Analysis of the Structure of Play in Sexually Abused and Non-Abused Children

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It is difficult to determine with any accuracy whether a young child has been sexually abused.

Assessment is complicated by the fact that it is such a complex phenomena and that assessment methods are not particularly adapted for young children (Hewitt & Friedrich, 1995).
Play is a language. It is a way of communication for the child.

We have found that children with different psychological disturbances play in different forms:

- Children with depression have difficulties in initiating a play, play scenes tend to be static.

- Children with gender identity disorders play to reenact compulsively roles of the opposite sex.

- Children with attention deficit disorders tend to go from one play activity to another in fast succession, with minimal fantasy play.

- Autistic children play at a more sensory motor level characteristically. Use toy for their physical properties (hard, soft, etc.) rather than for their functions.
Lenore Terr (1981) identified characteristics in the play of traumatized children:
- Compulsive repetitiveness
- Unconscious link to the traumatic event
- Literalness
- Failure to relieve anxiety
- Varying lag time prior to its development
- Contagion to non-traumatized children including younger children.
- Danger themes.
- Doodling habits that interfere with performance.
- Repeated drawing of trauma-related subjects.

The play of sexually abused children should also have a characteristic profile.
Play is an activity that the child initiates spontaneously and develops into a narrative (or story) that comes to a natural ending.

Child appears satisfied, with a feeling of accomplishment. This is satiation in Erickson’s terms.

Child is absorbed during the play activity and shows typically positive affects.

Child may include the adult in his play in a variety of ways so that an exchange between child and adult is apparent.

His play will be appropriate for his/her age and gender.

The child creates the play narrative moment by moment.

The child switches, in a flexible way, the roles and activities of the characters of the play. Affects are typically pleasurable.
Purposes of Play

- Normal play will serve the purpose of:
  - Problems solving.
  - Dealing with aggression and regulation of affects.
  - Mastering anxiety by turning passive into active (the child determines the circumstances of the play and is in control in contrast to being under the control of others).
  - Trying new skills.
  - Channel for creativity (the child creates his play from moment to moment).
  - Channel for sublimation and identification (playing Mommy or Daddy).
  - Wish fulfilment.
  - Establishing a sense of identity.
  - Developing self-esteem.
  - Play is a mean to develop social skills.
  - Play permits the child to learn about empathy with others.
Sexual Abuse Phenomena

- Symptoms that have been found to be associated with sexual abuse are:
  - In acute stage: anxiety, sleep and eating disorders, depression, irritability, aggressive behaviours, flashbacks, regressive behaviours (like encopresis) (Kendall-Tackett, Williams & Finkelhor, 1993).
  - After the acute stage, aggressive behaviours become more likely to be expressed through acting out as well as inappropriate and precocious sexual behaviours. This account for 46% of the variance.
As reported in the scientific literature:
- 2/3 of sexually abused children meet criteria for one Axis I disorder.
- 1/3 of sexually abused children do not express any overt symptoms

However:
- Of the 2/3, around 30% will continue to show the initial symptoms, even deteriorate, within an 18 months period following the abuse.
- The symptoms will seemingly disappear after 18 months in another 30%.
- The symptoms will re-emerge at pre-adolescence or adolescence.
However, in our opinion, none of this studies report likely effect of the trauma in the personality (Axis II) of the children such as distrust, lack of the capacity for intimacy, sense of hopelessness, concreteness, suicidality, severe problems in peer relations, impulsive behaviour, sexualised interactions, dissociative states, low achievement, etc.
This points towards the necessity to use more complex methods of analysing the impact of sexual abuse that do not only consider manifested behaviours and symptoms.

The assessment of play maybe such a method because it assesses the experience of the child from a cognitive, affective and representational perspectives. Most importantly, because play is not under the influence of adult’s prohibitions or threats.

A child who can not communicate verbally, because of age and prohibition from the perpetrator may find it possible to freely convey his experience of the trauma through the language of play.

