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# The great arch of unimagined bridges: Integrative play therapy with an abused child

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**This case study describes the early phases of integrative, long-term psychotherapy undertaken with a child subjected to chronic domestic trauma including violence, alcohol abuse, neglect, abandonment, and bereavement resulting from HIV/AIDS. Recent statistics on the prevalence of violent trauma, domestic abuse and HIV/AIDS in South Africa are reviewed, as are principles of trauma intervention that have been established across a range of psychotherapeutic modalities. Following from integrative trauma work undertaken locally, this therapeutic process acknowledges both indigenous and western frameworks of meaning, the latter most heavily informed by principles of analytical psychology. Selected aspects of the therapy are discussed in light of both perspectives, with reference to the child's process of recovery. This paper seeks to add support to practised and published local work in which a range of possible healing practices, meanings, and experience are taken into account. It is proposed that such integrative efforts contribute towards an evolving African psychotherapy.**

**Keywords:** child, post-traumatic stress disorder, psychotherapy, South Africa

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As once the wingèd energy of delight
carried you over childhood's dark abysses,
now beyond your own life build the great
arch of unimagined bridges.

Wonders happen if we can succeed
in passing through the harshest danger;
but only in a bright and purely granted
achievement can we realise the wonder.

To work with Things in the indescribable
relationship is not too hard for us;
the pattern grows more intricate and subtle,
and being swept along is not enough.

Take your practised powers and stretch them out
until they span the chasm between two
contradictions, for the god
wants to know himself in you.

(Rilke 1982, p. 261)

## Introduction

This paper is the story of one child's work towards surviving her own childhood. While its particularities are intensely personal to her, they are also the familiar markers of a South African story: violence against women and children, alcohol abuse, neglect, abandonment, deprivation, and bereavement resulting from HIV/AIDS. The psychotherapy of this inventory of injury is equally a South African story. It was a process in which both western and indigenous frameworks of meaning were held in mind and together informed an integrative engagement with bitterly painful material, in the hope of enabling new ways of being. The present paper offers an account of this by means of a case study of selected aspects of the psychotherapy. It includes an acknowledgment of the material context in which adversity and intervention take place in this country, and of the theoretical models which informed this work in particular. The clinical and research methodologies employed in both treatment and writing up are made explicit. A case narrative of the child's history and presentation precedes an analysis of pertinent points in the therapeutic process in light of the theoretical constructs already outlined. The aim of this paper is to support and add to existing local work in which a range of possible healing practices, meanings, and experience are taken into account. It is proposed that such integrative efforts contribute to an evolving African psychotherapy.

## Material context

In post-apartheid South Africa, chronic violence is experienced on a range of levels: structural (abject poverty, unemployment, inadequate housing and education), criminal (murder, robbery, gang activities), political (factionalism, vigilantism), sexual (rape, molestation, forced prostitution, harassment), domestic (spouse/partner, child, geriatric abuse) and embodied well-being (HIV/AIDS, cholera, malnutrition, substance abuse). The relevance of colonial, apartheid, and resistance-liberation practices to the origins, expressions, and trajectory of these brutal realities has been widely commented on (Duncan and Rock 1997; Eagle and Watts 2002a; Govender and Killian 2001; Kistner 2003;

Pauw and Brener 1997; Shisana 2002; Smith and Holford 1993). While the majority of South Africans evidently live routinely violent lives, there are currently no general epidemiological studies of trauma and risk for post-traumatic stress disorder (PTSD) in primary care settings in this country or on the broader continent, and only limited data from selected populations are available locally (Carey, Stein, Zungu-Dirwayi, and Seedat 2003; Eagle and Watts 2002a). Trauma is inescapably a subjective notion. What constitutes a wounding is not simply a particular event but the keenly-felt particularity of personal experience evoked by the event. Only a proportion of those exposed to adversity develop psychological sequelae: there is intricate reciprocity between stressors, resilience and distress (Duncan and Rock 1997; Govender and Killian 2001).

Sparse findings indicate that prevalence of traumatic experience and/or exposure in childhood is disturbingly high, particularly – but not exclusively – in marginalised contexts. Figures range from 95% (Ensink, Robertson, Zissis, and Leger 1997) to 86% (Govender and Killian 2001), 85% (Kaminer, Seedat, Lockhat and Stein 2000), 76.8% (Seedat, Van Nood, Vythilingum, Stein, and Kaminer 2000), and 67% (Peltzer 1999). Following from this, the incidence of post-traumatic sequelae in childhood is substantial in primary care settings – 21.7% (Ensink *et al.* 1997); 12.1% (Seedat *et al.* 2000); 8.4% (Peltzer 1999) – and dominant in specific trauma clinic populations: 77% (Smith and Holford 1993) and 85% (Lockhat *et al.* unpublished data in Kaminer *et al.* 2000).

Domestic abuse is a significant constituent of the experience of violence (Smith and Holford 1993). In studies conducted in both primary care and private practice contexts, between 21.5% and 25.2% of women reported assault by their male partners (Carey *et al.* 2003; Marais, de Villiers, Möller, and Stein 1999). Research with children supports the reports of mothers. In a recent study, 26% of child respondents reported daily conflict in the home; of these 14% had experienced associated violence, with girls at more risk of assault than boys (Govender and Killian 2001). In another study, girls were almost twice as likely to be victims of familial violence than boys (Lockhat *et al.* unpublished data in Kaminer *et al.* 2000). In related findings, the Red Cross Children's Hospital saw a 57% increase in reported cases of child abuse between 1992 and 1996, with annual figures rising from 440 to 692 in that time (Huskisson 1996).

