

**REGRESSION, GESTALT AND PLAY THERAPY**

**WITH CHILDREN AND ADOLESCENTS**

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## **A SEVEN YEAR OLD, A DIFFICULT BIRTH AND HER MOTLIER**

Lela is a seven year old girl who came to therapy because there was a difficult relationship between her and her mother. She was very angry at her mother and would hit, kick or grab her, not do what her mother asked her to do, ignore both her parents and isolate herself usually by reading. She also had some difficulties with children at school and often felt they were mean to her. Her mother saw it as more isolation with children of her own age. She is very bright and reads 2-3 years above her grade level.

Her mother had had a difficult childhood herself and was trying to do things differently with her children. She had entered her own therapy to help resolve her past and felt that she had taken out a lot of her own anger on her daughter. She was a highly motivated mother and gained a lot from the conjoint therapy with her daughter as well as some regression sessions she had with me when her other therapy concluded.

By the end of therapy both mother and daughter were much more loving with each other and seemed to have healed the rift that had been between them. Lela was enjoying friendships, was more responsive to her mother, made much better contact with others and had no need for the former level of anger. Several months after therapy was over, her mother reported to me that Lela seemed like a regular child with the usual complaints and behaviors. With some breaks the therapy process took about a year that also included conjoint sessions with mom, sessions with mom and dad, as well as mom individually.

We began with the goals of creating a relationship between Lela and I, as well as safety. Control is such an important facet of a child's life because they often feel they do not have it and thus try in so many ways to attain it. I focus a lot on building a relationship with them by allowing them a great deal of control in our sessions. In Lela's case, as in many of my client's cases, we divide the time between "my choice" and "their choice". My choice began with having her draw a picture called "House, Tree, Person". (See drawing) The way I utilize this drawing comes from the work of Violet Oaklander, Ph.D., in her book, *Windows To Our Children*. In her book, she describes in more detail the Gestalt Therapy approach to this, and other interventions I use in my sessions. It begins like this:

### **House, Tree, Person**

"I'd like you to draw a house, a tree and a person. You can add things to the picture if you like but you do not have to and when you are finished we will talk about it. This is a way that I can get to know you better."

*See the picture she drew.*

"First of all I can see that you are an artistic person. Is that true about you?"

"Yes, I am very artistic. I love to do art stuff."

"Sometimes when kids draw a house with lots of windows and put curtains on them it means they are an open person, they can talk easily about themselves. Is that true about you?"

"Yes, I'm pretty open when I close and open the curtains."

"Sometimes when they draw a big, beautiful sun, it means that they like to have a lot of fun."

"I like to have fun"

"When there is a cloud in the picture near the sun it sometimes means they wish they could have more happy days."

“Yes, that’s true.”

“Sometimes when kids draw a door and color so it is closed, it sometimes means they wish they could close the door on some people and not let them in.”

“I don’t like it when my sister comes in my room. It makes me mad.”

Whenever I ask questions like this, it is not to analyze them or make interpretations, but to make them aware and able to speak about themselves with guidance.

At the end of this I asked Lela what her choice was, and she chose playing with the dollhouse so we did that the rest of the session.

## **Clay Session**

In my policies and procedures that I hand out to parents upon starting therapy with me I ask them to keep me updated on any new information that happened during the time that I saw them last. Sometimes they tell me by phone and other times at the start of a session. In Lela’s case her mother phoned me to tell me that Lela had written on a paper, “Lela is stupid” and that she did not know why she did it.

I selected day to work with in this session with her. I use the gray clay that comes in 5 lb. bags and is reusable; the clay used in pottery making. I have “tools” that I use — mainly old kitchen utensils” and we started by playing around with the clay. After a bit, I asked her to close her eyes while I talked and she moved the clay around in her hands. I do it along with her with my own clay. I have found so much healing takes place with the medium of clay when I work with children that it is near and dear to my heart. We all need to find the medium that we enjoy, for our comfort as therapists shines through as we enjoy the company of children and adolescents. So I began with Lela.

