RAGING IN SERVICE OF THE SELF

EXPLORING A FIVE-YEAR-OLD BOY'S AGGRESSION WITHIN HIS PLAY THERAPY

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CONTENTS

ABSTRACT

This thesis takes the form of an in-depth case study within which the play therapy process of an aggressive 5-year-old boy was explored. The aim of the research was to examine the abundant expressions of aggression that were present within his therapy, and in so doing reflect their rich communicative content and their relevance and purpose in the development of his Self. Object relations theory formed the lens and theoretical context for this research with Winnicott's contributions and Parens' model of aggression being considered in particular. A detailed data resource of the therapy process was compiled and transposed into narrative form. These narratives were reviewed with a reading guide as a means to facilitate a hermeneutic exploration of the data. The emergent themes were considered against the case data and the current theory, which allowed for their further analysis and development. From this the value of using Parens' model was considered and deemed useful although limited in its contribution. The analysis and the themes which emerged conveyed how within this case the child's aggression presented as: a significant feature of his ambivalence towards relationships; a powerful and pervasive protective fantasy of omnipotence; inherently linked to his sense of self and self expression; and as actively involved in his True Self's hope-filled attempts for an alternative experience. This thesis provides a descriptive account of a challenging case, offering insights into the value and meaningful content of aggressive behaviours, with the intention being to reflect that which is often not easily appreciated or readily observable within such a therapy process, a trace of hope.

INTRODUCTION

When I was offered this case, only a few weeks into the internship year of my Masters Degree in Clinical Psychology, I was somewhat undecided and wary. It was known that my primary interest lay in working with children, however what appeared of most significance was that in my class I was the only male. It seemed that as a result of the robustness I was assumed to possess, I was considered to be most suitable to work with a busy, energetic and forcefully aggressive young boy. Yet despite my reticence I was also eager for the child work experience and so with the confirmation and assurance of ongoing supervision, I agreed to take what felt like a courageous step.

My first encounter was the referral letter and I found that the more I read the more this boy and his manner of engaging in the world intrigued me. He had my attention and as my interest and perhaps even excitement grew I decided I really wanted to meet him. Our initial meeting which included his mother was best described as lively and vigorous, yet it was also insufficiently eventful to prepare me for the extent of the challenges this case would present. He and his behaviours within the therapeutic process were to prove more than a handful.

A combination of these challenges, my affinity for child work, and that this was forming part of my training and development as a therapist, saw to it that I engaged deeply with this case. A significant amount of energy and thought was required and applied to all the facets of the case -work, -management and -supervision. The result was a comprehensive and thorough understanding of the case fuelled largely by having to be so *in* it.

The therapy process was difficult and at times overwhelming but it became increasingly evident that it was a rich case and therefore the chance to examine it in more detail seemed a valuable, if not necessary, endeavour. Writing this case study offered the opportunity to not only be able to reflect on this turbulent therapy and in so doing enrich my clinical ability and theoretical knowledge, but also the chance to share the insights and experience that this challenging case so readily provides.

However, writing up a case that required me to be so deeply engaged held its own challenges. It meant that by examining and reflecting on the work I had done with a child I had come to know so well, I was now being placed very much *in* the research. This emergent therapist/researcher duality and its implications will be discussed in more detail within the Review of the Research section, however it feels necessary to note at this point that within the initial research process and then here within this thesis I have referred to myself as "*clinician*". This was done as a means to facilitate and ensure appropriate distance and convey to the reader that inasmuch as this has allowed me to reflect upon my work and experiences, my intention within this study has been primarily research orientated.

The thesis begins with a *Review* of relevant *Literature*, primarily psychodynamic, regarding child development and in particular the manifestation, role and value of aggression within this process. The pathological development of aggression is similarly considered and additional perspectives on its worth as a source of communication within a child's manner of engaging are included. Play therapy is then discussed with reference to its value in working with children and again in particular for those who struggle with aggressive behaviour. The section is concluded with an explication of the case where the child/participant is introduced and his relevant history, as it pertains to the research, is provided. Thereafter within the *Methodology* section the research intentions are discussed with specific detail given to the methodological process involved. Appendices are also included and referred to with the intention of adding substance to the emerging argument and research data. The *Discussion* looks at the major themes that were generated within this analysis process and explores them in greater depth as they link with theoretical insights and the case data. As noted, a *Review of the Research Process* is also offered and which includes a reflection of the contributions offered to the greater body of clinical theory and research practice. The thesis is brought to a close with the *Conclusion* that draws out the essential features of discussion while also reaffirming the intrinsic value and presence of the child within the information presented and research process

A final note before moving on to the Literature Review is that it is worth acknowledging the multiple layers of a child's play within their therapy process. The meaning and value that these hold for the child, although informed by insight and

experience, can only be hypothesised by the observing adult therapist. It is therefore necessary to situate this research as being a reflection of my understandings and hypotheses about a case I was deeply involved in, often puzzled by, and have remained respectful of. Although my experiences in it and my research, analysis and reflections thereafter have generated a rich and detailed argument, it remains *my* perspective of *his* experience.

LITERATURE REVIEW

Winnicott proposed that a child is born with a "blueprint for existentialism" by which he meant that within the child there exists a drive and an inclination to grow and direct their maturational process towards the development of the unique individual that their birth had intended (Winnicott, 1963, p. 86). He describes this unique potential that exists within the child as their True Self (Winnicott, 1960), the realisation of which would result in an innate trust in their affective capacity and a willingness therefore to engage with these subjective states as a means to navigate and experience their world (Summers, 1999).

As part of this developmental process, the child needs and actively attempts to maintain object relationships, as it is from these objects and their responses that the child creates an understanding and an internal representation of their self, the external world and their intrinsic value and existence therein (Summers, 1999). It is within these early affective engagements with the object and the responses that they receive in return that the child experiences, works with and learns about, how their affective states can be used and relied upon as means to both further their True Self development and also ensure that their additional needs for relatedness are met.

An essential feature of this developmental journey is that, although it is an unalterable path towards their True Self, it can be facilitated or impinged by the child's developmental environment. The responses the child receives from their developmental environment need to be experienced as accepting and tolerant of the child's endeavours and explorations of the world, as well as offering them the sense of being safe and protected from threat and excessive feelings of distress or discomfort. Fairbairn, (1941) states that the child's greatest need is to feel loved and feel that the love they offer is genuinely accepted. The child needs to experience what Mahler

(1968) refers to as “optimal human symbiosis” (p. 205) where although they experience the frustrations and the delays in gratification that Parens (1979) noted to be essential in motivating the child towards self development, these are not excessive or overwhelming. These are, with the help of the object, presented to the child in such a way as to be experienced as resolvable and manageable for their ever-developing capacities for survival.

It is necessary to note here that although there have been a number of developmental research studies which have allowed a greater depth of understanding and insight into the capacities and abilities of the developing infant, Summers (1999) in citing these, acknowledges how the work done by the early object relations proponents remain seminal in their contributions and now possess greater research based support. As a result, many of the references which are cited within this thesis have been accessed in their original texts.