The impact of the HIV/AIDS pandemic is substantial. A recent nationwide survey estimated that South Africa's infection prevalence stands at 11.4% (Shisana 2002). Studies on associated gender violence have noted that those most at risk for contracting HIV – black women aged 15 to 29 – are also amongst those reporting high levels of abuse in relationships, with indicators of violence including cohabitation or marriage, HIV status, financial dependency, and low education (Kistner 2003). Familial violence may then be compounded by bereavement associated with AIDS: 13% of children between the ages of two and 14 have lost one or both parents to the disease, 3% of South African households are child-headed, i.e. by a person between the age of 12 and 18, and child-headed households are most prevalent in chronically violent urban informal settlements (Shisana 2002).

**Theoretical context**

South African workers in the field of trauma have ranged freely across psychodynamic, cognitive-behavioural, and indigenous modalities and have, in several instances, integrated these to provide innovative interventions for trauma (Eagle and Watts 2002a). This has included synthesis of cognitive-behavioural and psychodynamic strategies (Eagle 2000; Straker, Moosa, and Sanctuaries Counselling Team 1988) as well as of African and western healing practices (Mpofu 2003, Straker 1994). There is increasing recognition that an integrative mode of working is needed to acknowledge the range of experience and symptomatology of trauma survivors and, as such, is the treatment of choice (Eagle 2000). For example, within contemporary South African trauma work, Straker (1994) describes how existential, Jungian, and psychoanalytic practices of dreamwork can usefully be informed by concomitant attendance to a traditional African understanding of dreams as communication from the ancestors. She demonstrates persuasively how integrating these several perspectives facilitates healing through an inclusive process of meaning-making that draws on metaphor and inspires reparative action. In this, there is a restorative return to caring for one's spiritual and interpersonal world through ritual, despite – or because of – experience of another's malevolence or carelessness.

The work described in this paper is in the same integrative spirit and draws predominately on principles of analytical psychology as well as indigenous frameworks of meaning. Analytical psychology understands trauma as a disruption of the individuation process. This is the lifelong course of human development compelled by shifting relations between conscious, circumscribed identity – ego – and imminent wholeness that encompasses both conscious and unconscious life – Self (Jung 1963/1983). Individuation is reiterative, 'forever coming into being and passing on' (Jung, 1961 in Welman 1995, p. 96), and recurs throughout life. Centrally implicated in the impetus of this process is the notion of unconscious archetypes, that is, powerfully charged modes of perception and response that have accreted over epochs of collective human experience (Jung 1964/1978). In states of health, there is acknowledgment of and attention to the imperatives of the Self and archetypal realities whilst also maintaining a conscious and constructive life according to ego needs (Allan and Bertoia 1992). The potential of a reciprocal relationship between the two is represented by the ego-Self axis (Edinger 1972). A capacity to symbolise is equally integral to healthy functioning. Symbols are always ambiguous – both one thing and another – and are the means by which the unconscious is made manifest (Jung 1964/1978). Again, engaging with such ambiguity requires a resilient and flexible ego that is able to maintain a reciprocity with its unconscious matrix (Samuels 1985). These capacities and processes, fundamental to a meaningful and dynamic life, are shattered by trauma.

One of the foremost Jungian writers on this topic has pointed out that 'the psyche's normal reaction to a traumatic

experience is to withdraw from the scene of the injury' (Kalsched 1996, p. 12). In extremity, this includes radical amputation of psychological life itself: consciousness from unconsciousness, spirit from body, phenomena from symbol, affect from experience, memory from event (Kalsched 1996). These protective efforts are particularly costly when they are employed early in life. In a childhood marked by a barrage of invasive assaults, there is little opportunity for the developmental task of building the ego. This results in brittle consciousness that is heavily defended against potentially overwhelming internal and external experience, and amounts to a dislocation of the ego-Self axis in which the threshold to unconscious life is barricaded (Allan and Bertoia 1992). In such a beleaguered state, 'individuating energies have been displaced by the more primary need to survive a world which has been experienced as traumatically hostile to incarnation' (Kalsched 2003b, p. 203). This impasse may be reflected in a child who is excessively controlled with restricted affect but who is prone to intense emotionality when her defences are threatened (Allan and Bertoia 1992). The last provides an accurate description of presenting phenomena – avoidance, numbing and hyperarousal – of post-traumatic stress disorder (PTSD) as defined by DSM-IV criteria (American Psychiatric Association, 2000).

It has been acknowledged within a range of psychotherapeutic modalities that avoidant strategies are mobilised in an effort to cope with the intolerable, and that these efforts both perpetuate symptomatology and confound treatment (Ehlers and Clark 2000; Foa *et al.* 1999; Kerig, Fedorowicz, Brown, and Warren 2000; Pynoos and Eth 1986; Resick and Schnicke 1993). In the face of this, the therapist must be prepared to say the unspeakable and help the child to do the same. Saying the unspeakable may take many forms. It may be enabled through gentle, direct questions, or through providing the child with toys relevant to the trauma in order to explore it, or through drawing interpretive connections between spontaneous play and the child's history, or through expressive media such as painting and story-telling (Kerig, Fedorowicz, Brown and Warren 2000; Knell and Ruma 1996; Lindahl 1999; Pynoos and Eth 1986; Smith, Perrin, and Yule 1998). Analytical psychology accords the last with special reverence in that these creative acts summon symbolic capacity (Allan and Bertoia 1992; Bovensiepen 2002). Through these means and with therapeutic support, the reciprocal relationship between conscious and unconscious can be restored and the ego-Self axis realigned. In the achievement of this, the healing capacity of the Self is activated and guides the necessary acknowledgement and experience of material that previously could not be assimilated (Allan and Bertoia 1992). The healer in the wounded patient enters the therapy (Hillman 1997; Samuels 1985).