“Start by feeling your piece of clay, move your fingers around and feel the smooth parts, the rough parts, the cracks, the bumps -- whatever you feel. Just let your hands move where they want to go. They will lead the way. You don’t need to think about it. If your hands pinch the clay, make holes in it, let them do what they want to do.” I let her do this for a few minutes and she worked away at it. When I asked her to open her eyes and look at it, she wanted to smash it right away. I asked her to wait, that I wanted to ask her a little about it. She was very reluctant but agreed and did not look happy.

“I’d like you to tell me about it.”

“It looks like a monkey or someone with a gas mask on.”

“If you were to be it, you know, like I ask you to do sometimes, like a puppet, talk for it, what would you say about yourself and start with something like “I am \_\_\_\_\_” or “I \_\_\_\_\_”

“I am weird.”

“What does that mean?” I asked her clay as if it was speaking.

“I’m different. I don’t fit in. My friends are mean to me and I don’t know why.”

We talked about how hard it is for her with friends at school. I told her that her mom told me about the note she had written where she said she was stupid, and that it is important for her mother to tell me these things. It helps me with her.

In the beginning stage of therapy, Lela would not admit that she hit her mother or got mad at her friends at school. She did not yet have the self support to do so. As I gave her more outlets

to release her own anger and she felt no judgment from me, she could begin to tolerate it when, for example, her mother would come in to the beginning of our individual sessions to tell me of an incident where Lela wouldn't do what her mother asked and would hit her. We do not dwell on it. I try to make it very matter of fact.

### **Lela's prenatal and birth history**

I usually sit down with a parent or parents to discuss the birth history without the child. It is my personal preference. There were four miscarriages before Lela and it was difficult for her mother to get pregnant so they went to a specialist and did invitro fertilization. The pregnancy went on for six months and then contractions started so she was put on bed rest and given injections to stop the contractions. Lela was an unplanned C-Section. Two weeks before the due date her mother ran out of amniotic fluid and Lela started kicking so they initiated the caesarian. She kicked as she came out. Mother had been given a spinal and when they lifted Lela out she felt more pain and was given more drugs. She felt pretty zoned out. Mother did not care for the doctor and had a lot of anger and fear during the experience. Mother had a lot of trouble nursing and stopped at six months but Lela was an affectionate baby and they bonded well.

### **Birth sessions with Lela**

#### **Sand tray**

Lela made her own scene in her sand tray right next to mine, while I made a hospital scene, a mother and a baby.

I said, "I am making a story in my sand tray about the birth of a baby. This is such an important event. It is the beginning of a person's life so I like to talk about it. Could you help me with it?"

"Okay," as she's busy with her own scene.

"This baby has been inside of mom's tummy and now it is going to be born." How does the baby want to be born?" "What direction?" I move the baby around pointing in different directions.

Lela shows me by pointing the baby towards mom's feet.

"Let's continue with that. What happens when the baby starts being born?"

"It starts moving in that direction. The baby wants to be born."

"They do something to mom to continue the birth in a different way. They decide they need to take the baby out by cutting mom's tummy. It is called a C-Section. When they start to cut what does that feel like?"

She moved her shoulders in such a way as to give a shudder. As she stood right next to me looking at my sand tray and stopping what she was doing I asked, "What part of your body do they touch to get you out?"

She started to show me by pointing to her behind/back.

"Remember when you kind of shook a couple of minutes ago? Can we go back to that?"

"Okay."

"Is it okay if I put my hands on your shoulders where the shudder is?"

“Yes”

“Let’s just move it through.” I put my hands there and said, “What do they do to bring you out? What do they do to get you to breathe?”

“I just start to breathe.”

“Just breathe now. It’s Okay. What are they doing with you now?”

“They are wrapping me up.”

Lela’s mother told me subsequent to the sessions on the birth that the family had been playing a board game together. At one point she didn’t understand the rules or didn’t like the rules and she didn’t want to play anymore. However, instead of having a temper tantrum, hitting or yelling “I don’t want to do it,” she started to cry. Her mom was able to comfort her and they moved on to some other activity. This was quite a different response for her. She was now feeling the pain and sadness that had always been under her anger.