Winnicott, (1956a) suggests that in instances where this is not the case and the child is presented with excessive and ongoing negative experiences, it generates a “threat of annihilation” (p. 303) the intensity of which he describes as like that of falling endlessly through the air. This annihilation anxiety is an intolerable experience which the child will vehemently defend itself against by erecting a False Self as means to defend and protect the True Self. A function of this False Self development is that the True Self is internalised as being vulnerable and ineffective and as a matter of survival needs to be buried. Winnicott (1960) notes how the False Self is established not only to protect the True Self but also to maintain object ties, however although it is object pleasing in its actions, it is also self inhibiting in its existence. The True Self is forced to remain hidden.

Summers (1999) suggests that although the True Self is buried and with it its unalterable drive to be realised, it will continue to attempt to express its affective capacities. As mentioned above the original developmental journey was to have these affects integrated and effectively used and this remains the True Self’s intentions. However, as a result of the internalised view of a less that optimal True Self, these are often expressed in indirect and often self-sabotaging and self-destructive ways. A task of therapy then is to recognise these indirect expressions of the True Self as they

present as the psychological symptoms and defensive structures, and examine how they were created, offering alternative experiences that allow for the reintegration of these affective expressions with their original, adaptive and self developing agenda (Sandler & Sandler, 1978; Summers, 1994).

Aggression and Child Development

Aggression is one of the affective capacities which requires expression and exploration during the child's developmental journey. It needs to be engaged with, tolerated and survived by the developmental environment for it to become recognised as a reliable and acceptable affective experience with which to strive towards True Self realisation. In the case that forms the focus of this research it was aggression and acts of violence that were the affectively charged behaviours that brought the participant to the mental health system and into play therapy.

Parens (1979) is noted to have conducted one of the most widely cited and in-depth investigations into the development of aggression in childhood and he states that the first manifestation of rage (hostile destructiveness) in a human child can be observed within the first four months of life. His position is that this type of hostile aggression is not an innate destructive drive that accumulates internally and requires discharge, but rather is an impulse that emerges in response to excessive pain (physical or affective) and has the intention of removing the cause of the pain. A position supported by Sandler and Sandler (1978) who note that negative affective experiences are met with primitive mechanisms of rejection, avoidance and withdrawal, anger and rage where the child will attempt to obliterate or make disappear those objects experienced as causing this distress. Parens (1979) also notes however that this destructive rage is not the only form of aggression seen in infants and he proposed that there is also strong evidence of non-destructive aggression.

In his explorations of aggression and his research with infants he noted that aggression appeared to manifest in a spectrum from destructive at one end to non-destructive at the other end. His investigations and ultimate formulation of aggression concluded that although the expressions of aggression appeared to exist on a spectrum, in essence they originate from the same intrinsic energy source. This common source he understood as being a primarily non-destructive and neutral drive

energy which was available to the infant as an affective expression from birth (Parens, 1979).

Parens (1979) recognised that aggression appeared to manifest in four distinct categories: The first of these he labelled, *non-affective destructive discharges* which appears as an impulse, not influenced in origin by an affective state, but which is instinctually driven by the need for self preservation. It is manifested most clearly in the child's sucking and chewing. This does not intuitively seem like an aggressive gesture, however with closer consideration it is destructive in its expression as, in essence it involves the child attempting to act upon, assert itself and gain control over, master, and ultimately breakdown an object for the purpose of assimilating it into its self. This destruction of external structure Parens likens to carnivore's prey aggression.

Parens' second category is *non-destructive aggressive discharges,* the primary goal of which appears to be one of attempting to establish a sense of presence in the world and which is observed in the child's instinctual gestures of assertion which, although non-verbal, are often clear communications of "Let me do it". These spontaneous non-destructive discharges of aggression are evident in the child's persistent activity levels and exploratory behaviours which take the form of compelling exploration, examination and manipulation of everything within reach. The intention is again to attempt to assert their presence, gain control over, master and assimilate the object (Parens, 1979), a trend that is integral in the service of adaptation, self preservation and growth (Winnicott, 1950).

A third category was noted as *unpleasure-related discharges of destructiveness* and was manifested most clearly in the rage reactions of infants. It was concluded that these are not spontaneous destructive discharges but rather are the response to what Parens (1979) termed *excessive unpleasure*. Winnicott (1950) made similar assertions that destructive aggression is aroused by the experiencing of resistance while attempting to assert oneself on an object. The aim, as in the other categories of aggression, remains one of attempting to ensure self protection and survival although becomes modified to inflict pain and destruction in order to put an end to the distress. It was also noted that these rageful reactions could be prevented or stopped by the

removal of the unpleasurable experience that was causing the rage. Parens (1979) concluded that excessive unpleasure produces the affective state which mobilises the aggressive impulse and modifies its aim from its original survival value to serve destructiveness for its own end.

Although this hostile aggression is not spontaneous but rather is mobilised in response to excessively felt unpleasure, it can appear unprompted and instinctual. Parens (1979) suggests that this is the consequence of the child's early experiences being characterised by repetitive excessive unpleasure and which resulted in patterns of aggressive discharges being established and which over time achieve secondary autonomy. This requires further exploration and will be discussed later.

Parens' (1979) final category of aggression is *pleasure-related discharge of destructiveness* which he describes as "teasing, taunting and sadism in the broad sense" (p. 6). He understands this type to be the product of accumulations of unpleasure-related destructive impulses which are delayed in their discharge. A significant aspect of this is that the child is able to take the previously negative affective experience elicited from the excessive unpleasure and change it into a pleasurable experience that accompanies the eventual discharge of hostility (Parens, 1979).

These delayed discharges of unpleasure-related destructive impulses are modified by the child's emerging ego to delay, inhibit, displace, effect reaction formations, make a game of (pre-sublimate) and discharge under ego control (Parens, 1979). The delayed nature of the discharge makes it appear unprompted, however again like the unpleasure-related aggression, it is not a spontaneous impulse as it is an expression that is in response to previously experienced unpleasure. Of significance is that the capacity for arousal of this pleasure-related destructive discharge is intrinsically built into the child's psyche, although again the level to which this is automatised and presents as a pattern of behaviour is similarly a function of the child's early experiences (Parens, 1979).

Although aggression is aroused in different ways and as Parens purposed forms a spectrum in its expression, its original and intrinsic purpose is the same. Aggression

is significantly involved in growth, development and maturation where it fuels activity in the sense that not only does it strive to meet its own aims but also those of the libido, the ego and the environmental demands (Parens 1979). Winnicott (1950) writes, "at its origin, aggression is almost synonymous with activity" (p. 204).