As suggested earlier, however, this process must necessarily take into account the patient's self-protective measures. Kalsched (1996, 2002, 2003a, 2003b) has written extensively on how these may reach a zenith in adult survivors of childhood trauma. For those who have suffered neglectful or abusive parenting, the intimacy of the therapeutic relationship is fraught with threat, recapitulated dynamics, and desperate efforts at defence: 'trauma is an attachment disorder – it's about a rupture in a life-sustaining early relationship now being "remembered" in the transference' (Kalsched 2003a, p. 149). However, relational sequelae constitute both symptomatology and remedy: 'for traumatic experience to be cognitively symbolised it has to be re-enacted in a relationship that replays the interpersonal context without blindly reproducing the original outcome' (Bromberg 1994 in Kalsched 2003a, p. 166). The therapeutic relationship becomes the site of risk, re-engagement, and revisioning. In this way, trauma work is a process in which 'soul is made out of its own defences' (Hillman 1983, p. 99). At the outset, the therapist acts as an auxiliary ego in the presence of a severely traumatised and regressed psyche (Pynoos and Eth 1986). In this, containment is an active process of helping to name, mediate and metabolise the incomprehensible and the unmanageable (Bovensiepen 2002; Britton 1992).

The western psychological theory and practice of the centrality of relinquishing defensive manoeuvres and acknowledging enormously painful feelings and experiences also has cultural resonance. Within the range of mourning rituals practised by the amaXhosa, it is customary to console a bereaved person with the instruction '*lala ngenxeba*' meaning 'lie on the wound'. The conviction that inspires these words is that one who 'has suffered an injury – a mental injury in this case – must make a special effort to cause the wound to be painful – *ukuthunuka* – so that this wound bleeds sufficiently to form a crust that will heal' (Solomon 1986, p. 78). The catharsis associated with lying on the wound is facilitated and contained by fellow mourners (Solomon 1986) and clearly parallels western trauma intervention practices of supportive engagement with painful material (Allan and Bertoia 1992; Pynoos and Eth 1986).

Within traditional African philosophy, the encouragement to acknowledge fully one's grief, pain and loss takes place in a belief system which makes no distinction between spiritual and physical injury: 'both wounds need to be cleaned before they are bandaged' (Solomon 1986, p. 78). This reconciliation of psyche and soma is in stark contrast to the mind/body split epitomised in Cartesian philosophy (Bührmann 1986 1990; Hadebe 1986; Swartz 1998). In effect, it constitutes a holistic and integrated understanding of an embodied other's psychological and relational life that runs counter to the severing defences of trauma and is thus intensely therapeutic.

A related means of inclusive engagement with distress that provides both containment and restoration is offered by traditional African therapies of music and dance (Bührmann 1990; Diallo and Hall 1989; Turner 1968). Since indigenous healing practices are respectful of our materiality there is an attendant acknowledgment that, as a Xhosa practitioner puts it, 'there are some things you cannot put into words, you can only feel them in your body' (in Bührmann 1990, p. 210). Again, analytical psychology encourages western-trained psychotherapists to engage with that which is unfamiliar but crucial to our work: 'it therefore behoves us, unembarrassed by our shortcomings as amateurs of history, to go to school once more with the medical philosophers of a distant past, when body and soul had not yet been wrenched asunder into different faculties' (Jung 1946/1954, p. 83). Among the

Ndembu people of Zambia, the word 'drum' also refers to a ritual intended to address and heal affliction (Turner 1968). The practice of western psychotherapy is no less than this, and can benefit from a sensitivity to the potentialities of the healing drum and its 'calming, stabilising rhythm and proper sound combination that help restore the disturbed individual to inner balance' (Diallo and Hall, 1989, p. 160). As Jung (1946/1954) intimated above, this requires a humble and invitational stance that is open to various frameworks of meaning and experience, and is particularly urgent in our local, multicultural context.

**Clinical and research method**

Several principles of assessment and intervention in childhood trauma have been established as requisite across a range of psychotherapeutic modalities. These are:

1) clinical interviews, assessment, and history-taking with caregivers and the index patient, the last of which is typically confounded by post-traumatic symptomatology (Ensink *et al.* 1997; Lindahl 1999; Pynoos and Eth 1986; Resick and Schnicke 1993; Smith *et al.* 1998);
2) the use of projective and expressive techniques as a means of evaluating, exploring, and ameliorating distress (Allan and Bertoia 1992; Knell and Ruma 1996; Oaklander 1988; Pynoos and Eth 1986; Smith and Holford 1993);
3) facilitating an engagement with and acknowledgment of the trauma within a containing therapeutic relationship (Bovensiepen 2002; Eagle and Watts 2002a; Resick and Schnicke 1993; Smith *et al.* 1998);
4) an emphasis on working through discordant or confirmatory experience and integration of fractured traumatic memory (Eagle and Watts 2002a; Ehlers and Clark 2000; Foa, Ehlers, Clark, Tolin and Orsillo 1999; Horowitz 2001; Kalsched 1996);
5) an attendance to the need to mourn deaths both literal and figurative, in the loss of a beloved other and loss of fundamental fantasies or beliefs (Eagle and Watts, 2002b; Horowitz, 2001; Pynoos and Eth, 1986);
6) the restoration of adaptive functioning, including nurturing resilience and the creation of new possibilities for being (Allan and Bertoia, 1992; Eagle and Watts, 2002a; Kalsched, 1996; Knell and Ruma, 1996; Lindahl, 1999).