## **Painting**

We used painting because Lela is so creative and because color is so connected to feelings and enables the expression of them in such a kinesthetic manner, and painting helps the mind connect to the body.

She told me how she gets afraid and cringes when her teacher at school yells. She showed me how she cringes. She painted a picture of what the colors were for the feelings she had when the teacher yelled, the colors of the teacher and all the students around her. The color for the teacher was red for anger. Her color and those around her were green for fear. I painted a pink color on my paper and began to work with the pre natal. (See paintings)

“If this pink color I have painted was fine and a baby inside mom was fine, growing and feeling good and growing (I drew an arrow next to the pink figure) and then there was a black wall (i painted a black wall) and something stopped the growing, how would that feel?”

She made a kind of shudder movement in her body, as when she had talked about the teacher yelling and how she cringes when he does that. It was the same fear triggered by the yelling.

“Okay, now if the fear is gone. The black is gone. The baby is pink again and everything starts again. The baby comes alive and is happy.”

What I discovered through this session was that Lela was most likely experiencing a miscarriage. The fear of something startling happening is what I wanted to deal from this experience.

## **Sand Tray**

### **Prenatal and Birth**

In my sand tray, I made a mother and a baby. Again, I asked her if she would help me and she agreed.

“The mother has a baby in her tummy and the baby is there and ready to be born. Something stops it from being born.”

She responded with a kind of shudder and said, “Ugh”.

“How does the baby feel?”

“Afraid.”

“Okay,” I resumed, “Well, if the baby could come back to the mommy’s tummy and be born, really born this time, how would that birth go?”

She did not respond.

“What direction is the baby going?”

“Towards mom’s feet’ (as she had responded previously).

“Now from what we know about your birth, they cut your mom’s tummy.” I got a toy knife from the sand tray shelves and started to cut the tummy of the mom. “What does the baby feel when mom’s tummy is being opened?”

“I am afraid that I’m going to be cut. The baby is going to be cut.”

“Keep moving through that and breathe, until it ends. Is it okay for me to put my hand on your back, between your shoulder blades?”

“Yes”

She was physically shaking so I asked if I could put one of my hands below her neck and the other on her back. With her permission I ran a little energy briefly. She moved through the shaking pretty quickly and wanted to move on to another activity.

After these intense sessions, Lela wanted to do other things in our sessions together and I agreed. Though she still wanted to come to therapy, she did not want to work with the birth again. So I honored her request. She had done a lot of work and needed support with daily life, discussing her friends, her ballet class and just playing with me. Often, as in this case, I am the supportive person in the child’s life and though this isn’t permanent, it is meaningful and important at the time.

I utilized this time to work a couple of regression sessions with Lela’s mother, which really seemed to tap more deeply into her own sorrow over the “wall” between she and Lela, and gave her far more empathy for Lela. She found a past life that she had with Lela which seemed to clarify the reason why such distance had come between them, and how important it was for her, in this lifetime, to close that gap. Often it is very helpful to work with a parent or parents in individual regressions, during the time or after I have worked with the child. It was after this that both mom and Lela came in for a joint session to do a rebirth together.

### **Rebirth-Reconnection**

Mom and Lela sat at the sand tray while with my help, Lela re-enacted the birth. This was really a lovely session where mom was very loving and able to explain why there was a C-Section and Lela could understand. The pain of it seemed to wash away when mom and I helped Lela do the birth the way she wanted it. With pillows on the floor, mom at her head and me at her feet, we helped Lela go through the canal and jump right into mom’s arms.



LELA'S HOUSE TREE PERSON

## **WHEN THE THEME OF A BOY'S THERAPY IS HIS PAST LIVES**

Peter was brought to me essentially because he had gone so deep inside of himself that he was disconnecting from his internal world, and from his family. Though his behaviors and symptoms are what motivated his parents to bring him to therapy, it was the pain residing in his past lives that were freezing him up and shutting him down.