Parens (1979) cites various authors' views on the role of aggression: Mittleman (1960) advances the view, similar to Winnicott, that some instinctual force drives the child towards constant activity and motion. Greenacre (1971) understood aggression as being very closely linked to the inborn force that appears to motivate growth and the maturation process. Spitz (1965) generalised that "the aggressive drive serves as the motor of every movement, of all activity, … and ultimately of life itself" (p. 106).

Marcovitz (1973, also cited in Parens, 1979, p. 84) summarises this in saying, "Without aggression there would be no survival, no active drive towards learning, nor to the mastery of our inner drives and of the challenges of the world around us". He continues, "human dignity depends on aggression. A healthy feeling of one's own worthiness depends on the ability to meet the difficulties, obstacles and challenges that are inevitable in the process of living". Winnicott (1950) stated that if aggressiveness is not integrated into the personality, the healthy and constructive aspects of aggressiveness, namely motivation and the pursuit of healthy and realistic goals, are severely compromised and result in passivity and inadequacy. A position shared by Fonagy, Moran and Target (1993) who note how aggression is generally accepted to play a pervasive role in a number of everyday activities such as professional rivalry, humour, sports and fantasy.

Essentially, from birth there is an inborn tendency to explore and engage with the environment which continues into adulthood and which is fuelled by the aggressive drives. In addition, the child is born with an innate drive towards self-preservation and therefore to respond to experienced threats to their self in such a way as to remove the experienced threat. Although the aggressive impulse can be altered in the direction of destruction and also when delayed can be enjoyed, its intention remains that of ensuring self survival. Winnicott (1950) wrote that aggression is the response that emerges when the child's attempts at moving towards their True Self are

impinged upon and informs the position that, in its existence as an affective capacity, aggression is inherently tied to the inborn drives of the True Self.

Aggression as a Pattern of Expression

The hostile nature of the destructive discharges can appear to be automatic and instinctual responses as opposed to being in reaction to unpleasure, and therefore would not appear to fit with the view of aggression as being primarily aligned with self realisation. However, as mentioned above excessive unpleasure energises the infant into action to rid itself of this harmful agent and its associated painfully felt unpleasure and which, if experienced repetitively, can achieve a secondary autonomy. Parens' (1979) explanation which is aligned with Summers' (1999) object relations model states that during excessive and repetitive experiences of unpleasure this response of a hostile aggressive impulse is discharged outside and attached onto the object.

Mahler, (1968) explains that if a child experiences too great an emotional stress they are prematurely required to develop their own resources for self protection, rather than being allowed to gradually develop these mechanisms while under the watch and care of their developmental environment. These mechanisms emerge prior to the development of complex psychic defences and result in the more primitive strategies of avoidance and aggression being mobilised (Fonagy et al., 1993). Balint (1968) sees aggression as rooted in the child's developmental environment being unresponsive to the needs of the child and hatred acting as a barrier against this experienced lack of love. A consequence of repetitive unpleasure during the early developmental stages where the child internalises their sense of self as being weak, vulnerable and bad (Fonagy et al., 1993; Summers, 1999) is that any impingement on their aims or attempts at self assertion is experienced as a threat to their self and therefore responded to with aggression and destruction.

In addition, if during this immature phase of development excessive unpleasure is experienced too often and prior to the establishment of the capacity for self object differentiation, then this destructive hostility is attached not only to the part-object but also then to the part-self (Parens 1979). Fonagy et al. (1993) explains that where the child's attempts at mastery and self development are repetitively thwarted, these self

expressions become fused with aggression. As a result of the enduring and pervasive influence of the hostile destructiveness which then becomes invested and a part of these earliest object and self representations, it invariably also becomes indelibly imprinted in the emerging psyche as a mode of functioning. Therefore inasmuch as the object relations are being formed so is the psyche's mode of engaging with them and these patterns of hostile aggression then develop into repetitive automatic modes of functioning. As a result, the child's hostile destructiveness, manifesting as anger, hostility, rage, hate and revenge, develops autonomy and automatic spontaneity. Parens (1979) adds that the degree to which hostile aggression was mobilised in the early object and self representations has a direct bearing on the extent to which sadism becomes a feature in the psyche and in the vicissitudes of the aggressive impulse's manifestations.

In essence, while every child has the psychic capacity to mobilise destructive impulses, the actual mobilisation and accumulation of destructive impulses as patterns of object relating is directly related to the experience and repetitive experience of excessive unpleasure (Parens, 1979).

Summers (1999) notes that inborn aggression has the capacity for construction and ambition, however if this drive is blocked and not allowed to achieve its primary aim of mastery and self assertion, this drive seeks indirect expression through self-destructive aims such as self-sabotage or sadistic attack. Excessive hostility then is aggression diverted from mastery and is the product of obstructions in the drive towards the realisation of potential. Summers (1999) goes on to say that pathology is the adaptive outcome of sacrificed self realisation for the purpose of maintaining some form of relatedness.

In the instance where the child's primary object is experienced as both hostile and weak they are faced with a significant developmental obstacle. The consequence is that the defensive aggression is intensified and yet the child remains unable to tolerate this as it is perceived that the object is too fragile to cope with or survive the destructiveness (Fonagy et al., 1993). Summers (1994) discussed defences that can be deployed as a means to wall off aggression which rob the personality of its aggressive component. He notes the most common as being that of splitting, where aggression is

kept separate from objects of dependence and love. This results in the aggression being expressed towards other objects while the relationship is kept conflict free as any aggressive impulse felt or expressed within the relationship is experienced as a threat to this relationship (Summers 1994). Another more innocuous defence is that of reaction formation where all relationships are kept primarily positive and conflict free, although in such a case when aggression is required for the purpose of self protection this is often not possible and the person is experienced as passive and ineffectual (Summers, 1994). Their existence is to form a defensive construction aimed at protecting the internalised weaknesses and vulnerabilities of the True Self. However, a result is that the child is unable to develop a solidified sense of self which further reduces the child's capacity to contain their aggression (Fonagy et al., 1993). In such a case where the child is forced to engage with their limitations too early and they are denied the opportunity to gradually develop a sense of their capacities and a trust within these, they will hold onto the egocentric omnipotence that their infantile development engendered (Mahler, 1972). As a result, they fight to maintain a sense of agency and power as the psychic reality of their lack thereof is too painful and overwhelming to tolerate.

As mentioned Winnicott (1950) recognises aggressiveness as playing a crucial and significant role in the development of the self, however he also recognised that a consequence of aggression not being allowed expression is that the growing child will not feel real. He asserts that as a result, in order to gain a feeling of reality, outlets for aggressive impulses and reactions are sought. However, this feeling of reality lasts only as long as their aggressive outbursts and they therefore need to constantly seek opportunities for aggressive expression in order to feel real. They aggressively oppose the environment, and do battle over and over again, in a desperate attempt to secure the feeling of existence (Winnicott, 1950). Fonagy et al. (1993) make a similar assertion where the child mobilises their aggression to protect their internalised vulnerable self which is however ultimately ineffective and inadequate against the extent of the anxiety linked to this threat to the self. As a result of the child's repetitive failures at protecting their self, the aggression is pathologically fused to the self-structure and "aggression becomes inextricably linked with self expression" (Fonagy et al., 1993, p. 475).

