



## Psychotherapy of small children

Hanna Jaklewicz, Lidia Popek

### Summary

The authors describe the characteristics of psychotherapy of small children with special attention focused on the secure therapeutic relation. On the example of the treatment process of an autistic child they present the possibilities of constructing this relation and of understanding the emotional experiences of a small child in the context of the developmental process.

### child psychotherapy

In this article we present a short review of the ideas of psychotherapists working with small children as well as some selected methods of work used in this kind of psychotherapy. In the second part we comment our reflections with the special attention focused on the secure contact in the relation therapist-child-mother. In the third part, a case of an autistic child therapy is presented. The dynamics of a long-lasting therapeutic process is observed, illustrated by an analysis of the child's drawings.

The roots of psychotherapy of small children are found in the psychoanalytic theory of Sigmund Freud thanks to which a new way of thinking about the child's psyche, his or her desires, fantasies and sexuality has appeared [1, 2]. The following development of the analytic work with children is connected with a few outstanding female figures. One of them is Hermine Hug-Hellmuth. She put emphasis on the significance of "therapeutic and educational analysis" and introduced the play therapy [3]. Among the most significant women who investigated the psychoanalysis of children there are also a few Polish: Eugenia Sokolnicka and her pupil Sophie Morgenstern. However, it was Anna Freud and

Melanie Klein who had cut a figure in psychoanalysis [3, 4, 5, 6].

Anna Freud considered that children do not have a voluntary motivation to undergo therapy. Because of this it is necessary to introduce a sort of a preparatory phase in the beginning of therapy with the object of achieving a strong and positive relation between the therapist and the patient, which is to convert into a therapeutic alliance [4, 5]. In her work with children, Anna Freud, put the emphasis on the fact that the small patient presents not only the world of the internal objects, which were formed in the past, but also contributes to the therapy of his or her experiences from the actual relations with parents [6]. Anna Freud highlighted the significance of the child's developmental level in therapy and the tendency to decrease symptoms during the therapeutic process due to achieving higher developmental levels.

Melanie Klein thought that the child psychoanalysis differs from the psychoanalysis of adults because of the type of the "material" which is analysed. The free associations, being essential in the psychoanalysis of adults, were substituted by the "play technique" in child psychotherapy. According to Melanie Klein, not only the material of the child's play should be analysed and transferred for the best understanding of the therapeutic process but also the motivation to change activities and all the means used for free expression [4].

**Hanna Jaklewicz**<sup>1</sup> **Lidia Popek**<sup>2</sup>: <sup>1</sup>Elbląska Uczelnia Humanistyczno-Ekonomiczna, Elbląg, Poland, <sup>2</sup>Przychodnia Zdrowia Psychicznego dla Dzieci i Młodzieży SWPZPOZ, Warsaw, Poland; Correspondence address: Hanna Jaklewicz, 3 Ceynowy Str. Apt. 3, 80-321 Gdańsk-Oliwa, Poland, e-mail: h.jaklewicz@chello.pl



The developmental approach in psychoanalysis is reflected by the conceptions of Wilfred Bion and Donald Winnicott. Bion put the emphasis on the significance of a mother-child relation, in which the mother may accumulate the frequent and quick-tempered physical and emotional states of the child in her empathic reactions [7, 8]. On the other hand, Winnicott claimed that the attempt to imitate the natural process which characterises every mother in the relation with her child is an essential part of each therapeutic process [9]. One of his biggest theoretical innovations was the description of the "third space" [6, 7]. Winnicott's idea, which was based on the assumption that the child by itself does not exist but it is always combined with the mother, has been reflected in many further studies and works.

The investigations of Esther Bick, supported by the continued observations of children, led the conception of the "second skin". According to Bick there is a certain primary function related to the child's skin because all the parts of the personality are sensed as if they could not be kept together. For this reason the internal function of the continent object, which contains these parts of self (similarly to the skin), is indispensable. It is formed with the help of the external object, able to perform this early function. The dysfunctional development of this primary skin may create the second skin as a substitute of the function performed by the continent skin [9].

Basing on the findings of different scientific disciplines, John Bowlby described the process of the formation of a trustful relation and the consequences of its absence in the early development of child [10]. The emotional and physical accessibility of a mother is the necessary criterion of a successful formation of the trustful attachment pattern, which enables correct development of the child [11].