Though Peter is very intelligent twelve years old and has always been an excellent student, he was not doing as well in school. His homework was incomplete and he was leaving assignments to the last minute. Most of his time at home was spent on the computer. He wouldn't come when his mother called him to dinner and communicated very little with the family. According to the parents, he acted immaturely, somewhat like a five year old. He wet the bed, could only sleep in his parents' room and was scared to be in any room alone. He had nightmares as well, where he would wake up in bed and stare out the window. Often he would just want to be with his mother and could not tolerate being separated from her. His contact with his father was often based on analytical questions that he would ask his father, and he didn't seem to want to spend any time with his father.

Peter's parents had taken him to two previous therapists without achieving any results. His mother had been doing a lot of reading about past life therapies and searched me out to see if Peter's past lives were the source of his problems. In the course of five months of therapy with me every other week, he made many gains, but probably the significant ones were his ability to feel and express those feelings to others. He was a lot more communicative and affectionate with the family. He was also sleeping in his own room alone at night.

### **Sand tray scene**

The main theme of Peter's work in therapy was indeed his past lives, which became clear from the very first session I had with him. In that session he made an elaborate scene of a war in the sand tray. (See photo) Actually, it was of three wars: past, present and future. Present being the war between India and Pakistan which he said was equal on each side. They were at a stalemate and no progress was being made. They each wanted the other's treasure. He said the future war was a nuclear one where both sides were developing nuclear weapons. The past war was represented by Roman columns, old canons and British type soldiers. He told me that these British type soldiers had guns that had to be loaded each time the soldiers shot, which was in contrast to the present soldiers who had repeating rifles.

He made this scene simply after I asked him to pick any figures from the shelves in my office and make a scene in the sand tray which we would discuss when he finished. When he did, I began to use the Gestalt technique of speaking for the figures and had him go on to describe the scene like this:

"Could you give a voice to one of the soldiers and let me talk to him? You know, like if he is a puppet and you could speak for him; and answer beginning your sentences with "I"

He nodded in agreement though most kids think I'm a bit crazy when I ask this, but they 'humor' me. I think he probably thought so too.

"What's it like for you on the battlefield?"

"I was anxious."

"What's this war like?"



“It’s a long war. Four years. People are dying but not much progress is being made.” “What happens to you?”

“A canon explodes and the metal hits me. I have many broken bones.”

“Tell me about it.” This is when his attention, which had been previously totally focused on the sand tray, now moved to himself. He began pointing to his own body as he described the injuries.

“I had many broken bones all over. My jaw was broken too.”

“What did they do with you?”

“They took me to a hospital. (He placed a tent-like hospital in the sand tray scene.) They put something in my mouth. It made it numb, but I couldn’t scream out because it was nighttime and if I made a sound the enemy would know our position. They put something on my knee to make it numb and dug out a piece of metal.” He showed me on his own knee.

“There is a word for that. Shrapnel, bits of metal that were once a canon or a gun that gets blown up or explode. These metal pieces end up settling in the bodies of soldiers.” As long as I was listening and following him, he kept on revealing what happened to him as if he were so relieved to finally tell someone about it.

“They wired my jaw shut so I couldn’t talk. I spoke sign language. I had casts on my leg.” He put his leg straight out to show me.

“How long were you in casts with your jaw wired shut?”

“Four months. Then my lower jaw went like this.” He showed with his jaw how it would wobble from side to side.

“What was it like to not be able to talk to anyone and stay very still inside the casts?”

“Itchy.”

“And what else? How did it feel?”

“Very sad and bad.”

“What happened to this man after that?” I often change how I address the subject in a past life. I switched to calling him ‘this man,’ but it didn’t change the intensity of Peter’s involvement or his feeling state as we continued to talk about that lifetime.

“He went back to the war.”

“If there was a man that all this happened to but he didn’t go back to the war, what was his life like?”

No response.

“What did he die of?”

“He died of old age.” “He was happy.”

“Did he have a family?”

“Yes, but I didn’t get to see them very often because they were in London and it was hard for them to get to London because I was in a wheelchair.” Then tears started to well up in his eyes. I ended the session there. He wanted his parents and little brother to see his sand tray scene and his energy shifted to more lighthearted when they came in the room.

Several of his issues came out in this session, including the parallel between his not talking now to his inability to talk with his jaw wired shut in the past life. Separation from that family

was very sad for him and so now he does everything he can to make sure he is not separated from them. My goals with Peter were to have him integrate this and other past lives with the here and now, for the purpose of releasing his fears and opening himself up for change.