Through his work Winnicott developed an understanding of aggression that considered rageful behaviour to have a self-defining meaning from the position that the person is trying to establish a sense of reality and in so doing a sense of self. The implication of this was that Winnicott saw as very important that the patient be allowed to express their anger and rage within the therapy session as he believed that acting out is a healthy sign where the True Self is attempting recovery and is attacking the persecutors (Winnicott, 1956b). In a paper he presented about his formulation of children stealing and being aggressive, he stated that he understood delinquency as a sign of hope (Winnicott, 1967). He said that "the antisocial tendency is linked inherently with deprivation" and that the characteristic of this tendency is the child's drive to restore that which was lost (Winnicott, 1967, p. 91). It is the child's attempt to go back behind those moments of unthinkable anxiety that required a re-organisation of self to re-align with their True Self's intentions.

In summary, aggression and the child's sense of self become closely linked and in their attempts to feel alive and create a sense of presence in the world, they do so through what has been internalised as their safest means for self expression. However, within these moments of hostility and destruction there is also a sign of hope as they attempt to actively pursue that which has been lost and that which they need. They are challenging and testing their environment and seeking out alternative opportunities for protection and expression. The need remains however, for them to be able to re-learn and re-align their currently self defeating patterns within the intentions of their original True Self.

Worthy of mention is that this is a psychodynamic view of aggression, and within that it is also one particular perspective therein. It is necessary to acknowledge that there are other methods of conceptualising, categorising and formulating aggression and its pathological expression. However, for the current research this proved a useful point of departure and an interesting lens through which to explore and elicit the richness of the case data.

Play and the Child's Self

One of the ways that children naturally engage and work with their True Self is through play, and it is within their playful explorations and endeavours that they grow

and are provided the opportunity to re-examine and engage with their affective expressions. Children appear to have a built in curiosity, which has been noted to be closely aligned with their aggressive drives, and which generally means that they have difficulty in being able to sit still and concentrate for extended lengths of time. Landreth (2002) writes how children are more inclined, if not engineered, to actively engage and explore their environment in the service of learning and furthering their understandings of themselves and the world in which they exist. In their play the child works with and tries to make sense of events that are often experienced as confusing and overwhelming. It allows the child to create a place to explore and play with their ideas, roles, and experiences and in so doing make sense of their lived reality. Play becomes a medium through which to engage with their struggles and re-integrate those aspects of their affective expressions and object relation patterns that, although created out of psychic necessity, are in their current form hindering their self development.

It is the child's innate drive to realise their potential that thrives in this space and unconsciously pushes them towards looking at, playing with and re-experiencing things which in the real world are too overwhelming and anxiety provoking to be able to tolerate. Play becomes a dreamlike space where the child is the master of their environment. It is within this realm of engagement that the child's True Self is given a voice and is allowed to re-create experiences and facilitate and regain a greater sense of agency, mastery and control. While playing, the child has reasons for their actions and expressions and there are a number of things that are important for them in what they are doing and while these may be difficult to recognise or understand within the moment, they are necessary. Axline (1955) notes that although it is often not possible for the therapist to understand the workings of the child's mind it is important just to know that it *is* working.

Winnicott (1971) conceptualised play as occurring in an intermediate space or area of experience that divides and connects two realities: that of the internal and the external. This space of play acts then as a bridge between the child's internal reality of subjective experiences and emotions, and the world of external reality and objects. It is when the child is fully engrossed in play that they enter this intermediate space that is in-between reality and fantasy and is in a place where they are the authority, the

directors controlling the actors and their props. They transcend their immediate sense of self and respond to their unconscious and intrinsic needs, desires and wishes. They are able to go, move and discover those experiences that need to be seen and understood to facilitate their adaptive and healthy development. The child is able to express their individuality and explore their intrinsic resources and abilities where they challenge their strengths, test their weaknesses and emerge with a greater familiarity and awareness of their own capabilities. This play and exploration of their individual capacities facilitates the integration of these into the child's personalities and their way of being in the world (Landreth, 2002).

In the case of aggression as an affective expression, the realm of play is a rich environment for its expression and experience, and allows greater freedom and opportunity to explore it in detail. Haworth (1964) comments on this and the complex and often ambiguous meaning and communication of a child's aggressive expressions within their play. She offers the example of how a child aggressively hitting a toy has the opportunity to engage with and explore a number of different experiences related to their aggression. They could be expressing their wish to hit at someone, or it could be expressing their own fear of being hit, or their panic at possible annihilation or possibly their working through of past traumas (Haworth, 1964). Inside the child's play arena anything is possible.

Winnicott (1942) explains that aggression is within the child's make-up and will therefore engender feelings of dishonesty should these be denied expression. He therefore believed that the child should be allowed to express anger within their play as this offered opportunity for the mastery thereof. He also noted that a child values finding that their hate or anger can be expressed in a known environment without the threat of retaliation or attack from this environment (Winnicott, 1942). This is not to say that the child should be allowed free reign, for it is through the experience of boundaries and limits that the child is able to feel free enough to play (Ginot, 1959; Landreth, 2002x). The nature of this therapeutic environment needs to be such that the child feels safe and sufficiently contained to be able to engage and explore their often frightening affective experiences that are so readily expressed in their aggression. The child needs to feel relaxed and trusting that the space in which they are playing is able to hold them and their hidden fears, anxieties and hurts in a way

that they are themselves unable to do. It is the intention of play therapy with a child to facilitate "…an increased awareness of his [sic] feelings, a sense of measuring himself against himself, a seeking for an understanding of himself that will bring with it inner peace, and a feeling of being at one with the world" Axline (1955, p129). Play therapy has been shown to be an effective method of intervention for children whose primary difficulty is aggression (Landreth, 2002), however this should be only one aspect of a comprehensive treatment approach that includes parent training, family therapy, and school based interventions (Farmer, Compton, Burns & Robertson, 2002). Willock (1983) adds weight to the role of play therapy by noting that the psychodynamic perspective upon which it is based has a significant amount to offer as a framework for these other interventions.

Children do not possess the cognitive or linguistic capacities to be able to explain and explore their experiences and thoughts verbally but rather, "express themselves more fully and more directly through self initiated spontaneous play" (Landreth, 2002, p. 10). However, despite this apparent aptitude for play, the child whose mode of existence in the world is characterised by aggression and destruction, finds play therapy a difficult and challenging process (Willock, 1983). They often struggle to play freely and resort to what appears like a default position of hostility and mistrust. However he does say that by virtue of their relative youth the child's overt manner is unconsolidated and therefore more accessible to therapeutic efforts (Willock, 1983).

It becomes of value now to introduce Craig, whose overt manner of aggression and destruction were what began his therapeutic process and was a pattern of behaviour that would remain an ever-present feature therein.

