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brief report

Understanding Symbol Repetition in Art Therapy

Michelle Nuttall  and Lise Pelletier

Abstract

Repetition compulsion is a psychodynamic concept that explains an attempt to master trauma. This case study attempts to understand the possible meanings of symbol repetition that occurred in the art therapy process of a twelve-year-old boy with acute methylmalonic acidemia. Over 29 sessions of art therapy, the client demonstrated repetition through themes of struggles, calls for help, entombment, and a woman superhero. This recurrence seemed to relate to resolving trauma, gaining power, regulating anxiety, and seeking a savior.

Keywords: Repetition compulsion; medical art therapy; trauma; sand tray

During my (first author) final internship as a candidate for a Master's degree in art therapy, I worked with Philip (pseudonym) a young client who reproduced certain symbols and scenarios over the duration of art therapy. It is only when I reviewed the process to write the end-of-treatment report that I realized the full extent of these repetitions. It appears that Philip had been persistently and regularly attempting to communicate something that I had unfortunately missed. Wishing to uncover what had escaped me, I went on to study the phenomenon of symbol repetition in art therapy. Although Philip died during the writing of the first draft of this article, his mother generously authorized me to continue this analysis.

A few art therapists have written about symbol repetition in their work with children and teenagers (Cavaliero, 2016; Huckvale, 2011). Most of the literature I came upon originated from the field of psychology, rather than art therapy. In an attempt to explain certain behavioral

patterns observed during World War I, Sigmund Freud introduced the concept of *repetition compulsion* (Künstlicher, 2010). Psychodynamic psychologists studied this phenomenon widely and several authors associated it with trauma and attempts to make sense of that experience (Case, 2010; Grünbaum, 1997; Meshcheryakova, 2012; Pretorius, 2007). Halfon and Weinstein (2013) stated that repetition compulsion is an attempt to master disorganized material. Still, Orner and Stolz (2002) introduced a caveat by stating one should not assume trauma or a specific psychopathology when one witnesses this phenomenon.

In his studies of refugee children who survived torture, Grünbaum (1997) affirmed that in an attempt to deal with a traumatic event, children replay their experiences through behavior and games. He considered this to be a natural part of the healing process. As a parallel, Evans et al. (1997) stated that children spontaneously use rituals during transitions or to deal with anxiety-provoking situations. They noted that virtually all young children seek similarity and repetition. This behavior is demonstrated when children ask to have a favorite story read to them repeatedly and enjoy watching the same movie multiple times over as the predictability is reassuring. Proulx (2003) also wrote that rituals “offer stability and predictability” (p. 72). Given that children rarely talk about their experiences directly, therapists need to observe their other modes of communication.

Philip

It was an honor to work with Philip, a joyful, engaging, and warmhearted 12-year-old boy. He had a great sense of humor, was genuine, and truly cared for the other children in his unit. Diagnosed with acute methylmalonic acidemia, an autosomal recessive disorder, within the first weeks of his life, Philip had been living in a long-term care setting for several years when we met. He was tube-fed as he had to ingest a low-protein diet, circulated in a wheelchair as he had stopped thriving years prior to our meeting and had mobility issues. He experienced dystonia with sudden unsolicited movements of his upper limbs and had a developmental delay. Philip appeared to have the emotional development compatible with that of a preschooler. He had yet to

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develop the capacity for insight. In turn, his answers to my questions were brief and undeveloped.

Philip was referred to art therapy so he could enjoy one-on-one attention from an adult and express his emotions through art. In our introductory session, I explained to him that the process could enable him to communicate emotions like anger, sadness, fear, or frustration. Philip denied ever feeling these emotions. Yet, in the second session, when I asked him how the character he had drawn felt, he stated that E.T. (from the 1982 movie) worried for his friend Elliot's health. Preoccupation with health is a theme that would recur in future sessions. I also hoped art therapy would nourish Philip's self-esteem; he appeared very timid when he was greeted by people he was familiar with as we traveled between his room and the art therapy office.

Art Therapy Sessions and Repetition Observations

Philip participated in 29 art therapy sessions ranging from 60 to 90 minutes over a period of seven-and-a-half months. He had the opportunity to create with acrylic paints, gouache, brushes, felt pens, wooden pencils, oil and soft pastels, papier-mâché masks, a small container of sand and paper in various formats. A large rectangular sandtray and boxes of figurines were introduced at session 6.

