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TRAUMA REPETITION : INTERVENTION IN PSYCHOLOGICALLY SAFE PLACES

Claudio Mochi
Registered Play Therapist Supervisor, Roma, Italy

In my early exposure to the psychological disaster field, I learned about two kinds of psychic traumas. The first being Trauma with capital "T" in which there is "a strong overwhelming event that renders an individual temporarily helpless and unable to use ordinary coping and defensive operations of ego in the face of intolerable danger, anxiety or instinctual arousal" [1]. The second being a small trauma that consists of several smaller stressful events that might produce, with their cumulative effects, destabilization of the individual's psychic equilibrium and stimulus barrier.

My experience taught me that these definitions could be an oversimplification of reality. But it also led me toward a couple of questions: what happens when a big Traumatic experience, a strong overwhelming event, is recurring just as much as the small ones? And what can a mental health professional do to be supportive in such occurrences?

In considering these questions and the issues related to them, I will focus on the occurrence of multiple disasters based on my trauma work experience in Palestine.

The following pages will consider, in particular, children's reactions according to their environmental and psychosocial problems and the related possibilities of psychological intervention. To start, I will address some of the features of the Occupied Territories Scenario that led to the following considerations.

A Personal Note:

The idea for this article was stimulated by recent happenings in Gaza, even though I worked in Palestine occupied territories and in the Gaza strip in 2005/ 2006. I would l like to state that what I am writing has no political connotations nor is it meant to address rights or wrongs. Rather its intent is to deal with the issue of being supportive in a potentially traumatic situation where there are no prospects of future improvement.

Correspondence : Claudio Mochi
Registered Play Therapist Supervisor
Via G. Coppede, 15
00163 Roma, Italy, Email:cmochi@apt-italia.org

In focusing on multiple recurrent trauma, I am specifically referring to the experiences of Palestine and Palestinian children where I had personal experiences. The absence of mentioning any other similar situations is due to my lack of direct personal experience and was not intended to underestimate other circumstances of suffering.

PALESTINE AND RECURRING DISASTERS

Disasters, either natural or human-made, are characterized by large-scale damage that overwhelms the social structure and impairs the social functioning [2]. These crisis events leave the people with their pain and fears, causing them to live in extremely stressful conditions. In most cases a disaster will "physically" leave the population safe from recurrences of potential new threats, but often though not "psychologically."

The Palestinian Scenario in Occupied Territories is quite unique due to the combination of three factors:

Human-made disasters involve specific additional elements as compared to natural disasters that cause extreme stress;

Critical circumstances are overwhelming and potentially harmful events are still taking place;

Disaster occurrences last for a very long time and there is no clear prospect of improvement.

CHILDREN'S CONDITION AFTER A TRAUMATIC EVENT

Critical life events and psychological suffering

Life events affect the individual's psychological condition. Every situation that exceed one's capability to adapt produces anxiety which can interfere with the individual's normal functioning. The events that are most critical for the individual's well being and results in the greatest potential impairment are: "personal experiences or witnessing of life-threatening events or serious injuries, or physical threats to the integrity of self or others". These circumstances can create a condition of severe psychological suffering, such as PTSD" [3]. Gilliland and James (1997) [4] maintain that severe affective, cognitive and behavioral malfunctioning might be caused even when

these threats are just "perceived' as such.

With specific regard to children, we should add that "every experience that exceeds their control and their capacity to cope is anxiety provoking and potentially traumatizing". Even though there are several criteria (individual, social and environmental) influencing the individual's sense of vulnerability, "no one is to be considered immune from the occurrence of psychological symptoms in the aftermath of a critical event" [5]. This applies in particular to children who are more vulnerable to stress than adults "because they have had fewer opportunities, by virtue of their younger ages, to develop a wide range of coping mechanisms to events" [6] and because "they bear the burden of being the least able to voice their feelings and fears [7].