Allan Shore presented a multi-level connection between the trustful relation of attachment and the neurological development as well as the processes of neurohormonal regulation of a small child [12, 13]. Since the period of early pregnancy until the age of two, the intense re-organizational changes in the brain, especially in the dominating right cerebral hemisphere occur. This development consists of the formation and the stabilization of the synaptic conjunctions, necrobiosis of inactive conjunctions and myelinization of the neurons. A lot of in-

vestigations show that the synaptic conjunctions formed in this period are directly related with the experiences of trustful relation with the mother.

The research conducted by Colwyn Trevarthen shows that there is a rich "preverbal" communication between the mother and the child, which appears a long time before the development of speech [7, 14].

All mother-child therapies are based on the assumption that there is a common psychological area in which the mother brings her representation to the relation with the child. Daniel Stern claims that this observation has opened a new discipline, which is the infantile psychiatry [15].

The aim of the psychotherapy of small children, independently of the generally accepted theoretical basis, is to enable a correct development of their emotional, intellectual and social possibilities. The character and quality of the emotional relation with the mother has an essential impact on the therapy's aims. The correction of this relation, if it is not correct, and its optimisation give chance to conduct a successful therapeutic process.

The assessment of the psycho-physical condition and the psychopathological symptoms together with the description of the mother-child relation and the family situation is the basis to develop a small child therapeutic programme.

The first contact with the child patient is organized as a family diagnostic meeting. A family session helps to evaluate the position of the child in the family, the way communicating between the family members and the mother-child relation [16]. The mother has a special role in the therapy of a small child. During the session she is an observer or an active participant. Each session is being discussed with her. The therapist interprets the child's behaviour, explains its symbolic meaning. He or she "shows" the possibility of the new forms of co-operation with the child to the mother. The mother learns to recognize the child's needs and to satisfy them. Gradually, there is being constructed a feeling of confidence and security in the mother's role [16]. A secure therapeutic contact therapist-mother-child is the base of an efficient therapeutic process.

Martha Welch created a *holding therapy* method which is based on the assumption that one of the main reasons of the autism is the lack of the child's feeling of security in the relation with

the mother. The holding therapy derives from the etological conceptions and it refers to those psychoanalytic assumptions which consider the process of the formation of the relation of attachment between the mother and the child as basic to the further personal development [17].

Because of the limited verbal contact with a small child, or with an autistic child, an important role belongs to the forms of work based on the non-verbal communication, such as: the play therapy, music therapy or drawings. The words of Winnicott that playing is a therapy was the beginning of the development of therapy through the play [5, 18, 19, 20]. This method is applied in a directive or a non-directive form, according to the theoretical orientation of therapists. The example of a non-directive play therapy is the method developed by Virginia Axline [5] and the therapy in the sand-pit by Margaret Lowenfeld [18]. The directive play therapies are applied in the cognitive-behavioural approach. The therapist plans and proposes to the child a specific prescribed playing activity which reminds a task [5].

The music therapy, applied in the therapy of small children, is based on the assumption that the elements of music (like the sound, its intensity and vibrations, the rhythm, the pace, the tone etc.) refer to the cenesthetic communication in the foetal life, to the feeling with all the parts of the body. This form of therapy results are useful already in the foetal life, in the neonatal and infant period. Music plays the role of the mother, prolonging her biological presence [20].

The drawing may be used in psychotherapy since the moment when the child is in the age when he or she is able to keep a pencil. In the psychotherapy of small children the drawing method is employed as a diagnostic test or as a form of work with the child. In this second case it has some important functions: it communicates the problems which the child is not able to communicate, it is interpreted by the therapist, it informs about the changes which take place in the therapy, it inspires to take new forms of work and to the therapy programme adjustment.

The autistic children's drawings are especially important to the clinicians and therapists. If they manage to decode the symbols transferred in the children's message drawings, it gives them a chance to get into their hermetic world.

The analysis of the drawings of Ania (an autistic child) will show us their significance in the therapy.

Ania has developed correctly until the age of two. In the 24<sup>th</sup> month of her life the first symptoms of autism appeared and started to progress very rapidly. When Ania was three years old, the diagnosis of the child autism (F84.0) was put.

The clinical description was dominated by: loss of the relations with the environment, lack of the reaction for the presence nor the absence of the mother, loss of eye contact, speech regression, loss of the interests, some stereotypical plays (with pieces of paper or little sticks). In Ania's behaviour we observed numerous stereotypies which were executed very precisely.

The complex therapeutic programme constructed for Ania consisted of different methods and techniques of work with a small child (behavioural and educational techniques, "following the child"). The therapy was started with the holding session [17], during which Ania rejected the physical contact; the eye contact was established. The mother's activity and her involvement in the therapy was crucial for the progress of the therapeutic process. The mother's detailed notes concerning Ania's behaviour and reactions in different situations helped a lot to enrich the therapy programme and enabled the evaluation of the methods applied in the work with the child were appropriate. Ania's drawings were created spontaneously and had an important role in the therapy programme adjustment. Furthermore, they inspired the therapists to take some key therapeutic decisions.