### **Clay session**

The next session we discovered more about that lifetime and we cleared some of the shock. We accomplished this by breathing a few breaths simply to breathe out the shock and then we used clay as another medium to tactically feel the experience as we focused on the surgery he had in that lifetime. I made a figure of a man and of a doctor. He told me that there were surgeries on his jaw and that gradually Peter was able to talk and that gas had been used. I brought up the subject of past life with him. Since both his parents believed in past lives it could be an open subject.

“Do you know what past lives are?”

“Yes. They are lives you’ve had before and then you come back. Do I have a past life?”

“Yes. (I pointed to the photograph I made of his sand tray scene) That was your past life. That was you.”

“I’m shocked.”

I had him breathe out the shock and we continued.

“What in that lifetime kept you from being able to talk? What happened with your ability to enunciate after the jaw injury and surgeries?”

“I had to be more careful and think out what I was going to say and say it carefully.”

“Is that something you do now?”

“Yes.”

He went on to tell me that he couldn’t scream out in pain in that lifetime because if he did it might give the enemy their location so he had to hold it in just as he keeps things inside now. Peter has a deep internal world that he keeps to himself. Releasing anger through clay work and games became an essential experience in letting go of the trauma of that lifetime.

By this point in therapy, Peter was more responsive to his family. He was more apt to come the first time his mother called him and was more open to being told what to do. He wanted to be with his father and was more affectionate toward him as well. The intensity of his clinginess to his mother was subsiding. The bed wetting had all but stopped and his sleep did not seem so deep. However, what was still difficult was his habit of not finishing his work, his procrastination.

One of Peter’s patterns is a kind of resentment and shut down toward either societies’ and/or his families’ expectations. During the lifetimes he talked about, he ended up doing what he was ‘supposed to’ and suffered and lost as a result.

One lifetime he was a mountain climber who climbed Mt. Everest, and the other he was a commander in the Civil War. In all the lifetimes I worked with him, he had come from a wealthy family where attaining high goals was essential. His mother in this lifetime is an educator and the parents put a high regard on education. So when they ask him to study or complete some work, he spaces out and unconsciously moves right into the suffering and loss he experienced in the other lifetimes. Hence, plays on the computer or tunes everyone out. He feels that his parents expectations are not his own.

## **Diagrams on white board**

In his Mountain trip diagrams (See diagram) he drew the lifetime with four illustrations he did on white boards. On the first board he drew the mountain and how he climbed with another climber, and how they stayed the night in a tent on a ridge. There were other climbers who were farther up the mountain, but after an avalanche thundered down the mountain, he and his companion tried to find their way. However, they were stranded with no water or food for quite a while. On the second diagram he describes how they tried to go down the mountain, became ill and dehydrated and near death. They wrote S.O.S. in the snow and were rescued. In the next two diagrams he drew the conflict between wanting to be alive and wishing he was dead. Being alive meant that he had to survive terrible suffering and could never try such a passionate journey again.

## **Playing a board game and talking**

The Civil War lifetime started with his statement that he “hated being bossed around.” He had been from a wealthy family in the South and spent so much time fighting in that war that he felt no one was winning and no one was losing. There was no point to it and he lost time. “There were just a lot of dead and wounded and a treaty was signed. I did all that for nothing. I could have done a lot with my children and wife.” Peter chose to play a game with me and he agreed to answer my questions while we were playing. That is how we discussed this Civil War lifetime.

When I work with children or adolescents, I help them put together how the patterns from the past correspond with their present. We talked about the fact that when he was doing his schoolwork, he may be unconsciously thinking that all his work is just for what somebody else wants, not what he wants. The lifetimes we talked about reflected other people’s goals which created mental and physical ordeals for him. He understood the connection between these lifetimes and his own, and his emotions were clearly becoming closer to the surface for him. I encouraged him to write in a private journal his feelings, dreams — his internal world.