Moreover, as it is probably easy to figure, critical events in childhood, have a greater biopsychological impact on their condition and on their personality development compared to adulthood. "Trauma in childhood can disrupt normal developmental maturation" [8] and sometimes leave permanent consequences in a way that as Perry said, "a piece of the child is lost forever" [9] .

Environmental and Psychosocial Problems in Palestine

I will highlight those environmental and psychosocial problems listed in the DSM-IV-TR [3] that are recurrent in the daily life of most of the people living in Occupied Territories :

Problems with primary support group - e.g. death of family member, health problems in the family; disruption of family, removal from home, etc.

Problems related to the social environment e.g. death or loss of friend, inadequate social support.

Educational problems - e.g. inadequate (*insecure)* school environment

Occupational problems

Housing problems - e.g. inadequate housing, unsafe neighborhood

Economic problems

Problems related interaction with legal system/crime e.g. arrest, incarceration, litigation, victim of crime.

Other psychosocial and environmental problems - e.g. exposure to disasters, war, other hostilities.

The Psychological Condition of Psychic Trauma

The above listed events and circumstances have the potential to cause either a psychic trauma as intended by Freud, as a process initiated by an immediate situation which confronts an individual with an acute overwhelming threat, and a cumulative trauma, that instead originates from attenuated but repeated psychic insult or emotional deprivation [1]. The aim of this section is to describe a general framework of psychic trauma in order to reflect on the possibility of intervention.

The general picture of the impact of Psychic trauma on individuals usually involves the following conditions [10]:

- Hyper-arousal.

- Helplessness, powerlessness.

- Difficulty or incapability (or to be dependent on others for) to act in a suitable way according to danger, take care of himself and of personal security.

- Cognitive modification with relation to the way the individual looks at him/herself, others and the world.

- Incapability of assimilating the traumatic experience.

The person might also react as if the event is going to happen again.

"Specifically when enough of their sensations match the imprints from the original trauma these people activate biological systems that make them react as if they were being traumatized anew" [10] .

Even though there is not unanimous consensus on the possibility that children develop the same symptoms of adults, it is quite accepted that there are some reactions in common and that there are several others that are age related. Listed below are symptoms [3, 6] related to different developmental age periods.

Among the most common symptoms for infants are that they become very dependent, cling to parents, fear separation, have arousal symptoms such as being easily startled and irritabile, and crying and a deep sense of shame. Preschoolers are likely to report nightmares of monsters, have a tendency to relive trauma in their play without realizing they are doing it, display regressive behaviors (encopresis, enuresis) and somatic complaints (headaches and stomachaches). Symptoms in school-age children include a reduced interest in customary activities, a foreshortened sense of the future which may be expressed, as well as omen formation (belief in the ability to predict future calamities), verbal or physical aggression, elaborate post traumatic play with possible involvement of friends in the reenactment, and guilt over actions taken. Adolescents, unlike younger children, might show adult-like PTSD symptoms including flashbacks, preoccupation with concerns secondary to the traumatic event (parental punishment), increased drug and alcohol use, and fighting with parents and/or siblings.

Psychological Intervention

"The negative impact of trauma can be extensive and long-term if left unnoticed and untreated". The presence

of one or another reaction noted above (apart from the post- traumatic play) does not mean that a severe post-traumatic reaction is taking place, even though the persistence of one or more of them suggests that the possibility of psychological intervention should be considered[6].

There are a variety of possible interventions with regard to the support and treatment of individuals affected by critical events. The differences are related to the duration of the intervention, the clinical approach and the specific aims of the intervention itself. What each has in common is the starting point aimed "to stabilize the situation by helping individuals or groups to feel safe" [10, 11].

The key factors in determining psychic trauma and malfunctioning are overwhelming, threatening and harmful events together with the perception of lack of control, therefore the supporting process should "start with the establishment of an environment that has some predictability and safety" [12].

Jung used the term *temanos* to describe the safe and welcoming space of therapy[13], since the aim of therapy is to "provide a troubled child a safe place from physical and psychological harm, where she can let her guard down sufficiently to explore her thoughts, feelings, and life"[14]. The issue of safety is an essential basis in all therapeutic contexts, and it is easy to imagine how valuable it is in the context of recurrent critical events.