Drawing 1 – a scratchy, Ania, age of 3 years and 8 months

Drawing number 1, a scratchy, drawn by Ania at the age of three years and eight months contains the elements which are characteristic to the autistic child's scratchy (precise spirals which symbolize the closed autistic space). Ania's spiral is colourful, dominated by black and red, the colours which symbolize sadness, anxiety, aggression as well as love. Most of the authors who analyse the psychotic children's drawings doubt in an autistic child's ability to express his or her emotions through colours. It is important to consider the context in which the drawing was created. When Ania saw the coloured pencils and the paper, she was going directly to the table and back a couple of times. She seemed more anxious, the stereotypies were intensifying. The selection of the colours does not seem coincidental as she had tried different colours before choosing black and red. Should those colours have expressed anxiety, sadness and helplessness as the results of inability to understand the surrounding world? Small children's aggression, symbolized by the red colour is usually related to the experience of anxiety.

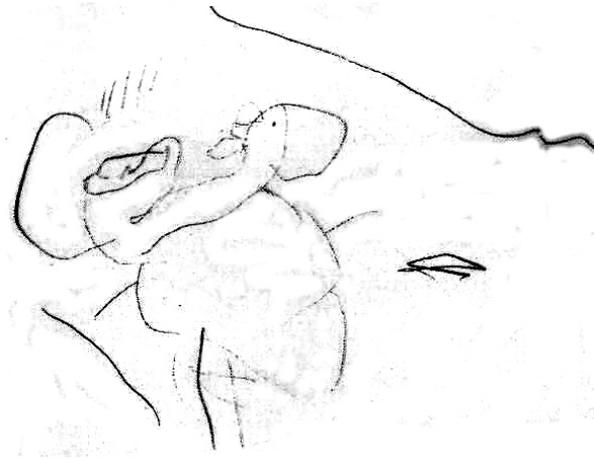
When Ania was approximately five years old, the first symptoms of withdrawal of autism were observed. Ania was reacting to the presence of her mother. The stereotypies reduced considerably. Echolalic statements and then the first verbal announcements, such as "give it", "no" and finally also "mum" appeared. The character of Ania's plays changed. She gave up the stereotype plays with little sticks and pieces of paper and got back to her old teddy bear and dolls. During the holding, which her mother was still continuing, the girl was not rejecting the physical contact, she was keeping the eye contact, sometimes she even smiled. In that time, together with the mother, Ania started to make some houseworks. Meanwhile the mother was naming the objects or products used to prepare the meals. When Ania finished the task on her own, she was awarded and she could choose the prize. During the walks the girl was reacting to the presence of other people although she was still avoiding the direct contact with them.

At that time the decision to register Ania in the kindergarten was taken. Her first days in the kindergarten were difficult. In the beginning she was staying there for a few minutes. This time was considerably prolonged when Ania start-

ed to participate in the activities which she had known before (rhythmics, drawing).

The spontaneous drawings, which come from Ania's kindergarten period, illustrate the changes taking place in her perception of the ambience and her reactions for these changes.

Ania sees her peers. She perceives the emotional reactions of her friend (the drawing "Grześ is crying"). This drawing and Ania's commentary were the signal to start work re-



Drawing 2. Ania, age of 5 years and 10 months

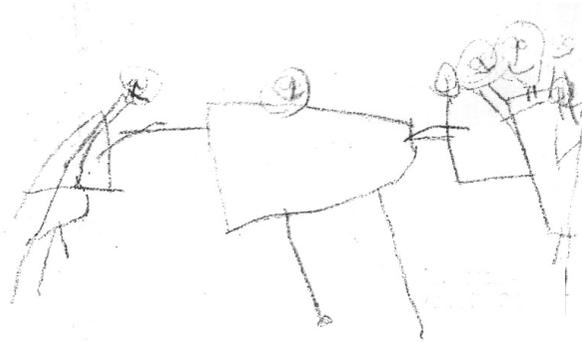


Drawing 3. Ania, age of 6 years and 2 months "Grześ is crying"

lated to the perception of emotions, their naming and trying to evaluate the level of experiencing them. The plays such as the puppet theatre helped Ania to express the emotions. When Ania participated in such activities, she started to talk

more. Her announcements were adequate to the situation context. The echolalia was only appearing in the situations which were new and surely difficult for Ania.