Case History

Craig (a pseudonym to ensure anonymity) presented as a short, stocky, five-year-old boy with closely cropped brown hair, large round eyes and tanned skin. He arrived wearing a vest, shorts and sandals and offered a confident but dismissive manner and within minutes it seemed that he had opened, moved or at least touched everything in the clinician's office. He was clearly a busy boy who carried a sense of mistrustful anxiety yet at the same time appeared curious and hopeful.

Craig was referred from a Community Psychiatric Clinic and his presenting problem revolved around increasing displays of aggressive behaviours towards animals and also, his half-sister. His mother explained that he was very active and busy, that she was struggling to discipline him and that their relationship was filled with conflict. She had additional worries that he seemed obsessed with germs and death.

Craig was a healthy child whose birth and early physical development were normal and without concern and he achieved all his developmental milestones appropriately. His developmental environment however was characterised by change, separation and physical punishment. Craig's mother reported that she and his father were divorced when he was six months old. Six months later, during the final trimester of his mother's pregnancy, he was sent to live with his maternal grandmother on her farm as his mother was finding it very difficult to manage him. He returned to live with his mother soon after his sister was born. Craig developed a close relationship with his half-sister's father and referred to him as dad, however when Craig was two and a half years old, he left their home.

When Craig was three years old he and his half-sister were again sent to live with their grandmother as his mother was having difficulty both working and looking after her children. They stayed with their grandmother on her farm for nine months. While staying there Craig was severely physically beaten by his grandmother's partner following an incident where Craig and his dog had killed a number of ducks over two successive days. A legal case regarding this abuse was opened against his grandmother's partner, however this appeared to lose impetus and now remains unresolved. Craig's mother explained that she runs a strict home where she is and has a powerful voice of authority. She smacks Craig if he misbehaves and commented that this happens often as he tends not to listen and seems to be trying to make her angry. He readily fights with her and his sister and makes loving him a difficult endeavour. In a feedback session Craig's mother described how he presents an air of omnipotence where he is immune to danger, is ambivalent about affection and in his manner seems to be saying, "Watch out! I'll kill you! Because I can!"

Craig was seen for 31 weekly sessions of play therapy over an 11-month period. Although there were a number of missed sessions where the therapy process seemed

to occur in four to six session clusters, his sessions were rich and he was able to deeply engage in his play. The nature of this engagement and their associated affective expressions can be best described as hostile and rage-full. The sessions were characterised by high levels of activity and frequent demonstrations of violent aggression both in the symbolic events within his play as well as actively directed at the clinician. These were unsettling at times for both Craig and the clinician, however they were repetitive and consistent and offered the impression of being internally driven and a necessary part of the therapeutic process.

In exploring Craig's case it is of value to examine Craig's ubiquitous expressions of aggression in more detail and explore how this affective expression manifests, how it is experienced and its value and communication within his development and attempts at True Self realisation.

METHODOLOGY

Research Aim

The aim of this research is to examine the participant's expressions of aggression within his play therapy sessions with regards to their *content of expression* and their *links to his previous developmental experiences and current existence* and from this explore their *purpose and relevance* in relation to his Self development.

Method

This research entailed the detailed examination of a single case written in the form of an in depth case study. It involved a hermeneutic exploration of the data with reference to a specific theoretical context in the service of a richer understanding of the case. The data was considered, both for its significance to the case under study and as it links to this broader theoretical context, through a lens of Object Relations Theory with the predominant focus being the role and value of aggression in Self development.

Participant

This research involved a single participant and his selection was guided by the challenging and intriguing nature of the case and the detailed resource of the case data

available. He was a five-year-old English speaking boy whose presenting problem was high activity levels, aggressive and destructive behaviours and discipline difficulties. He attended 31 sessions of play therapy over an eleven-month period, engaging actively in the therapy process, from which there emerged a rich and abundant resource of information suitable for further exploration. The participant presented a number of therapeutic challenges and difficulties with regards to his aggressive behaviours where the meaning and purpose of its expression required ongoing thought and consideration, as did its need for management and containment within his therapy process. In the moment, as well as upon reflection, his aggression was often overwhelming, puzzling and unsettling and appeared to warrant deeper investigation.

Data Collection

Edwards (1996; 1998) emphasises the value and importance, when beginning case based research, of developing an in-depth and accurate description of the case. The background and contextual data of the case was drawn from a number of sources that provided detailed information about the participant, his developmental history, and his current behaviours and psychological functioning. These included an intake assessment report and referral letter from the referral agent; a detailed Maudsley report that included a psychological formulation, as compiled by the clinician following the intake assessment interview with the participant and his mother; and notes from five feedback sessions, which were held with the participant's mother to discuss his progress and explore his behaviours at home.

Edwards (1996) also notes how the data generated from the therapy sessions will add to and enable a more detailed and extensive understanding of the case. Such data regarding his presentation and process within therapy was drawn from: detailed session notes written following the participant's play therapy sessions (31 sessions); transcribed audio recordings of the dialogue and verbal expressions that accompanied his play from sessions 19 to 31 (12 sessions); and supervision with a clinical psychologist regarding the participant's play therapy process which included the ongoing development of the participant's psychological formulation.

Data Reduction and Analysis

The session notes were reviewed in detail and each session was transposed into a narrative, written in the form of a third person account of the session content. The narrative was utilised as a means of capturing "…the little stories, into a coherent, whole, unified story…" (Kelly, 1999, p. 415). The fact that these narratives were being constructed by the clinician and therefore held the potential for being biased was noted and, in an attempt to bolster their validity, careful consideration was given to ensure the wording used within these constructed narratives was closely aligned with that in the original session notes. The assumption being that the session notes written directly following the sessions would be a truer and more reliable account of the session than the memories and impressions elicited during subsequent readings of these notes. This was informed by Edwards (1998) who stated that the veracity of experience and engagements within the therapeutic process is of notable value in securing greater validity within case study type research. The audio transcriptions of the final 12 sessions were considered in conjunction with the session notes to enhance their reliability and, in service of adding to the richness and the depth of the narrative, excerpts from these were included. However, in keeping with Kelly (1999) direct quotes were only used when Craig's words captured the expression better than the clinician could do so and "fit[ted] in with the general thematic development" (p. 416) of the narrative.

In addition the session notes often included reflections on the clinician's countertransference experiences within the session. These were considered during the construction of the narrative to again increase the depth and authenticity of the account. Their validity as adjuncts to the session notes was assumed sufficient as they

were written in service of the therapeutic process rather than the research process and would therefore be free from researcher bias. An additional note in this regard is that all interpretation of the play and affective expression within the sessions was avoided during the construction of the narrative. The primary agenda of the narrative construction process was to remain true to the voice of the participant under study (Kelly, 1999) while at the same time creating an essentially objective account from what was an inherently subjective record.