Once the individual feels safe, he is ready to begin the course to regain psychic equilibrium and process his trauma, integrating traumatic memories, slowly recovering his self-regulation[7], re-establishing social connections, retrieving previously practiced coping skills or learning new ones.

Programs providing psychological support in disaster situations are increasingly founding their intervention upon the creation of safe places. Whether the interventions are time-limited or intensive long term, the underlying principle of a safe place is to offer a place where people are secure from potential harm or threat. A place where social connections can be re-established, a sense of predictability is determined and where cognitive and belief distortions can be identified and reframed. In long term interventions when the feeling of safety is regained then different psychological and social problems can be identified and then addressed.

Psychological Intervention in Palestine

Hopelessness and helplessness very often accompany traumatic circumstances even when a setting of physical and social security is reestablished. But what happens to people when these aspects continue to be insecure? Together with my colleagues of the Palestinian Red Cross Society, when we were establishing our psychosocial centers in Bethlehem, Hebron and Khan Yunis in Gaza city, I realized that the cornerstone of our program of support could not be put into place. Physical safety could not be provided; reassurance about future potential harmful happenings could not be granted even in the psychosocial centers. The very basis of those centers could not be applied. So what kind of intervention could actually be done in order to be helpful and supportive?

A Psychological Safe Place

What could be done, and actually is still done, is to create a context where some level of psychological safety could be fostered, in order to give a chance for what Williams-Grey (1999)[15] called "emotional refueling".

The idea of a "psychological safe" place is to create a place where, regardless of the external contingencies, it is possible to take distance from reality, make connections with other people in the same condition, foster respect for each other, enhance some level of predictability, and where the complete expression of oneself could be insured.

How to Create a Psychological Safe Place: The Power of Relationship and the Power of Play

The idea of a psychological safe place rests upon the assumption that some level of psychological safety can be enhanced even in difficult, unpredictable contexts, when such a setting is based upon certain conditions (place, space, material and other facilities), techniques and most of all upon specific factors. Factor here is meant as an element, a power or a dynamic with intrinsic positive therapeutic effect [16].

Among all the possible characteristics, the core issue in creating a context of psychological safety is "the careful consideration and professional application" of two special factors: the power of play and the power of relationship.

The next paragraphs underline why these two elements are so important, how they can foster psychological safety and on what basis psychological safety can be effective in providing support to children living in "an out of control and overwhelming" context.

The Power of Relationship

"The most important single influence in the life of a person is another person"[17]. Relationships are extremely powerful and even if I doubted it myself, I've seen how it can be supportive and can even make a difference in highly overwhelming contexts such as with human-made disasters. Gramezy[17] found that "the presence of at least one supportive, caring person in the life of a youngster exposed to war, loss of total family and other horrors could

make the difference in maintaining positive mental health".

Allen (1939)[18] and later Rogers underscored the relevance of the relationship as a major therapeutic factor. According to Rogers the therapist's personal attitude is more effective in the relationship than his professional training, his professional orientation and his techniques[19, 20]. Not all approaches share this view, even though "all child therapeutic approaches would acknowledge the value of the positive child-therapist relationship"[17]. Relationship can be by itself a powerful means and at the same time a very sensitive issue. With people living in extremely stressful circumstances the therapeutic relationship "is a cornerstone of effective treatment; it tends to be extraordinarily complex, particularly since interpersonal aspects of the trauma, such as mistrust, betrayal, dependency, love and hate tend to be replayed within the therapeutic dyad"[8] .

Considering the "potential" of relationships and Allen's thoughts regarding these circumstances, it is important to give particular emphasis to relationships as Allen (1939)[18]stated " it is the quality of the relationship that determines the therapeutic outcome". In this regard Rogers (1962)[19] suggested some essential attitudes that the therapist should develop in order to establish a "psychologically safe", effective and supportive relationship:

- Authenticity
- Genuineness
- Warmth
- Respect
- Positive and unconditional consideration
- Non-possessive acceptance.