How the abuse is experienced by the child, how is it processed (mentalised) and most of all to which extents the abuse has affected self and other representations have to be address through new approaches, which are reliable and valid.
Main Critiques about the Usual Methods of Assessing Sexual Abuse

- The "non-suggestive interview" is directed towards the child specify verbally who and how and where he was abused. This type of interview, even in the hands of skilful clinicians, may not be informative as the child most likely is under the threat of not divulging any information. Moreover, the interview retraumatises the child by having him reveal his experience and making him betray the perpetrator.

- Information gathered from parents either through interviews or questionnaires are often non informative because of parent 's denial or bias in the case of suspecting or blaming the other parent of sexual abuse.
Play of Sexually Abused Children

- Play of sexually abused children shares the characteristics of traumatic play plus specific features such as:

  - **Compulsive Repetitiveness:** Play repetition and compulsion to repeat occur because the form of the play that the child uses is a reenactment of the traumatic experience therefore that not leads satisfactory ending. He is condemned to repeat because of the documentary, concrete, quality of the play. The child plays out quite explicitly and sometimes literally themes of abuse or the abuse itself, as an unsuccessful attempt to master the traumatic experience.

  - **Documentary (literal) Quality of the Play:** A documentary film as compared to a regular film. A concreteness and limitation of their pretend play.

  - **Play disruption:** An abrupt disorganization of the play activity due to a flashback of the affects, thoughts and memories linked to the abuse. For example, a child stops playing (and even hides under the table) as a father and a baby dolls start interacting with each other. In contrast to the presence of satiation in normal play.
The child follows a ready made script in contrast to the creative, moment to moment development of the narrative of a normal play.

No evidence of anxiety reduction, conflict resolution, mastery of traumatic issues.

The child is under the influence of (relive) the traumatic experience. There is a paralysis of his capacities to extricate himself from a specific role in the play. He sticks rigidly to the role of victim or victimiser.

Apprehension which prevents a real, total and satisfactory investment into the play activity. While playing, the child is in a constant state of hypervigilance, incapable to free him/herself from the fear of reenactment of the abuse. The child can not easily immerse himself into the play. He is tending to start and stop his play so that he can be perceived as an ADHD child (Merry & Andrews, 1994).

Spurts of aggression are interspersed in the play.
Play of Sexually Abused Children

- There is a blurring quality between fantasy and reality. The child questions whether the characters or narrative of the play are real or not.
- Incongruence of the play setting. For example, Daddy and Child dolls are having lunch on top of toilet in the doll house (S. Sherkow, 1989).
- Drawings are designs, scribbles and frozen (static) figures.
- Affects are characteristically in the negative range from sober to outright crying during the play.
- The content of the play includes sexualized scenes emphasizing on nakedness and body damage.
- The obsessive-compulsive defense increase (cleanliness, orderliness, sorting, etc).
- Identification with the victim and the perpetrator.
- Exclusion or minimal interaction with the adult.
- **Dramatic Impact on the Viewer:** The play is reacted by the clinician with denial or minimization.
Play of Sexually Abused Children

- No eye contact
- Stilted and self-conscious behavior: in body gestures
- Brief altered states of consciousness: dissociation
- Frequent initiation of play activity and frequent interruptions with hyper-alertness
- Presence of fragments of experience of abuse in the play: sounds
- Scenes of body damage
- Secrecy: in words or action, tendency to hide behind a screen or tent
Aims of our Research

- To propose the analysis of the child’s free play as a method of studying the phenomena of sexual abuse that also allows systematic empirical research.
- To present some characteristics of free play that are of particular interest for the study of children’s internal world and specially of sexual trauma.
- To explore clinical and research implications.
Procedure

- 30 children are equally divided into two groups and paired according to sex and age (Mean age: 64.5 months, $\sigma = 8.2$)
  - The first group shows strong evidence, if not certainty, of sexual abuse based on a careful analysis of medical, psychological, social and legal assessments. Children have been referred within 3 months after the abuse. They are equally distributed between intra and extra-family abuse.
  - The second group is a comparison group with no evidence or history of sexual abuse.
  - Children were selected from a larger study with a sample size of 190 children referred with suspected sexual abused and a control group of 60 children.