From these 31 narratives, specific play sequences that exhibited aggressive content or expression were identified and isolated. A working definition of aggression was constructed for this purpose and was based upon Parens' four categories of aggression. This definition broadly encompassed *all actions, words or play activities that expressed an attempt to assert a presence, control, hurt or destroy an object*.

From this definition 166 narrative excerpts containing sequences of aggressive expressions were identified, with the essential events of the sequence, the characters/objects involved, and the apparent affective experiences of these characters being noted. An additional comment regarding the depth of the detail offered regarding these aspects was also included as this was considered an important criterion for the selection of sequences for further analysis. This consideration emerged out of an observation made during the narrative construction that the depth of the detail recorded in the session notes about Craig's actions, words and play activities appeared positively correlated with the depth of his active and affective engagement within those expressions. The significance of this observation was that the apparent greater level of engagement that appeared within the more detailed accounts of the session bolstered the authenticity of these accounts as accurate reflections of Craig's aggressive expressions and therefore their validity as data for further interpretation.

In an attempt to reduce the volume of data for further analysis, Winnicott's (1971) view that the child creates and engages with their world and their self within their play was used to inform the selection of sequences. From this perspective, those sequences which were characterised primarily by Craig acting out aggressive expressions through toys within a play filled scene, were noted and considered for further analysis.

These sequences of "toy on toy" (T-T) aggression were assumed to be the truest and most convincing instance of Craig working and engaging with his aggression and therefore appeared most aligned with the research aims. From the 166 sequences, with cognisance given to the reliability and authenticity of the narrative sequence content, a sample of 36 sequences were then chosen for their richness in information and expressiveness in affective experience as well as being primarily T-T expressions of aggression. These 36 sequences were analysed using a "reading guide".

A reading guide as described by Brown, Tappin, Gilligan, Miller and Argyris (1989) was constructed and used to explore these narrative sequences (see Appendix 1A). This approach entails that there are multiple readings of each narrative sequence with the focus of each reading being different. The intention is that all the relevant aspects of the narrative are able to be identified and explored such that the complexity of the data is considered as well as facilitating a deeper understanding of the communication within it. This is closely aligned with the concept of the hermeneutic circle which according to Kelly (1999) prescribes that, "… the meaning of the parts should be considered in relation to the meaning of the whole, which itself can only be understood in respect of its constituent parts" (p. 406). In essence the reading guide allows for all aspects of the data to be viewed and considered equally and in so doing assists in preventing the more clear or dominant communications of the data from obscuring those that are less obvious or powerful.

An additional aspect of this method was that it facilitated and assisted the move from "therapist", whose interests were primarily aligned with the therapeutic process, to "researcher", who gives greater attention and emphasis to the value and significance of the data that was generated therein. Case study research draws strength from the authenticity of the therapist position as it allows for greater substance and validity with regards to data collection (Edwards, 1998), however a shift within this duality was required during the reduction and analysis phase of the research process in order to maintain this validity.

The reading guide was constructed to explore in detail Craig's expressions of aggression in all its facets. Firstly, from a theoretical perspective, Craig's aggression was considered with regards to Parens' four categories of aggressive discharge.

Secondly, the apparent intention of the aggressive discharge was considered. Thirdly, Craig's apparent affective experience of the discharge was explored and lastly, where it was recorded, the clinician's countertransference experience of Craig's aggression was noted. The intention of this analysis was to draw out the purpose and value that Craig's aggression was serving in his engagement with his world, his therapy process and his self development.

The results of this analysis were tabulated and considered for their relevance to the research aims. Useful information appeared to have been elicited and formed a very sound grounding upon which to continue the research process (see Appendix 2).

However, further reflection on this analysis process and the elicited information suggested that although it was useful and enriching with regards to the depth of insight and knowledge of the data, it remained literal and contextual in its examination of the narrative sequences. It facilitated a process of 'immersion' where the clinician was able to become increasingly familiar with the text and its details (Kelly, 1999). However it appeared to neglect the nuances of meaning inherent in the narrative sequences concerning Craig's True Self and the use and value of his aggressive expressions in this regard. As a result, and in keeping with the reading guide method, new and additional questions were formulated and allowed for this deeper focus to be included (Brown et al., 1989).

In addition, the varied nature of Craig's aggression led to the observation that, inasmuch as primarily T-T aggression was being explored within the selected sequences, there were repetitive examples of the other forms of aggression each with alternative insights into the value and purpose of this affective expression. These forms were defined by the agent and recipient of the aggressive discharge and noted as: a toy expressing aggression towards another toy (T-T), or towards the clinician (T-Cl); Craig expressing aggression towards a toy (C-T), or towards the clinician (C-Cl); and lastly as Craig expressing aggression generally towards the playroom (C-PR).

As a result, two sequences of each of the five noted forms of aggression were then selected, with the same cognisance given to the detail and depth of content as that applied in the selection of the initial 36 narrative sequences. Six were taken from the

initial 36 for their detail and clear indication of the form of aggression while four new sequences were chosen following a review of those sequences within the original 166 that were noted to be more elaborate and comprehensive. These ten sequences appeared to offer a rich and suitably representative sample of the 166 sequences and were examined further for their themes of expression and emergent communications.

The new questions were similar in content to those of the initial reading guide although their focus was aligned more closely with Winnicott's (1971) understandings of a child's creative and expressive use of play and with its communicative value being of primary significance. The result was that greater attention was given to the meaning behind the affective experience and purpose of Craig's aggression (see Appendix 1B). The analysis looked in more detail at Craig's subjective experience, use and value of his aggression as it applied to his psychological and developmental engagements with himself and his world. The difference allowed for Craig's affective experiences within these moments to be explored for their communication and relevance to his experience, rather than the purely literal and concrete presentation of his aggressive expressions. This more meaning orientated exploration elicited a richer and more comprehensive insight of the value and purpose that Craig's aggression holds in his life. The basic themes which emerged from this were tabulated and considered for their repetitiveness and their relevance to the research aims (see Appendix 3).

Data Interpretation

Kelly (1999) describes how, within interpretative research, the processes of data capturing, data analysis, reading of theoretical work and then writing up tend to occur simultaneously. As a result it becomes difficult to say when the interpretation ends and writing up begins. The interpretative process within this research was similarly intertwined. However, cognisance was also given to Edwards' (1998) position that validity during the interpretation stage depends on the quality of the arguments put forward. Therefore as the discussion was borne through the evaluation of the emerging themes, these were also reviewed in the context of their original narratives in order to draw out greater substance for their interpretation. In addition, the comprehensive knowledge of the case afforded through the above-mentioned therapist/researcher duality, allowed for these themes to be situated and considered for

their temporal links to the participant's developmental and ongoing experience as a means to further strengthen the validity and reasoning within this stage of interpretation.