This last point is probably the most important. As pointed out by Allen once "the client is accepted, he has an opportunity to go ahead with his difficulties that are most concerning to him. He is not kept busy defending himself against being helped and being remade".

Particularly in the circumstances described, these attitudes do not pertain just to mental health professionals, but also other professionals working with children (in a centre, or school, or other social places) can be trained properly and contribute to creating an atmosphere of acceptance and psychological safety.

The experience of Palestine made clear for me another key factor connected to the relationship: "modeling". Where helplessness, a hopeless lack in future perspective, and a strong sense of vulnerability reign, children's relationship with people who are competent in their profession, self-confident and playful, and prove daily the efficacy of their coping skills, offers a great opportunity for enhancing their (the child's) perception of safety, developing more positive future perspectives, and for giving positive examples to consider or model.

In talking about relationship and support, it would be important to comment on the child's relationship with parents, even though this topic does not strictly pertain to the discussion of centers. As can be imagined family members are an essential element for the child's wellbeing, since "children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms".Even the early relationship with parents is relevant as it is stated by Herman (1992)[12] that the "early bonding with parents that establishes trust, predictability and security often translates into healthy resolution of normative developmental tasks and adaptive responses to difficult life stressors". On the whole "families have a huge bearing on how their members respond to trauma." The manner of their reaction can "help or hurt the process of recovery of the child"[6], and in this regard a psychological safe place may play an important role in giving parents the opportunity for "emotional refueling" and valuable knowledge about the importance and the power of relationship and play.

The power of play

Play gives children the opportunity to change their passivity in the face of events into activity and creativity. In play children can be fully themselves, elaborate and master critical events, have fun, rewrite a reality that they like better and that fits more with their feelings, aspiration and hope.

"Play is a singular central activity of childhood, occurring at all times and in all places". Play is powerful because it is the child's language. "During play children can express what they want to express in any way they wish. Play does not require translation; it simply exist as language"[21]. With regard to children's psychological suffering and to the conditions previously described, the importance of play is extremely relevant because it is "intrinsically complete, does not depend on external reward and assimilates the world to match the individual's concept as in the case of a child pretending a block of wood is an airplane"[21].

Charles Schaefer[16, 22] identified several therapeutic factors of play, which are "elements in the play that exert a beneficial effect on the client", in the sense of a decrease in symptom or an increase in desired behavior. Even though the "child's resilience and their innate ability to play out what they need can allow for self healing", there are conditions that can prevent this process such as "the child does not have a solid emotional foundation, the lack of family support"[23], and the frequency and the intensity of critical events continue a sense of insecurity and vulnerability.

In these cases professionals can intervene to facilitate and support children's natural self- healing course with a play therapy intervention.

Play therapy is the "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development"[24].

The following paragraphs are specifically aimed to highlight the importance of some of these factors in relation to repetitive trauma and other critical circumstances. A comprehensive overview of the therapeutic powers of play can be find in Charles Schaefer's work [16, 22] .

Play therapy factors

The application of play therapy to support children in relation to critical circumstances "is based upon the idea of exploiting the natural healing mechanisms of children" . In play therapy "there is a diversity of theoretical approaches that are currently being applied in clinical practice" and there is not a single one that fit with all situations[25] .The effectiveness of play therapy is not the result of differences in methodologies or techniques but relies on intrinsic agents of change or play therapy factors present in the play itself.

Below those factors considered more relevant according to the trauma situations so far described are introduced below.

FANTASY

Among all therapeutic powers of play fantasy and imagination are probably the biggest ally for children in a scenario that does not leave too much space for hope and a new positive perspective. Christiensen, the inventor of Lego[16] said "the world of a child is as infinite as his imagination". Play encourages the use of fantasy and imagination and in a place where "to remove or act upon the stressor environment are severely limited"[26], one of the most important roles for professionals would be to establish suitable conditions for children to encourage the expression of their fantasy and imagination.