Given the setting he lived in, Philip was accustomed to routines. There were the tube-feeding and medication schedules as well as bath days. These rituals structured his days. Thus, it was no surprise that he established a therapeutic routine for our encounters in the art therapy room. Philip began each session with a ritual of playing with sand by moving, scooping or pouring it in the first five sessions, then played out scenarios with miniatures in the sandtray starting at session six. During his initial contact with this medium, Philip stated that he appreciated its softness. After approximately fifteen minutes, he demonstrated he was ready to move on to the main creative activity by asking that we mix paint colors. Although I did this task for him, Philip supervised this step and had the final word as to whether the colors met his expectations. When content, Philip began painting a mask. I believe he chose this activity because, regardless of his dystonia and how he applied the paint, the final product would always be recognizable. When time permitted, Philip liked cleaning the paintbrushes. Otherwise, the session ended once he painted the mask.

An in-depth analysis of the sessions enabled me to identify sequential aspects that were present and thus point to some of Philip's concerns. By paying attention to the organized ritual of activities, a world of discoveries opened up and themes slowly began to emerge.

Struggle

The first recurring theme in the sandtray, the struggle, appeared in session 6. Philip began a scenario in which a penguin threatened three different characters

with a sword over three consecutive sessions (sessions 6, 7, and 8). Acting in this way made Philip laugh and it seemed meaningful to him because during the ninth session, 19 characters were attacked.

Calls for Help

During the aforementioned sessions, Philip suggested we call an ambulance to rescue the victims. We played this part of the scenario together. Accident scenes reoccurred during three other sessions and they all ended with the arrival of an imaginary ambulance.

A few sessions later, another type of first responder was introduced into the scenarios when a firefighter figurine was added to the selection of characters. Just like the ambulance, the firefighter's role was to save the character whose life was in danger. From then on, the firefighter systematically played a role in rescue scenes.

Entombment

As soon as Philip discovered the various figurines in the boxes, Caillou caught his attention. Caillou, the main character in a Quebec television series, is a curious, friendly four-year-old boy who enjoys exploring. The Caillou miniature was then systematically featured in Philip's scenarios. Seven weeks went by before Philip noticed a second Caillou figurine in the box. Smaller than the first one, it fit perfectly in his hand (Figure 1) and looked fragile and vulnerable. This version of Caillou then became Philip's recurrent choice for his imaginary play. He called him "baby Caillou."

A new game began when Philip started burying "baby Caillou" in the sand and then calling out, "Where are you, Caillou?" to which I answered, "I'm in the sand." Then, using the firefighter figurine or simply his hands, Philip would dig Caillou out before repeating this again. This scenario, with slight variations, was reproduced in 11 sessions.

Woman Superhero

As mentioned earlier, when it was time to paint, Philip asked to do so on a mask. He found inspiration from different sources: an object he brought to the session (i.e. a teddy bear, a photograph), something in the room (i.e. a miniature) or a mask that he had already painted. Between the first and tenth sessions, some of the masks that were painted represented a clown, a dog, a parrot, and Alvin the chipmunk. When the sessions resumed after a three-week break in January (11th session), a woman superhero was introduced. She became Philip's muse and was repeated on 11 masks thereafter (Figures 2, 3 and 4). When I asked him why he liked painting this particular character so much, Philip never elaborated beyond saying that he found her funny. It is interesting to note that this superhero, "named SuperVegan," (featured in a children's



Figure 1. Caillou Miniatures

television show that had started airing four months prior) repaired children's broken toys before discretely returning them to their owners.

Implications

By analyzing the material that came up in Philip's sessions, I became aware that manifestations of repetition in a therapeutic process can have different meanings or purposes. These purposes seem to relate to resolving trauma, gaining power, regulating anxiety, and seeking a savior.

Resolving Trauma

The themes that manifested themselves throughout the sessions were Philip's unconscious attempts at trauma expression and resolution. This interpretation is compatible with the theory established by psychodynamic psychologists who associate repetition compulsion with trauma (Case, 2010; Grünbaum, 1997; Meshcheryakova, 2012; Pretorius, 2007). For Philip, the scenes played out in the sandtray seemed to be directly linked to potentially traumatic past experiences.

