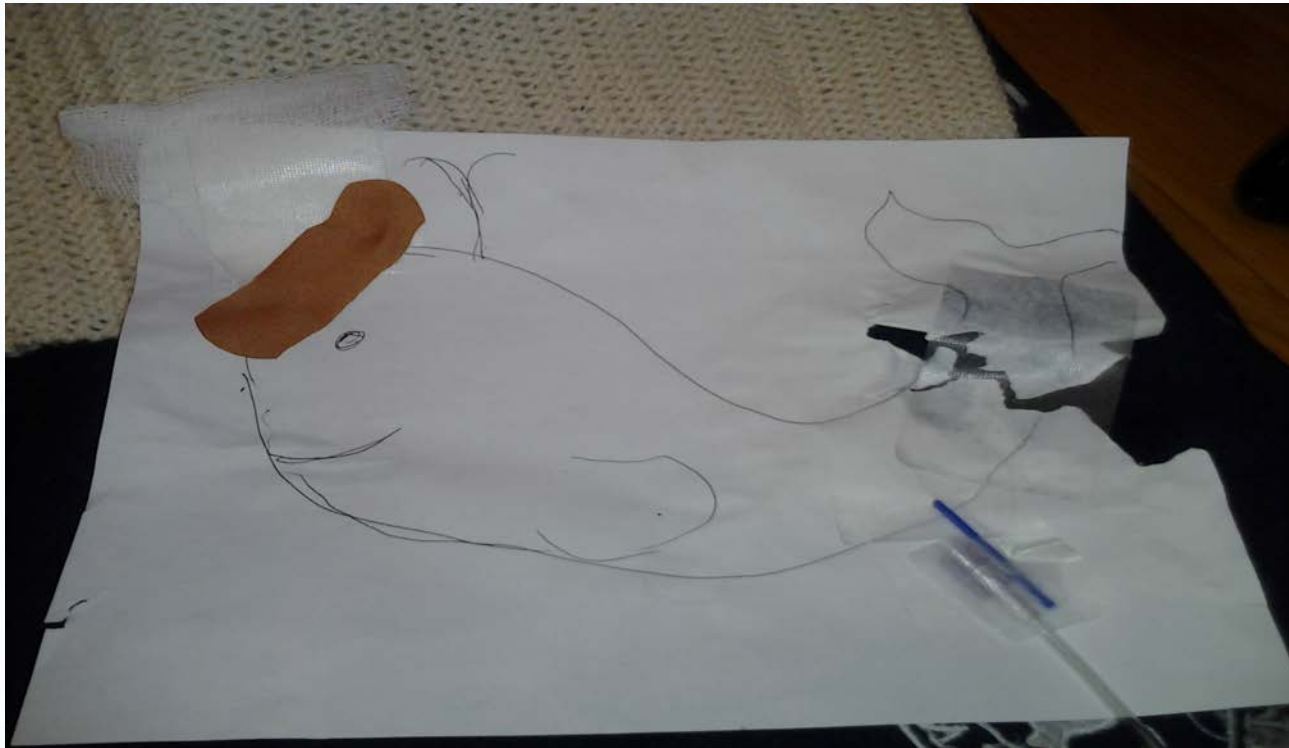




# Artistic Representation: Drawing/Painting



# Artistic Representation



# Posttraumatic Play Themes

- Acute Danger
- Pervasive lack of safety
- Persecution
- Conflict
- Aggression / Violence
- Harm / Bodily Injury
- Loss / Separation / Death
- Abandonment
- Lack of Food/Care
- Constant Transitions

# Posttraumatic Play Content

## Telling the story directly

- showing exactly what happened

## Telling the THEME of the story

(Not a literal 1:1 correspondence with the actual trauma)

- a fire in the house could = danger, lack of safety of IPV
- cars repeatedly crashing could = aggression of physical abuse

## Conflation

- adding elements that did not happen
- adding elements that happened at a different time

## Choice of Content

- May play an 'easier' trauma 1<sup>st</sup> - a smaller threat

## Playing what was salient to the child before/during/after the trauma

- what the family was eating at the time ?
- the music that was playing ?

# Regulation in Posttraumatic Play

## Avoidance / Constriction

- child inhibits symbolic play as a **defense against** dangerous overwhelming affect
- “**Play Disruption**, i.e. the sudden and complete or diffused and slowly spreading inability to play” (Erikson, 1950, p.114)

## Titration

- child has the regulatory capacity to take a break from play that is becoming overly arousing, and shift to more neutral or even nurturing play themes
- child may return to trauma-related material at a later point in the session
- play remains **Organized** (coherent, focused, not impulsive, affect and arousal is manageable)

# Regulation in Posttraumatic Play

## Dysregulation

### A) Shut Down or Dissociate (Flight / Freeze)

- child becomes “triggered” / “activated” / “flooded” by play material
- level of affect and arousal is experienced as overwhelming and unmanageable
- play is *abruptly* aborted
- child may stop playing symbolically in any manner, or ‘zone out’

### B) Hyperactivation (Fight)

- child becomes “triggered” / “activated” / “flooded” by play material
- level of affect and arousal is experienced as overwhelming and unmanageable
- play becomes **Disorganized** (narrative may become incoherent, child may lose focus and/or behave impulsively)
- Examples might be sudden running around the room, dumping of toy bins, throwing objects, or aggression against self or others
- Note: there can be dissociative hyperactivation as well



# Ending with a little regulatory 'break' from Trauma We ALL need to PLAY !!



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