- Children are instructed to play freely with standard toys displayed in a regular playroom in the presence of a therapist.

- Two independent raters analyze the material.
Outline of the CPTI (Kernberg, Chazan & Normandin, 1998)

- Level I: SEGMENTATION OF CHILD'S ACTIVITY
- Level II: DIMENSIONAL ANALYSIS OF PLAY
- Level III: SEQUENTIAL ANALYSIS OF PLAY SESSION
Level I: Segmentation of Child’s Activity

- **TYPES & DURATION OF CHILD’S ACTIVITY**
  - Non-Play Activity
  - Pre-Play Activity
  - Play Activity

- **PLAY ENDING**
  - Satiation
  - Suspension
  - Interruption
  - Disruption
Level II: Dimensional Analysis of Play

- **Affective Components of Play Activity**
  - Child’s Affect Modulation
  - Affects Expressed by Child while Playing

- **Cognitive Components of Play Activity**
  - Role Representation
  - Use of Play Object

- **Dynamic Components of Play Activity**
  - Setting of the Play
  - Theme of the Play
  - Quality of Relationships within the Play

- **Developmental Components of Play Activity**
  - Psycho-Sexual Phase Represented in the Play
  - Social Level of Play

- **Adaptive/Defensive Function of Play**
  - Normal ---> Neurotic ---> Borderline ---> Psychotic
Reliability Results

- Results indicate that independent raters reached good agreement after less than 40 hours training.
- In addition, raters reached good agreement on specific scales:
  - Type of child activities: $\kappa_{weighted} = 0.74$
  - Duration of child activities: ICC varies from 0.83 to 0.91
  - Type of play ending: $\kappa = 0.82$
  - Themes of play: $\kappa = 0.84$
  - Quality of relationship within the play: ICC = 0.63
Type & Duration of Child Activity

- **Pre-Play**
  - Setting the stage for play. Child picks up a toy, begins to explore it, manipulate it, and may give it symbolic meaning. The predominant purpose is exploration and preparation for Play activity.

- **Non-Play**
  - Activities or behaviors of the child outside the realm of play. Examples are numerous, for instance, eating, reading, doing homework, conversing with the therapist.

- **Play**
  - Child becomes engrossed in playful activity often preceded by the adult/child exhibiting one or more of the following behaviors: 1) An expression of intent (e.g., “Let’s play”), followed by play activity. 2) Actions indicating initiative, such as, definition of roles, “This dolly will be the teacher;” verbally suggesting, “we can both climb the mountain.” 3) An expression of specific positive or negative affects such as glee, delight, pleasure, surprise, anxiety or fear. 4) Focused concentration with toy or person. 5) Purposeful use of toy objects, or physical surroundings.
Graph 1. Difference in frequency of each type of activities between abused and non-abused children
Graph 2. Difference in duration of each type of activities between abused and non-abused children
Play Ending

- **Satiation**
  - Smooth ending of the narrative of the play activity (i.e. the child has completed his play, it ends naturally).

- **Suspension**
  - Self initiated discontinuation of the play (i.e. the child suspends his/her play either to move to a non-play or pre-play activity but returns to his previous play and pursues it).

- **Interruption**
  - Cessation of the play activity by external or internal factors (i.e: the younger brother opens the door and enters into the play room. Another example is where the therapist receives a telephone call). Also, if a child terminates his/her play theme because of distractibility or depressive affects and moves to another activity it is considered an interruption.

- **Disruption**
  - Disorganisation of the play by infiltration of aggressive or sexual impulses accompanied by a state of anxiety or agitation.
Graph 3. Difference in play ending between abused and non-abused Children
Themes of Play

- **Abuse Themes**
  - Body Damage
  - Sexual Activity
  - Destruction of the environment
  - Death

- **Non-Abuse Theme**
  - Caregiving (Soothing, Comforting)
  - Cleaning
  - Feeding
  - Messing
  - Resurrection
Graph 4. Difference in frequency of abuse and non-abused themes in the play between abused and non-abused children.
Graph 5. Difference in the explicit quality of abuse themes between abused and non-abused children.
Quality of the Relationship in the Play

- **Autonomous**
  - Play characters are interacting freely and creatively, involved with each other, reflecting a sense of mutuality within the relationship. Example: Mother and daughter dolls are having a tea party. They offer each other tea and cookies.