In the context of chronic trauma, such a process commonly requires longer term therapy (Eagle 2000).

The work described in this paper was undertaken in my first year of clinical training, under weekly supervision. There were several breaks due to the university calender, most notably a two-month separation at the end of the year. While the child and I continued working together thereafter, this case study focuses on our initial engagement with the trauma and our negotiation of the long summer break. This period of the work has been selected because it highlights several of the immediate challenges and potentialities of trauma intervention. It took place over 30 sessions that varied in length from 50 to 75 minutes, depending on their nature and intensity. The flexibility of session duration was governed by the necessity that engagement with traumatic material be both sustained and contained (Bryant, Sackville, Dang, Moulds and Guthrie 1999; Yule, Perrin, and Smith 1999), with likely deleterious effects if this is not achieved (Cohen 2003; Litz, Gray, Bryant and Adler 2002; Williams and Joseph 1999). All sessions were tape-recorded as well as documented in case notes. Following the principles outlined above, the assessment process incorporated clinical interviews with the child, her caregivers and collateral sources, observation of the child in early interactions, and the use of Draw-A-Person and Kinetic Family Drawing projective techniques.

Writing up the therapeutic material was undertaken in a hermeneutic, reflexive mode most heavily influenced by feminist, narrative research (Josselson 1995 1996; Richardson 1992; Riessman 1993). The foundational basis for this approach is 'a metaphysics that embraces relativity and an epistemology that is simultaneously empirical, intersubjective, and process-orientated' (Josselson 1995 p. 29). In this, it is acknowledged that experience is contextual and invariably bound to interpretations that are themselves trafficked from possibilities available within a given social context (Cohler 1982; Riessman 1993; Widdershoven 1993). Meaning-making is considered to be a fundamentally human and relational activity in which it is held that 'any finding – a depiction of culture, psychological process, or social structure – exists in historical time, between subjects in relations of power' (Riessman 1993, p. 15). Accordingly, representation is inevitably hermeneutic and reflects the writer's situatedness (Josselson 1995; Riessman 1993); thus the selected aspects of psychotherapy detailed here form a partial story in both senses of the word. It is acknowledged that writing about another demands both humility and audacity, as well as the recognition that one is invariably writing also about oneself (Josselson 1996; Richardson 1992).

**Nosipho's story**

Nosipho is an 11-year-old, black, Xhosa- and English-speaking female, the only child of working class parents employed as a domestic worker and a policeman. She grew up in a township adjacent to a historically white peri-urban area, was very close to her mother and had a very poor relationship with her father. Both her parents abused alcohol and Nosipho routinely accompanied them to shebeens. Her childhood was chronically violent. For as long as she could remember, her father had physically and psychologically abused his wife and child. Nosipho regularly attempted to mediate their conflict, protect her mother from physical assault, and gain assistance from the police and other adults when the violence escalated to crisis point. For a number of reasons, these efforts were largely fruitless. In 1999, Nosipho's father was dismissed from work for alcohol-related offences. He remained unemployed and began a pattern of repeatedly abandoning his family, returning home to access his wife's salary – and later disability grant – at the end of each month. Alcohol abuse and violence inevitably followed. In 2001, Nosipho's mother developed AIDS and became progressively weaker as the disease advanced.

In her father's repeated absences, eight-year-old Nosipho was left alone to care for herself and nurse her mother. While she was not explicitly told that her mother was dying,

Nosipho was an intimate witness to her escalating deterioration. Whenever her father returned to their house, she again attempted to prevent violence towards her bedridden mother and herself. In one of his visits, he showed Nosipho graphic police photographs of a brutally murdered child and threatened her with a similar fate. At the end of 2002, she failed a school grade for the first time in her life. Shortly thereafter, the extended maternal family removed her and her mother from the marital home. Their refuge with Nosipho's great-aunt was repeatedly breached by her father's drunken and aggressive intrusions into the home and at Nosipho's school. Her mother was admitted to hospital in February 2003, where she died within a month. My work with Nosipho began three weeks later. She continued to live with her great-aunt who sought custody while her father contested this. His intrusions were limited but not prevented by a protection order.

***Case conceptualisation***

On initial presentation at the clinic, Nosipho's predominate symptoms included: re-experiencing, indicated by restricted play about arbitrary and intentional violence in the home; emotional distress and physical reactivity, elicited by incidents such as a male teacher raising his voice in class; avoidance, indicated by an inability to mourn; social withdrawal and detachment from peers; and a restricted range of affect and play, as well as hyperarousal indicated by irritability, an exaggerated startle response, hypervigilance and poor concentration. On the basis of these and her history, Nosipho was accorded a DSM-IV diagnosis of Posttrau ourcefulness as well as the stable and containing home-life newly provided by her maternal great-aunt.

A formulation of both Nosipho's distress and her resilience took into account that, from an early age, she had experienced chaos as normality. Her parents' chronic alcohol abuse, her exposure to shebeens and behaviours characteristic of such settings, and the repetitive violence in her family home were everyday markers of her childhood. On one level, her close relationship with her mother offered a semblance of a protective factor in the midst of this turmoil. On another, it may have concretised a sense of instability in that Nosipho received, over and over again, the message that this relationship could not shield her or her mother against assault. While her mother did not physically abuse Nospiho, she would regularly drink to excess and become emotionally and physically unavailable to her child. Thus Nosipho may have come to believe that love offers little protection for either party, that care is fundamentally erratic, and that the world is an unpredictable and brutal place. This may have been compounded by her mother's need to have Nosipho fulfill the role of protector and rescuer. These fragile experiences of power in a beleaguered setting would have been repeatedly dashed by her father's uncontrolled violence, the police force's indifference to her pleas for help, and ultimately – and most terribly – by her mother's death, despite the child's best efforts to 'save' her.