Huckvale (2011) argued for the therapeutic relationship's power in enabling one's client to "explore, practice and rehearse actions and feelings through image making" (p. 33). She described accompanying a young client who, with perseverance over numerous sessions, repeated the action of sifting glitter out of the sandtray. Huckvale



Figure 2. First Representation of SuperVegan



Figure 3. Sixth Representation of SuperVegan



Figure 4. Eleventh Representation of SuperVegan

ascertained that in doing so, her client was sifting through difficult emotions. In hindsight, it seems that this was also Philip's experience in playing out scenarios in the sand.

In our first conversation, Philip's mother shared that her son was transported by ambulance several times in infancy as his life was gravely threatened. She also mentioned her son's current concern for the occupants of any ambulance he saw or heard, anxiously asking if the person inside would survive. The struggle scenarios, calls for help, and entombment narratives seemed to be metaphorical re-enactments of Philip's very early experiences and the difficult emotions associated with them. Gaensbauer (1995) noted that children can describe what happens to them when they develop language at approximately three years of age; but what of traumatic events having taken place before the acquisition of language? Some authors (Kaplow et al., 2006; Terr, 1988) have affirmed that preverbal children do encode traumatic events and that these can be accessed and processed in a safe environment. This led me to theorize that Philip's early episodes in an ambulance had been very stressful events for him and that he explored these experiences in the sand by featuring, in one such scenario, the small, vulnerable, curious and friendly character of Caillou with whom I believe he identified. My conclusion is that he was unconsciously trying to repair a segment of his life story.

Gaining Power

Through the struggle scenarios, Philip found a way to express aggression and push through the powerlessness he might have felt in the institutional setting in which he lived. Furthermore, he was able to gain control through the various other scenarios. For example, when simulating an emergency call, Philip unconsciously took action, expressed his feelings, and found a solution for the sandtray figures who were suffering and under the threat of dying. As with the child described by Councill and Ramsey (2019) who personified a first responder in his scenarios, Philip also experienced being in control. He had power over the situation and was able to resolve it to his satisfaction. When this stage of the game ended with the imaginary arrival of the paramedics, Philip was ready to move on to the next stage of the session, namely the artistic creation. Crenshaw and Kelly (2015) stated that using miniatures in sand enables children to "[shrink] the problem to a more workable and manageable level.. [enabling] them to gain mastery" (p. 89). It is possible that he had thus resolved a portion of the original injury in a way that he found adequate. However, given that this game was repeated many times, I cannot state that genuine psychological healing took place but rather suggest that the healing process was likely slowly taking effect.

Regulating Anxiety

Manipulating and playing in the sand seemed to have self-regulating qualities and enabled him to ease into the session. Homeyer and Sweeney (2017) wrote, "the very tactile experience of touching and manipulating the sand is a therapeutic experience in and of itself" (p. 11) and Cavaliero (2016) indicated that repetitious behaviors provide a restorative and "ordering role" (p. 27). In my view, this was one of the functions of Philip's opening ritual. Once a safe space had been created, he was able to express his controlled emotions and was ready to open up and begin a healing process. More specifically, the repetitive behaviors might have instinctually nurtured his desire for security. I believe that the predictable sequence of activities he followed throughout the sessions reflected this need.

Seeking a Savior

In the sandtray scenarios and through his muse of choice for 11 masks, Philip was expressing his psychological quest for an all-powerful being capable of saving sick children. As previously stated, SuperVegan repaired broken toys and returned them whole to children. Similarly, as an art therapist in training I proposed activities that were fun and aimed healing to Philip and other children on his unit, enabling them to forget their illnesses and limitations, even if only temporarily. When Philip chose his activity in the art therapy room, time

stood still. He played and created at his own pace doing everything he could do by himself with a patient, supportive adult at his side. I can only wonder if he granted me superhero capabilities. What seems to be true is that during these art therapy sessions, Philip could experience himself as a whole, intact, competent person.

Conclusion

It is my hope that this case study will encourage other art therapists to pay attention to the repetition of symbols and rituals in their clients' processes in order to discover what those behaviors mean for them. I will remember Philip's endearing and inspiring personality forever. I cherish the opportunity I was given to accompany him for a short period of his life and have grown through having known such a beautiful child. This text is affectionately written to honor Philip's memory.

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