- **Parallel**
  - Players are engaged in a parallel activity. There is no overt mutuality; there is no indication of a negative relationship. Example: Within the play scene child and therapist are sitting at their respective places, each engaged in drawing, i.e., doing the same things in a similar manner. Or, two dolls are described as sisters; each one is getting dressed to go out.

- **Dependent**
  - Players are leaning, or hanging on each other. Or, some of the play characters do not “stand on their own two feet,” in some way they require an external source of direction or support for the play to unfold. Example: The child plays teacher. The play cannot develop further unless the therapist plays one, or several students. The Indian stays with his horse throughout the war activity.
Quality of the Relationship in the Play

- **Twinning**
  - One of the players is the reflection, or imprint of another. The relationship between the characters conveys a sense that stability of one character exists only insofar as it is the reflection or duplication of the other. Examples: "Simon says." "Copy me," "Do like I do." Looking in the mirror playfully. Child to therapist: "Do this." Therapist copies child's movements running the sand through his fingers.

- **Malevolent Control**
  - One player is in the clutches of another. Themes of influencing, controlling and casting spells are present. Some characters are powerless or helpless, while the others are omnipotent and controlling. Examples: The octopus is about to grab the feet of the hero, barely balancing on the rope crossing the abyss. The good fairy gave all the good wishes and the bad fairy cast the evil spell.
Quality of the Relationship in the Play

- **Destruction**
  - The imbalance between players is definitely destructive. An attack on the physical and/or psychological integrity of one player by the other may occur through torture or strangling. Alternatively, a parasitic relationship culminates in the diminution or destruction of the other. Examples: A shrinking figure is turned into a flea. The play character, a girl doll, is constantly berated, made to stand in the cold, excluded from playing, and from going to the bathroom. She is thrown away by the boys to die.

- **Annihilation**
  - The play activity is characterized by an overpowering, enveloping force. Players are swallowed up, devoured, or overwhelmed by forces completely out of their control, ending in total annihilation and physical destruction. Examples: A boy turns into a girl, who turns into a flea, who in turn eats her mother, kills her and evacuates her anally. A boy is swept up by the tornado, carried away and never seen again. He became part of the big wind.
Table 1. Difference in quality of object relation between abused and non-abused children

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<tr>
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<th>Non Abused</th>
<th>Abused</th>
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<tbody>
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<tr>
<td>Autonomous</td>
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<tr>
<td>Parallel</td>
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<tr>
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<tr>
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<tr>
<td>Destruction</td>
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<tr>
<td>Annihilation</td>
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Affects

- Overall Hedonic Tone
  - Distress ➔ Sober ➔ Neutral Interest ➔ Obvious pleasure

- Spectrum of Affect
  - Constricted ➔ Narrow ➔ Medium ➔ Very wide

- Regulation and Modulation of Affects
  - Rigid ➔ Medium ➔ Very flexible

- Transition between Affective States
  - Always abrupt ➔ Fluctuate ➔ Always smooth
Graph 6. Difference in affect regulation between abused and non-abused children
The video clip illustrates some of the main characteristics of the play activities giving access to the traumatic experience of sexual abuse.

Recapitulation of research findings
- Significantly more play segments
- Significant shorter play duration
- Play ends significantly more in the form of disruption or interruption instead of satiation and suspension.
- Significantly more malevolent control in the quality of object relation instead of parallel play.
- Significantly more body damage and sexualized themes.
- Significantly more neutral and negative affects.
In spite of the small sample size, this pilot study suggests that:

- The CPTI is a good instrument to identify the signs of sexual abuse in young children and to assess change in treatment.
- The CPTI is a reliable and valid instrument that needs however further sensitivity testing to see the difference between erotized and sexually abused children, between physically and sexually abused children, between non-sexually abused and sexually abused clinically referred children.

**Treatment**

- A specific treatment to sexually abuse children is being manualized based on the encouraging results