One of the first tasks Nosipho and I undertook together was the Draw-A-Person in which she drew a young, white woman called 'Aly' who, she said, could not speak Xhosa. She indicated that this represented a university student who had recently befriended her. The possibility exists that Aly – a name very resonant of 'ally' – also reflected an early positive investment in the therapeutic alliance. My sad inkling that the figure additionally represented an ego-ideal was confirmed by Nosipho's matter-of-fact response when asked whether there was anything she would change about herself. She said: 'I would be a white person.' Nosipho had intimate experience of the powerlessness that may be located in a black, female, working-class existence. She saw its cost to her mother. The power that was available in her immediate context was limited to a male, her father, who used it abusively. Furthermore, several of the people in positions of putatively benevolent authority – the doctor who treated her mother, the social worker who referred her for therapy, and me – were white. It seems that, consequently, Nosipho associated power and agency almost exclusively with race, status, or male violence and wishfully sought the apparently least destructive of these as holding out a prospect of instrumentality.

This accords with Swartz's (1998) point that 'an important role for mental health professionals has been in exploring the nature of oppression and responses and resistances to it. These responses are not always, or even primarily, in the area of symptoms, but rather in the way people feel about themselves as they grow up – what they feel they can aspire to, what they deserve in life' (p. 180). Thus Nosipho's ambivalence around her ethnicity was a sequela of a traumatogenic context in which abuse and indifference had disparaged the validity of her self and disavowed the accuracy of her experience and her insights. Our work together sought to counter this by nurturing and affirming her engagement with the world and, in so doing, beginning a reclamation of self.

***Therapeutic process***

*The life-road*

> i know i might encounter the death
> of speech
> but it's said memory is a long road
> made worse by the heavy load
> of violence
>
> (Rampolokeng 2002, p. 6.)

A significant aspect of Nosipho's presentation was an inability to grieve over or talk about her mother's death. When her mother died, Nosipho was faced with an irrevocable loss to add to a lifetime of smaller deaths: each time her mother drank until she was comatose, every time her father disregarded her pleas for forbearance, every act of violence witnessed or endured, every instance in which she was unable to access support, and every day that she had to care for her invalid mother alone. This accumulative traumatisation proved to be, literally, unspeakable for her. That it had resulted in a dislocation of the ego-Self axis is suggested by her flat statement that she didn't dream.

Thus the therapeutic process began with the predicament of her desperate silence. In response to this, in session 4, the life-road was born. It is an intervention that shares some similarities with tools used in Jungian and Gestalt

child psychotherapies, such as journal writing (Allan and Bertoia 1992) and 'my life as a picture' (Oaklander 1988), and provides an example of how the principles of trauma work detailed above may be integrated in a fluid process. Given Nosipho's anxiety, I began with the offer that she do some free drawing, as previous sessions had demonstrated how containing she found this activity. She drew an ocean overlooked by a large sun in the right hand corner, with two pale blue clouds in an open sky. Initially, the ocean was empty but as she worked at soothing herself, she added many fish of various sizes and colours.

Since symbols are always enigmatic, my interpretation – informed primarily by the Jungian work of Allan and Bertoia (1992) – is only one of many possible readings. In this, I understood the sun as reflective of masculine power and authority, exemplified in abusive terms by her father. The clouds suggested a weight of unshed tears and a need to mourn. I saw the ocean as a symbol of the unconscious, while her drawings of fish recalled Jung's (1963/1983) association of them with the archetype of the Self through their identification with the Christ figure, Himself a symbol of Self. I took this drawing as an indication of both the enormity and the proximity of those issues of which Nosipho could not yet bring herself to speak, as well as counsel that the act of engaging with them commanded the greatest respect and care on my part.

It was with reverence then, that I handed her a blank piece of paper. I explained that it was possible to draw one's life as a road on which we could walk together, beginning from the day that she was born until today. I indicated with my thumb and index finger a winding road from one side of the page to the other. Nosipho was clearly intrigued by the idea and immediately drew two parallel, twisting lines in pencil. She then told me her date of birth. I asked her to write this down, which she did between the two lines. I then asked her whether this had been a happy or a sad time. She replied that it had been happy. I wondered whether there was a particular colour best suited to reflect this. She agreed that there was and selected red to write the words 'Happy Day'. These were the first steps of a journey that would take us seven sessions to complete. There were times when the colour red was prominent, the road smooth and easy, and we walked with a light step. Nosipho would laugh delightedly. Soon, however, the colour brown – for 'Sad Time' – became emblematic, the road became rutted and filled with potholes, and the going hard. Here she would weep, brokenhearted. At every step, Nosipho would describe the scenery for me, write it down, and then characterise the feelings associated with it.