These themes that emerged from the analysis were also considered through the theoretical lens of Object Relations Theory, informed in particular by Parens and Winnicott's individual explorations of child development and their understandings of the purpose and use of aggression within this process. The resultant insights, assertions and formulations regarding the case and its links to this theory were reviewed and developed further and formed the foundation upon which the discussion was constructed. The intention was to generate coherent, expressive and conceptually valid arguments, each proffering a different aspect of Craig's use, need, and expression of aggression and the communication it offered regarding the part it was playing in his Self protection and development.

Ethical Considerations

This was an existing and active therapy case and therefore, despite an awareness of its status as an emerging research project, the primary focus of the work done and the data collected within the case remained that of Craig's therapeutic needs and process. His age required that the research endeavour was explained and discussed with Craig's mother and she provided written consent that she was willing to allow her son to participate in the research and for the use of his therapeutic case material. It was also noted that she could have access to a copy of the final product should she request to do so. The information being used within the research is of personal nature and as a result, careful cognisance was given to ensure that details were changed such that there were no links to Craig's true identity and that his complete anonymity was maintained.

DISCUSSION

The themes which were generated from the analysis process (as captured in Appendices 2 & 3) offered insight into Craig's aggressive expressions within his therapy sessions with regards to their rich and expressive content and their links to his developmental experience and current existence. They also began and allowed for an extensive exploration of the purpose and relevance that his aggressive expressions held for him and his self development. In what follows, the contribution of Parens' model of aggression in understanding Craig's case is discussed. Thereafter the rich and communicative themes that emerged following the second and deeper analysis of Craig's play sequences are discussed. Excerpts of specific sessions are included to illustrate these themes and reflect how they manifested with Craig's therapeutic engagements.

Parens' Model of Aggression

The literature review highlighted how Parens (1979) noted aggression to be primarily non-destructive in its origin but which manifests as a continuum from non-destructive to destructive. Within this continuum he also recognised four main categories into which the child's expressions of aggression generally fell. The analysis confirmed the clinical impression that Craig's expressions of aggression were frequent and in most instances presented as destructive. The intention was noted as being a combination of removing the cause of the experienced impingement and purely for the pleasure that its expression offered. However a more detailed discussion of how Parens' model was applied and explored within this case is warranted as it offered useful insights into how Craig's aggression manifested within the context of his therapy sessions.

Unpleasure Related Aggressive Discharge

The category of aggression into which Craig's expressions most frequently fell was that of unpleasure-related aggressive discharge which Parens (1979) understood as aggression expressed in the service of stopping an unpleasurable experience by removing or destroying the cause.

Craig, by nature of his busy and active manner of engagement with the world, was constantly having to acknowledge and adhere to the limits and boundaries of the

playroom. Although these are inherent in the play therapy process and integral in the effectiveness of the space as an arena for growth (Ginot, 1959; Landreth, 2002) they were a struggle for Craig. The consequence was that he was often left frustrated and angry that he was not able to do and behave entirely as he pleased and would therefore react in response to this unpleasure in aggressive and destructive ways.

As an example:

> *Craig began his 25th session with one of his favoured and practised remarks of, "don't talk!" and from the outset appeared irritable. He engaged in a variety of aggressive play activities, a number of which required that the clinician re-assert the limits in order to maintain their safety and the integrity of the playroom. Craig's anger appeared to increase as a result of these imposed limits to the point that, armed with a gun and a sword, he began threatening the clinician and said, "If you want to be ugly then I will kill you!"*

Another manner in which this unpleasure-related discharge was evidenced was in the aggression that Craig projected and expressed though the toys and their interactions and experiences. Craig often played out scenes of external threat and danger with their associated experiences of anxiety and sadness being notable. As a result, within the context of these games there were often aggressive reactions which attempted to protect and defend against these threats and in so doing remove their negative experience.

An example comes from Craig's 24th session:

> *In this session Craig was playing with his favoured toys, the animals, in a sequence where a baby horse was attacked by a wolf. The baby was eventually killed and when its "daddy" came there was an extensive and violence-filled fight with lively and expressive sound effects where the wolf was attacked and killed by the daddy. The baby was rescued and would ultimately survive.*

These two sequences offer examples of how Craig's aggression manifested as Parens' unpleasure-related aggressive discharge where, in each instance, Craig was

responding to the unpleasure he experienced with the intention of stopping the cause of the unpleasure through destructive aggression. However, although the cause of the aggression is clear and it appears justified in its expression, the intensity of his responses were of interest. The above expressions, like many within Craig's therapy process, were energetic, forceful and commanding in their expression, yet they presented as excessive and beyond what was necessary to achieve the outcome for which they were mobilised. In addition, their manifestations were different in that his aggression was quickly mobilised within both the contexts of being actively experienced and being projected onto the toys and characters of his play activities.

Pleasure Related Aggressive Discharge

From the analysis there were also a number of instances noted in which Craig's aggression was seemingly unprecipitated and held a certain level of pleasure and enjoyment in its expression. Parens (1979) recognised this type of aggression to have a sadistic element and described it as the delayed expression of hostility, built up in response to previously experienced unpleasure that is modified by the child's ego to become pleasurable in its eventual discharge.

This is captured in Craig's 18th session:

> *He enacts a violent and destructive attack on a baby animal which had been noted earlier in the session to be vulnerable, powerless and weak. In this sequence he picked up the dustpan which became what he referred to as "the machine" and used it to repetitively and compulsively crush this baby 15 times. The baby was then gently scooped up, in contrast to the destructive and violent gestures that preceded it, and put out of sight. Thereafter the machine was carefully cleaned, washed and dried in a nurturing way and made ready for its next attack. A second baby animal was brought to the table where it too was repeatedly crushed ten times. The machine stopped as Craig said, "now you are dead!"*

Another example of this is from Craig's 7th session:

> *He was again playing with the animals which were fighting with each other and exploring the playroom. During his play Craig came across a real spider under one of the playroom shelves. This caught his attention and his play*

stopped as he appeared to enjoy pursuing it with the goat he had in his hand. As the spider ran across the shelf he squashed and killed it in a forceful and aggressive gesture.

Within these two sequences there appeared to have been no precipitant or unpleasurable experience that could be understood as the affective experience responsible for the mobilisation of the destructive discharge. The aggression would rather appear to have been expressed for no purpose other than for its own sake and the enjoyment it offered, and is indicative of a common style of aggressive discharge within Craig's therapy process. Again there is a variation in the manifestation of his aggressive discharges in that the first is projected and occurs within a play sequence, while in the second Craig actively embodies his aggressive gesture. This, like in the examples of unpleasure-related aggressive discharges, begins to offer insight into how Craig's aggression was pervasive and readily expressed within his therapy process and suggests that it may form a significant part of his self understanding and his manner of engaging with his world.

Non-Affective Discharge of Aggression

Parens (1979) noted this to be an aggressive discharge that is not influenced in origin by an affective state but governed rather by the intrinsic need for self-preservation and he observed that it is most notable in the child's sucking, chewing and eating.