The logopedic activities were included to the therapy. The child's statements were recorded and then played back to stimulate the child to continue the discourse. In the meantime the attempt was made to improve Ania's relations with her peers through the common plays in her house, in a sand-pit and in the house of the friends. The phase of fighting with Ania's fears for the others and making attempts to participate in the play and communicate during common activities was long.



Drawing 4. Ania, age of 6 years and 2 months

The drawing number 4 illustrates the changes in Ania's social abilities development. The girl is in the middle of the picture, she is a central figure, her hands link her with the "others", creating a community.

The following drawing (5) presents Ania with her family. The first time since the creation of a



Drawing 5. Ania, age of 7 years and 8 months .

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scratchy the colour appears. Ania is between her father and mother. The extended hands symbolize the community. The feeling of the community, expressed by the handshakes, is the motive repeated in many drawings of Ania from that period.

When we analyse Ania's drawings we should pay special attention to the fact that from the level of the scratchy she advanced to the stage of the drawing comparable to her age group. It is quite typical for the autistic children who improve their social performance and emotional state.



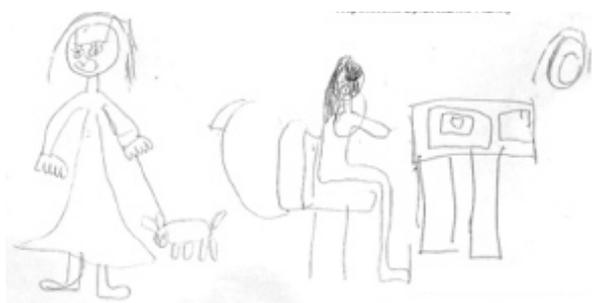
Drawing 6. Ania, age of 8 years. Ania is safe, she started to exist as a person.

At the age of eight Ania started going to primary school. The beginning of her school education was a very hard period in her life. Co-operation with the school was an important area of the therapeutic programme. Teachers and pupils were prepared to receive a new girl whose behaviour was sometimes strange and whose statements were not always clear for her friends. This part of the therapeutic programme exceeded the borders of the therapeutic room considerably.

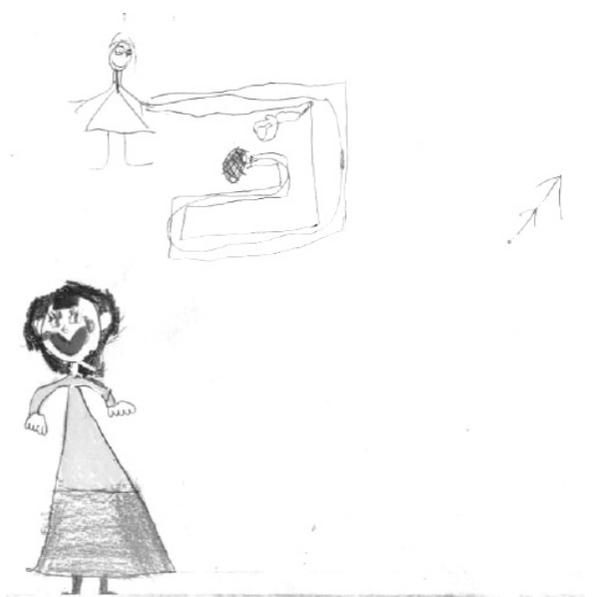
The drawings 7 and 8 were made with a pen. A dark colour illustrates the content of Ania's commentary:

"I was feeling lonely in the kindergarten, the coney (a puppet) was with me. I was feeling lonely at school and at the school desk. I was always alone, so strange. The children didn't want to play with me". When we work with autistic children we wonder what type of emotions are hidden behind the crust of the autistic barrier. The quotation of Ania lifts the curtain.

The drawing number 8 is another memory from the childhood. The symbolics and its meaning are surprising. It is the labyrinth closed with a black bowl in the entrance. When you enter, you do not have any way out, you have to walk through a complicate autistic world. This bowl reminds the description made by the patient of Francis Tustin who defined his autistic childhood with the following phrase: "it was one huge black picking hole". It turns out that this black bowl is the symbol of the autistic closure. Ania won out and found the way out from the labyrinth. She is colourful, she is smiling, she won with the darkness and with a long way, full of obstacles.



Drawing 7. Ania, age of 12 years and 9 months. Memories from kindergarten and school.



Drawing 8. Memories from the childhood – the labyrinth

Currently Ania is 21 years old. She studies at the university. She feels lonely, she has difficulties with getting to know new people. Her desire to be with other people is similar to other girls in her age.

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