While walking the long road of memory, we encountered an anomaly in her mother's funeral rites that disinvested Nosipho of her right to lie on the wound, perhaps occasioned by her status as a child. On the night of her mother's death, a well-meaning adult told Nosipho that she should not cry because she was not alone and had her great-aunt to care for her. The life-road offered Nosipho the opportunity to articulate this and me the opportunity to respond with the acknowledgement that while she had someone who loved and cared for her, this did not in any way preclude her right to weep for what she had lost. Nosipho needed to lie on the wound in order to begin the long process of healing it, and she began to do this during the life-road. In the act of embarking on it, she demonstrated to me – and more importantly, to herself – that she had the capacity to map out and walk her history, through an irrevocable 'Then' to the liminal space of 'Here-And-Now'. Behind her, was scorched earth; ahead, lay possibility. And both required acknowledgement.

They did so, because they constituted an antithesis. As the poet Rilke (1982) tells us, the potential for spiritual integrity after appalling trauma lies in an integration, in the spanning of contradictions over the dark abysses of childhood. For Nosipho, some of these bridges lay between utter dispossession and the reclamation of self, between proof of adult unreliability and faith that it may not always be so, between an undeniably dangerous home and a possibly safe world, between the terrible cost of love and those unimagined moments when it is freely given and received simply because it is one's right as a small human being. In the slow construction of these bridges, her history was one stanchion and her future, the other. We filled 15 pages with our journey on the life-road. By the end of it, Nosipho had articulated a story of pervasive drunkenness, paternal violence, helplessness, bewilderment, short-lived moments of relief, her mother's death, the destruction of hope, her belief that her father had murdered her mother, pain, religious and community support, gratitude, her chosen inscription for her mother's gravestone, and lastly, visits with her great-aunt to her mother's grave.

Nosipho recounted how, during these visits, her great-aunt would tell her stories of her mother growing up as a child on the farm. After writing this down, Nosipho spontaneously characterised these visits as a 'happy time because I like someone to tell me things of my mother'. She paused for a moment and then wrote 'because I love my mother'. I asked her if we had still further to walk on her road and, after some thought, she responded 'I am finished'. And so she was.

In the week after completing the journey, I held a meeting with Nosipho's caregivers and they reported that she had recently begun to speak spontaneously about her mother. Even more significantly, Nosipho had talked about dreaming of her and being happy and grateful to have done so. The principles of analytical psychology suggest that this restoration of unconscious life reflects that a fundamental integration had taken place: the barricades to the ego-Self axis were in the process of being dismantled. Attendant on this were other improvements in functioning such as beginning to play again, engaging with her peers, being able to share small possessions such as a sandwich, and responding better to appropriate limit-setting. When her caregivers and I went back to the waiting room, we found Nosipho drawing quietly on the floor. Her picture was a sentence that she had embellished with flowers and colour. It read: 'I love my mother'.

*Unimagined bridges*

I have already described some of the bridges that I believe Nosipho began building on the life-road. The therapeutic relationship too is a bridge and one that entailed many of

the contradictions of her short life. I am an adult and, for the most part, adults had failed her. I am a woman and, historically, my gender was able to love but not protect her. I am a person in a position of power and responsibility. Within her home this denoted great danger, outside of it, indifference. I am white, and both Nosipho's explicit and oblique fantasies spoke of her equation of my skin colour with secure, agentic adulthood and hers with a deprived existence in which she had no protection against the slings and arrows of outrageous fortune. Given all this ambivalence, it is testament to an enormous act of faith on her part that our relationship was possible at all. Because it was, it offered a means of engaging with polarities – childhood and adulthood, black and white, feminine and masculine, power and vulnerability, helplessness and agency, safety and danger, dependency and autonomy – in order to negotiate a range of mediatory positions. In its being, our relationship both spanned contradictions and made possible a space in which they might be acknowledged and recovered over and over again.

I periodically found this act of recovery to be very difficult and painful to bear. My own need to offer Nosipho a different experience of care and new ways of being in the world sometimes resisted that which was 'wrong and yet necessary' in Hillman's (1997, p. 80) words. One of the most anguished of these, for me, was a moment when the therapy was well-advanced. In the course of session 20, Nosipho was recounting how her father had appeared unexpectedly at her school. A friend had warned her that he was outside the grounds and Nosipho had run into a classroom to find her teacher, but no-one was there. She told me that she felt 'scared' during this incident and that she felt 'scared also' telling me about it. The expression on her face was one of naked fear. In my own distress and need to protect Nosipho, I moved to sit alongside her without asking her permission to do so. As I stood up, she flinched.

I did not have the resources to comment on her response in the moment. I simply sat down and tried to verbalise that the play therapy room was a safe space that belonged to her. In this, her father could not come here. While this was true in literal terms, and important to articulate, I felt the weight of her experience accrue against this statement. Her father *had* muscled his way into the room. I felt him there and so did she. He had stepped out from behind me in my impulsive gesture. Our history, our present, and our future are all enacted in the space between ourselves and others. Together, Nosipho and I had brought her father into the room and imposed him onto a relationship intended to challenge the effects of his parenting. I could tolerate Nosipho's right, and even need, to be true to the unpredictability of her history. I could understand that she would flinch in a moment of great fear and in the presence of the as yet unknown. What I found very difficult to bear, was my own (necessary) complicity in the moment.

My choice of words is, of course, revealing. This moment opened my own wound, my fantasy that I could/would damage the children with whom I work. While it was a familiar aspect of my psychological life, entry into professional training and daily encounters with my own inexperience and aspirations, laid it raw. I had frightened Nosipho and I felt guilt, shame, and terror. Struggling to maintain equanimity, I asked her how she would like to work with her feelings of being scared. She replied that she wanted to 'make music' and for the rest of the session, she instructed me in the rhythm of banging a drum in time with her. In doing this, she showed me a more appropriate and considered way of helping her to soothe her distress – and mine – through the use of the healing drum (Diallo and Hall 1989). She was contained upon leaving. Ordinarily, it is the healer-musician who intuits the rhythm required to heal the patient (Diallo and Hall 1989); in this instance, Nosipho's initiative reflected an activation of 'the healing potential of the psyche [in which] the archetype of the Self takes the child where she or he needs to go' (Allan and Bertoia 1992, p. 13). This integration of healing practices was organic rather than orchestrated and demonstrates incisively that African and western frameworks of meaning are neither incommensurable nor mutually exclusive.