In the world of fantasy and pretend play the external poor and hopeless world ceases to exist for a moment and does not count. The children "have the chance to "compensate for their real life weaknesses and their losses and satisfy their unmet needs"[16].

POWER AND CONTROL

Strictly connected with the previous point is the issue of power and control, which as it has been previously discussed, is a core element in psychic traumas. Play is an environment which children can control. "It is this sense or feeling of control rather than actual control, which is essential to emotional development and positive to mental health."

Playing allows the child to set a therapeutic distance from traumatic circumstances and to restore positive emotional affect[25], and it allows the child to make reality conform to their wishes and needs[22].

CATHARSIS AND EMOTIONAL RELEASE

Catharsis is defined by Nichols & Efran[22] as an activity that involves completing some or all of a previously restrained or interrupted sequence of self expression, such as crying or hitting. Together with some of the other play therapy factors, it can powerfully influence the reduction of anxiety and all those reactions linked to hypervigilance.

In a play setting the ways in which a child can find emotional release are as endless as his fantasy. Cars hitting, playing with swords, acting as a doctor, playing rescuer and rescued, hitting a punching ball, dolls fighting, etc., practically everything in the hands of children, when an atmosphere of safety and trust is built, have the potential to allow him or her the arousal and discharge of strong emotions.

COGNITIVE REAPPRAISAL

Play sessions in an enjoyable and natural setting gives the child the unique possibility to explore and identify dysfunctional thoughts and beliefs and offers the possibility to correct and reframe them.

ABREACTION INTEGRATION OF TRAUMATIC EVENTS

The core issue in individuals that develop PTSD is that traumatic experiences are imprinted as sensations or feeling states and are not categorized and integrated with other experiences[27]. The treatment of the traumatized individual should focus on elaboration of those experiences not inserted in one's personal narrative[28].

This process of elaboration is naturally performed in children through play. Children deal with stress and traumas by playing out similar situations and gradually achieving mastery over them. In play the child is in control of the events and there is less anxiety because it is just pretend[21]. The therapist's role, in many cases would be just setting suitable conditions to make this process happen by itself. The therapist's task would be to arrange a suitable space and time, create a "acceptant atmosphere" and a trustful relationship to offer the possibility for the reenactment play to occur. When this process does not take place naturally, because the "child would never play out or deal with the issues of their abuse or trauma, finding it hard to remember all the details or that it was too overwhelming to approach"[25], the therapist can instead guide the child

through structured play.

The therapist can present some miniatures that represent the trauma scene and encourage the child to re-experience the event in a different way and with a more positive outcome than the original event. Considering the sensitivity of the issue, in order for the reenactment to be beneficial, the therapist should consider several specific therapeutic processes , even though different methodologies can be applied[25, 29] .

CONCLUSION

Conditions of recurrent trauma as those previously described have a higher level of criticalness to the point that even professionals might feel helpless themselves. In such asituation is any possible psychological support program effective and as consequence worthwhile to utilize?

What as been presented results in a positive answer. van der Kolk (2002)[10] maintains that after a traumatic event the response given by the rescuer or by the humanitarian care organization, can foster a sense of not being alone in the face of the tragedy, to be cared about, that there is interest in him or her, and that the world is not that bad. In these cases when this response is performed "genuinely" (according to Rogers' meaning) it is likely that some hope can be instilled. When a program or protocol dedicated to children gives consideration to the relevance of play and relationship, the efficacy is still further maximized. Relationship and play have intrinsic therapeutic factors.Authentic relationships give children the possibility to feel free in their play, and play activities enforce the relationship itself and establishes the base for a positive alliance. A careful and professional use of relationship and play might create an atmosphere where a child can have "power over the world even when he does not have much control in real life"[16] .

A sense of psychological safety can be slowly enhanced and this represents the essential foundation for any aid applied to critical circumstances and an objective that by itself is good enough to plan any intervention.

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