As my time with him came to an end, I had seen him delight in smashing ‘me’ in a board game I adore called Hawaiian Punch, playing and teasing me with satisfaction, and setting boundaries around what he would and would not do with me in the session. Though his work was not completed when we stopped working together, he had made gains with his schoolwork and was getting the top grades he had in the past. His mother assured me that she wants him to continue when other pressing matters in her life subside. The family had made some ‘adjustments’ to Peter’s changes. Even though the relationship between he and his father was better, his father did not know how to handle it when Peter did not achieve high enough to the father’s standards. In this case, the father did not come in for therapy, but Peter and I worked on how he could talk to his father and express his feelings towards him. As in a lot of cases with children or adolescents, as the child’s issues dear up, more family issues emerge. Peter was, however, much more open with the rest of the family, more loving, and more expressive.

Though he is still attached to his mother, he does not sleep in her room or follow her wherever she goes. I believe that he is happier and will continue on his own personal journey with less blocks inside himself.



PETER'S WAR SCENE



1<sup>st</sup> Board

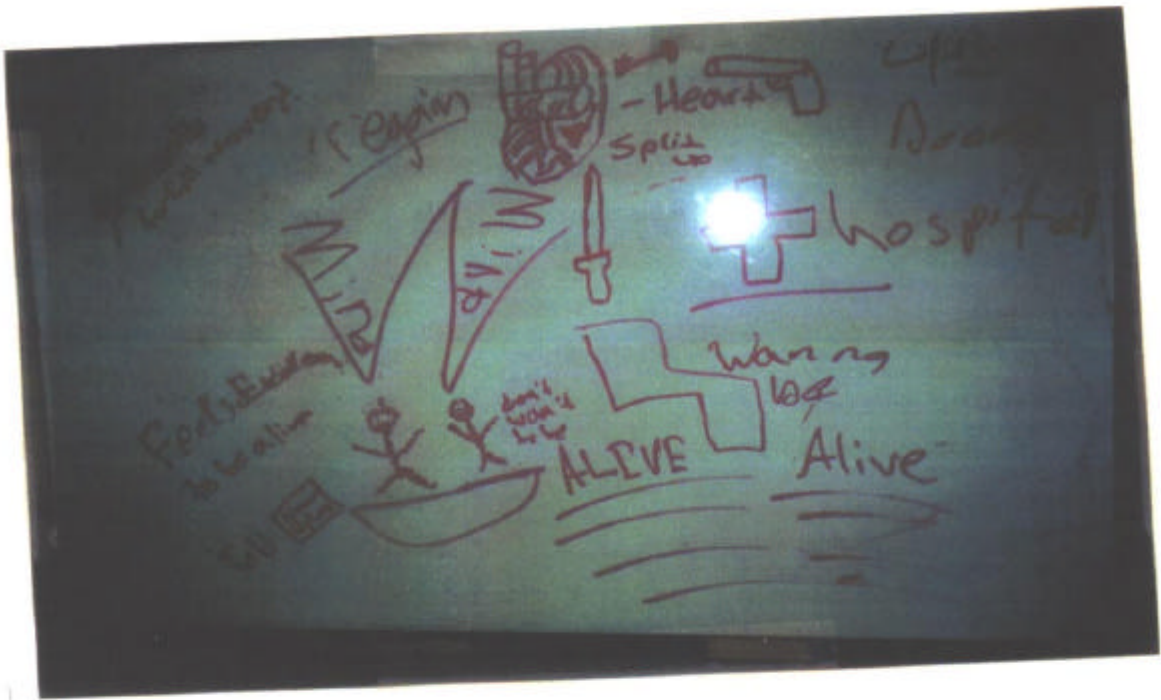


2<sup>nd</sup> Board  
 ← Mt. Everest (not actual height)