It also offered me personal experience of analytical psychology's premise that 'the people who come for therapy bring the analyst his [sic] own problems' (Hillman 1997, p. 21). In the process of engagement with this interaction in the moment, in supervision, in my own therapy, and in writing it up, I have been assisted in acknowledging my defensive, grandiose fantasies of omnipotence and how I confuse these with being a responsible person. The promise of a mediated position lies, I think, in my being able to tolerate that 'in the end, I am not that powerful' (Josselson 1996, p. 69). In so doing, I may become more able to sustain an awareness of my own shame and guilt and be less likely to act precipitously on it. This process began when I frightened Nosipho and then made the instinctive reparative effort of acknowledging her experience and asking her how she would like to attend to it. She and I both learned something in that moment. We continued to do so in the sessions that followed.

In session 22, Nosipho began to speak of the care her great-aunt offers her and that this makes her feel as she did with her mother. She then fell silent, and could only say that she was scared. This time, I was able to ask whether it would help if I came to sit next to her. She shook her head. This reflected another aspect of care that had been a feature of session 20, when Nosipho had (yet again) not found an adult to help her in a moment of crisis. The teacher's unavailability and how difficult this was for Nosipho, had been reflected, with the intimation that it was hard to know when grown-ups may be trusted to help. Given this, in session 22, I simply reflected her silent weeping and her great pain. After some time, I articulated that I would like to sit closer to her so that we could be with these difficult feelings together. This time, she nodded and I moved to sit alongside her. She then said: 'I don't want to think about this any more'. I reflected that it was very hard to do so and that since this was her space, she would not ever be forced to do anything. After sitting silent for a little while, she began to draw a picture. This consisted of a piece of blank paper bounded by a very heavy, multicoloured border. She drew this as aligning rectangles of colour repeated over and over again, and described it as 'a frame'. I reflected her obvious need for it and wondered why. Her response was: 'because I like to put things together'.

This was a theme that had arisen earlier in the therapy, indicated by Nosipho's fascination with puzzles. I understood her work with them in the playroom as acts against the dislocation of her life. In a puzzle, all the pieces fit eventually. Every one. At the end of a painstaking process, the puzzle lies whole and complete, representing mastery over the incomprehensibility of life as it is currently known and experienced. Thus I responded to her comment with the reflection that when things are mixed up, it is very difficult for her. She nodded and recounted a small incident in which she had not known that her cousin had moved a chair in their house for a reason. Nosipho believed she, Nosipho, had then made a mistake by moving it back to its usual place. Working with the feeling of the story rather than its explicit content, I reflected that this was a confusing experience. She nodded. I then interpreted that perhaps this was why it was hard to think and talk about living with her mother because her feelings about it were mixed up and confusing. She nodded again. I reiterated that we could talk about and put things together, together, and help them to be less mixed up and confusing. Nosipho stated that, had there been time (the session was finishing), she would have liked to put flowers inside the frame. I wondered aloud why flowers needed such a heavy frame. She was silent. I ventured that perhaps it was because they were living things that needed care and protection. She agreed.

Nosipho illustrated to me her need for a frame within which she could be afforded the space, safety and opportunity to become absorbed in putting mixed up things together and, in so doing, blossom. In this insight, she echoed a central tenet of psychotherapy regardless of modality and demonstrated her great intuitive sense of her own therapeutic needs. Here, the healing potential of the Self was immediately present. Integration of contradiction took place within the frame, both in the moment that I frightened her and in the moment that I sought to do better by asking her whether I could move closer to her. My impulsive gesture was unwittingly *ukuthunuka* – a painful pressing on the wound – that prefigured healing. Redress, meaning remedy or reparation for wrong, was not an experience that Nosipho had encountered with her first caregivers. I was given the ambiguous gift of offering it to her and, in so doing, engendering for her the possibility that others might do the same.

*Endings and beginnings*

This work led us towards the long summer break at the end of the year. Negotiating our separation rested – once again – on spanning a contradiction. Could our relationship continue to be present in its absence? This would necessitate that our restoration of her psychological and relational worlds to life was sufficiently robust to tolerate a symbolic connection rather than a physical one. It was a fraught question for me, given my awareness of Nosipho's repeated experiences of abandonment on many levels. As the year drew to a close, she enacted a range of therapeutic activities that either implicitly or explicitly addressed the impending separation. However, one instance in our second last session stands out. In this, Nosipho requested that we draw together. At the start of therapy, she had required that we draw the same pictures simultaneously, with me following her lead and copying her strokes. I understood this as an unconscious – and highly adaptive – effort to evaluate whether I was capable of being with and staying with her in some fundamental way. As therapy progressed, she was able to relinquish this in increments by asking me to 'draw the same but with different colours'.