MOUNTAIN  
Trip

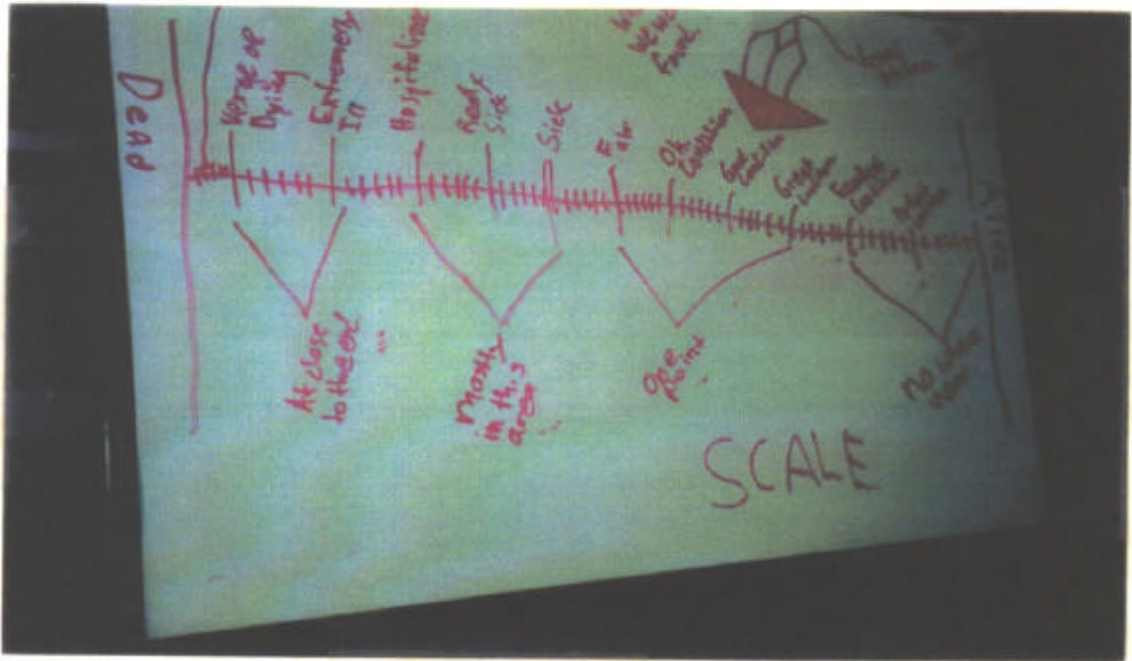






3<sup>rd</sup> Board

226



4<sup>th</sup> Board

## **THE BOY WHO COULDN'T WALK OR TALK**

Javier was brought to me by his parents when he was just turning three years old. He was crawling by a combination of pulling himself along with elbow and arms and then rolling over. However, he was still not walking. He could pull himself a bit but always held onto furniture or people. His parents had him in a school for infants with physical developmental problems. He babbled rather than talked, screamed when he was angry, and depended on the adults to get up and get a toy for him. His parents were waiting to get physical therapy for him but came to me because of a puzzling piece of his story. An M.R.I. did not show anything wrong with him.

### **Birth history**

During his birth, his heart rate was dropping so they did an emergency C-Section. He was already in the canal and needed to be pulled out. The umbilical cord was wrapped around his neck and was pulling on him. He had respiratory problems the first three days of his life and was kept in the incubator for nine days before he could go home. Along with a circumcision after birth, when his scrotum had not descended, he had surgery at a year and a half to drop his testicle.

In the first session I had with him and his mother they played with a ball rolling it back and forth. If it didn't go right to him, he would cry for a while to get his mother to get it. I encouraged her not to get it for him. As his cries got stronger and he would yell 'help me', we would all the while be saying, 'I know you can do it. You're safe now, you can move now.' He went in and out of distress and frustration, but finally with our encouragement would go for the ball by crawling. All this was repeated and practiced at home.

### **Play therapy**

In the next session after tossing and rolling balls to mom, dad and me as well as getting them himself, I brought out a puppet that he liked. "This puppet can walk." I said. He repeated what I said. He attempted to stand up on his own by leaning on mom and dad, crying a lot. I brought in a puppet that was a baby. I rocked it and stroked it, but he took it and threw it. "Oh no, that will hurt the baby," I said and held and stroked it. We repeated this a few times. Then he leaned against mom and dad with frustration and tears coming from the birth. He was afraid that he was going to be hurt again. This time I had dad and mom sit next to Javier with their arms holding him. The trauma of a birth and surgeries were re-enacted this way, because he had felt he could not get away from the people who were hurting him. He wanted to pull away, but his parents lovingly held him while he stood up between them. During this holding and crying his parents were being coached by me to say, "You won't be hurt anymore. It's all over now. No one will hurt you again. We are keeping you safe. We love you and nothing bad is going to happen to you now."

When I coach parents to say things like I had Javier's parents say, my goal is for the child's unconscious to hear it. To help clear the scary feelings coming from pre-verbal experiences, gentle, caring affirmations coupled with loving, firm holding help the trauma, wherever it is coming from, to pass through the child's body. So that when I say, "it will not happen again," I am saying that it will not happen again. When I say, "We are keeping you safe," I believe that children can begin to understand safety when coupled with love and support. They need to hear the word 'safe' so they can begin to internalize safety in their own

bodies. Javier had feelings of fear trapped in his body. He couldn't walk or talk, because he couldn't move. He felt that he couldn't move. He couldn't talk because he was trapped in the pre-verbal trauma of birth and surgeries and a baby can't talk.

Javier was scheduled to have surgery to allow the other testicle to drop so we did a session to prepare him and to release the effects of the prior surgeries. I did this with the use of the sand tray and both mother and father in the session. Of course, as would be expected, Javier did not like doctor's offices, squirming, crying and irritable when he was there.

### **Sand tray scene**

I set a medical scene up ahead of time with figures of a mom, dad, doctor, nurse and baby in a bed. I had his mother and father sit next to the sand tray with me on the other side and Javier in their laps. I explained to him that he would be having another surgery "to make your body work better, but mom and dad will be there until you go to sleep." As I talked, he became more and more agitated, grabbing at the sand and throwing it down into the sand tray in fistfuls. I went on to describe the medical scene from the viewpoint of the baby.

I told him about how the baby wanted the doctors to leave him alone and not touch him. He was mad and wanted to tell them to get away. As he threw sand into the tray I said, "You're mad about what they did. I grabbed sand and threw it down too. I said that I was mad too, that mom and dad were mad as well. He became more and more squirmy, flailing his head, crying and wanting to get away from his parents laps and arms. Upon my instruction, his parents told them they loved him and that he was safe now. They held him lovingly while he cried for 10 or 15 minutes. Then he was able to play again with the balls with us, almost demanding that all the attention be on him.

By the time we had another session of holding time to release more of the trauma of his birth and surgeries he was coming into the session smiling happily, getting close to me and giving me 'love taps' with his head against mine. He was giggling, mimicking the language of the adults around him, pulling himself up by himself at home without crying. Where previously he would sit and want everyone to wait on him, he was now crawling around more rapidly and even trying to stand on his own. He was able to stay quiet to heal after his last surgery and basically had made tremendous progress. Where there had been a sad, angry child who couldn't move and was afraid of being hurt, there was now a happy one who could receive physical therapy to strengthen his leg muscles and join the world of normal childhood development. His verbal skills were improving and would continue to do so with time. This is a child that would have been labelled developmentally disabled or perhaps autistic and now he was moving and talking. Releasing his fears coming from the birth and surgeries unleashed his feelings of being trapped and helpless with only his cries of frustration to express himself.



## **Therapeutic Process**

### **Mediums:**

1. Sand tray & sand tray toys
2. Drawing & painting
3. Clay
4. Chalk or white boards
5. Board games
6. Puppets
7. Musical instruments
8. Encounter Bats
9. Play dough and other colored clays
10. Dress up clothes
11. Props and toys to help the drama

### **Goals:**

1. Establish safety and trust
2. Develop a relationship and make contact
3. Set limits
4. Share control with the child
5. Take a history of the issues in child or adolescent' s life
6. Observe and assess
7. Facilitate resolution of issues
8. Communication with and education parents or guardians
9. Evaluation

### **Gestalt Therapy and Regression Combined**

1. Allowing for presentation of their issues.
2. Giving direction and support for aggressive work.
1. Working with resistance
2. Continual expression of themselves
3. Directing and engaging
4. Combining techniques
5. Mutual storytelling/Metaphor
6. Role Playing, use of "I statements"