In session 29, Nosipho explicitly instructed me to paint something else entirely. I asked her what she would like me to paint and, after some thought, she said, 'the sun and the sea'. She then paused and said, 'I'm going to draw flowers'. As I painted an ocean with fish overlooked by a large sun, she filled an A3 page with enormous, vibrant blossoms. She did not draw a frame around them. In the reverie in which we worked side-by-side, I was intensely aware of echoes from sessions 4 and 22. In the first, she drew – in distress – symbols of the father, the unconscious, and her own potential for healing and integration. In the second, also in distress, she drew a heavy frame into which she longed to place a symbol of flowering. On the 14th of October 2003, she confidently charged me to paint for her the images of paternal authority and her soul's processes. I understood that she was entrusting them to me and I accepted them with reverence. I believe that Nosipho did not need to draw a frame around her blossoming because a symbolic one had been created. In our last session a week later, I gave her the painting so that she could carry it away with her as a transitional object (Winnicott 1971). I did so in the faith that it would serve as a talisman: a symbolic and tangible reminder of the ever-imminent therapeutic space, created between us and within herself, in which wonders can happen. Our parting was negotiated successfully. Accordingly, our reunion the following year was wholehearted and immediate, without a retreat to her presenting position of defensive withdrawal.

There were other indications of recovery evident by the end of 2003. Collateral reports from home and school noted that Nosipho was no longer chronically hypervigilant and reactive. Her affect and play were appropriate, spontaneous, and of a wider range. Her concentration had improved markedly and she showed good progress scholastically, passing successfully into Grade 5. She was able to enter into and maintain healthy relationships with her peers, authority figures, and her foster family. Finally, her work in therapy clearly indicated an increased capacity to engage with painful material in a flexible and resilient manner. In light of the chronicity of the trauma she had experienced and the ongoing uncertainty surrounding her custody, Nosipho's improvement was significant. Our work the following year sought to entrench these gains and the continue the work of reclaiming her self.

**An African psychotherapy**

The therapeutic process discussed in this paper sought to maintain an open, invitational stance to both western and African frameworks of meaning. Previous findings (e.g. Mpofu 2003, Straker 1994) and my own experience with Nosipho have persuaded me that an integration of the two is both possible and effective. As such, it compels respectful efforts towards doing so. Perhaps the first step in being able to work flexibly between and with recourse to both perspectives lies in the recognition that they are not homogenous

entities: 'to speak of African indigenous healing as though it is a single, unified system is probably even more inaccurate than it is to generalise about the way biomedicine is practised around the world' (Swartz 1998, p. 63). Such simplistic reductionism does not generate multiple possibilities for integration but rather fosters the creation of binary opposites at odds with each other, underpinned by 'the problem of seeing the world as neatly divided in two – the rational, scientific, Western world versus the irrational, spiritual, non-Western world' (Swartz 1998, p. 63).

Integration is required here, as much as anywhere else. A trenchant example of the pitfalls of a decontextualised, idealised, and exclusionary vision of (any) healing practice is offered by Brooke (1997). He discusses the efforts of a South African psychiatrist and Jungian analyst to acknowledge the psychotherapeutic validity of the work of traditional healers (Bührmann 1986), and critiques 'the absence of sociopolitical analysis in her investigations and... her total endorsement of Jung's racial and cultural essentialism. By celebrating the sense of meaning in the communal lives of the traditional Xhosa she missed the ethical obligation to speak of the State's brutal assault on their integrity, or the desperate economic and political circumstances in which the Xhosa found themselves under apartheid' (Brooke 1997, p. 289). Besides emphasising that psychological life is inevitably contextually bound, these comments caution against romanticising or demonising treatment alternatives. Differences do not amount to value judgements: it is not that one framework of meaning is necessarily better than the other. An integrative position capable of acknowledging and tolerating both, offers the potential for deeper, richer understanding and interventions.

In Africa, we have intimate knowledge of the dangers of splitting and separatism, and the potentialities of integration and inclusivity; particularly so in South Africa. Our recent and distant past is a record of polarised existence and our present an accounting of its cost and consequences. It was suggested at the start of this paper that the traumata of our routinely violent lives are artefacts of segregation. Yet in the face of this, South African work on trauma has frequently been integrative. Could the two be related? We are a country with a history of trauma and of employing its severing defences in our most frail and terrified moments. At our best and most hopeful, we have been – and continue to be – able to relinquish these in order to integrate and heal. Like any trauma survivor, we have been tasked with acknowledgement of the ambiguous gift that our experience has accorded us. We have been spared blind insularity and are instead poised on perpetual thresholds of integration: in theory and in practice, interpersonally and intrapsychically, as communities, a nation, and as human beings. We can make soul out of what were our defences. This is the potential of an African psychotherapy.

## Conclusion

The act of integrating different frameworks of meaning lies even in the title of this paper, which makes use of a line from Rilke (1982). One might ask whether a 20th century German poet might have anything useful to say about the contemporary practice of psychotherapy with South African children, particularly a poet who famously eschewed the profession (Gardner 1986). It is my thesis that he does and that the local poet Rampolokeng (2002), whom I have also quoted, speaks to the consequences of unhealed trauma: the death of speech and the heavy load of violence that burdens memory. Again, as in the experience of symbols, the experience of poems is inevitably subjective, mutable and plural. My reading here is only one of many possible readings. For me, Rilke's (1982) poem resonates with the tasks of being human, being a psychotherapist, and being a South African. He acknowledges the dark abysses of history that we venture to explore and the wonders that may be afforded by our passage. I am heartened by his assurance that while the work is inevitably ineffable and complex, it is not beyond human capacity. In my engagement with it, I remember his counsel that it requires deliberate, reflective care and faithful application. Lastly, he challenges me to build bridges that are yet undreamed of, integrate estranged positions, and live out the reality that existential responsibility has a sacred impetus.

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