Examination of Craig's play sequences offered few examples of this type of aggressive discharge. In addition, within those instances where Craig or toys were making and eating food, these gestures appeared to always have a powerful affective component and thus could be better explained as pleasure or unpleasure-related discharges of aggression. Therefore although a noted and significant aspect of a child's aggressive drive and associated psychological development, the lack of clear instances of this type of aggressive discharge in Craig's play suggests that it was not of immediate relevance to understanding his therapeutic process and his use of aggression therein. However, worth noting is that in its absence it bears testament to the extensive, powerful and readily mobilised affective content of his aggression and its discharge.

Non-Destructive Discharge of Aggression

Parens (1979) also noted a non-destructive discharge of aggression which he recognised as the child's attempt to establish a presence in the world and which manifests in the their persistent exploration, examination and manipulation of their environment.

As in the case of non-affective discharges of aggression, this category was not clearly evident in Craig's play activities. However, Craig was a busy and active child who in his manner of being seemed to present a pervasive need and consistent effort to secure a presence and agency within his play therapy environment. These energetic engagements with the playroom and its toys were essentially manifestations of non-destructive aggression and would fall within this category. However, these efforts towards maintaining an authority inevitably took the form of destructive acts and expressions and therefore would also be better described within the destructive categories of aggression. As a result, although as a type it is relevant in understanding the complexities of the aggressive drives and their manifestation, it also appears not to be of immediate relevance in understanding Craig's therapeutic process, other than in highlighting just how prevalent and extensive his destructive drives were.

It was Parens' intention to investigate and clarify the root of the aggressive impulse and in so doing elucidate the complexity of its expression and his work has been cited as invaluable in this regard. For the case under study it provided a useful platform from which to generate a literal and contextual understanding of Craig's expressions of aggression and of how they manifested within the therapy space. It also provided a means with which to quantify and structure his aggressive expressions. However, inasmuch as it offered insights into the excessive, pervasive, affect laden and primarily destructive nature of his aggression, it only began the process of generating a deeper understanding of the relevance Craig's aggression held for him as he engages in his world.

Aggression and its Communication

Fonagy et al. (1993) notes how therapists tend to find greater clinical relevance in their own, often more inclusive and fluid, understandings of a child's aggression as constructed through their clinical work and experience. As noted in the methodology

section it is necessary to move beyond this literal manifestation of the aggression to further explore the deeper communication and significance of Craig's aggression within his self expression and protection.

Automatic Drives of Destruction

The exploration of Craig's play sequences through Parens' model confirmed the pervasive clinical impression that his aggressive expressions often appeared excessive and extreme in relation to the event or situation in which they were elicited. It also generated evidence suggesting that his aggressive reactions were intense and inherently destructive. However, of additional significance is that they included an element of autonomy within their mobilisation. They appeared to be an almost automatic and default response to any experience of challenge or threat.

In the aforementioned 25th session Craig said, "If you want to be ugly then I will kill you!" in response to the limits being asserted by the clinician. The 18th session, also noted above, where Craig enacts a baby animal being crushed by a machine, the first baby is crushed 15 times while the second baby is crushed 10 times in what appeared to be concentrated, repetitive and compulsive actions. In both instances the aggression and destructive expressions were experienced as beyond what appeared appropriate or necessary but were seemingly automatic in their discharged.

Craig's 9th session offers a similar example:

> *The session began with the clinician attempting to introduce a calendar to plan for approaching missed sessions. Craig was not interested and responded firmly with, "not now!" Due to the importance of the topic needing discussion the clinician persevered and Craig's verbal response was very quickly followed by more direct and active expressions where he stood up and threatened the clinician and started cutting up the calendar. He then gave the clinician an injection with a toy syringe, stabbed at him with a knife and started throwing toys around the room. Craig's aggression continued and he began violently throwing over the chairs and dolls' house and then went to the chalkboard where he began cutting chalk with the scissors. He adhered for a moment to the limit that was asserted regarding appropriate use of scissors before again cutting the chalk. The consequence set was that the scissors*

would be removed from Craig for the session, which was upheld. Of additional interest is that as the clinician approached to take away the scissors, Craig began whimpering and sounded genuinely fearful as if anticipating physical punishment of some kind.

Within this and many other sequences Craig's anger appears to have been rapidly mobilised, excessively discharged and presented clinically as spontaneous and automatic in its expression. The literature review introduced how this can be considered as the consequence of repetitive experiences of affective pain and frustrations during the early developmental periods of the child's life where aggression and destructive hostility then become permanently linked to their internalised self and manner of relating (Parens, 1979; Summers 1999). These initial object relations patterns then become the foundation upon which all other relationships are based and have pervasive influence in what the child expects from their environment and how they express themselves therein.

This understanding of aggression and its apparent automatic response would appear commensurate with Craig's early developmental environment and experiences where these appear to have not been optimal. As stated earlier, his mother struggled to manage him during her pregnancy with his half-sister and as a result sent him to live with his maternal grandmother for the final three months of her pregnancy. There were also a number of additional separations and changes within Craig's early years as paternal figures came and went from his life. The experience of significant physical abuse at the age of three years old appears as a concrete and literal representation of this period of his life where he appears to have encountered ongoing and repeated experiences of excessive unpleasure to which he understandably reacted to with hostility and aggression. The consequence of this appears to be that Craig's aggression and associated discharges of hostility have achieved what Parens (1979) referred to as secondary autonomy and are now a significant feature of his manner of engaging with others and his world. As part of this Craig also presents the impression, like Fonagy et al. (1993) describe, of having emerged with an internalised self which not only responds with hostile destructiveness and rage but also frequently receives it in return. His fearful response to the clinician's gesture to remove the

scissors affirms this sense that Craig has internalised an object world that he expects to react and respond to him with physical aggression, punishment and retribution.

It therefore becomes apparent through the lens offered by these object relations theory insights to recognise that Craig's therapeutic process and his difficult engagement with a seemingly unfettered aggressive drive is a collective manifestation of his developmental experiences, his internalised self and his resultant expectations of the world. From this position is becomes possible to reflect and consider more deeply the rich and expressive value that Craig's aggressive expressions within his therapeutic process contained. The exploration allowed within the analysis processes highlighted the rich communicative content of these aggressive expressions and offered abundant insights regarding the role Craig's aggression was playing in his self protection, expression and development.

Aggression within the Therapeutic Relationship

A child's aggression is linked and manifests within relationships and this was an aspect of Craig's expressions of aggression that emerged strongly out of the exploration of his session content. Craig found his relationship with the clinician difficult and he appeared to experience constant ambivalence towards their bond. On a number of occasions Craig arrived for therapy and upon seeing the clinician would immediately smile, and yet the instant he did so he would quickly hide this and turn it into an angry frown.

During his 15th session he was able to take this visual communication of ambivalence and express it verbally:

> *He had systematically pulled all the toys off the shelves and onto the floor and when the clinician reflected Craig's anger and that it appeared that he did not like the clinician very much at that moment Craig replied, "I like you and also don't like you".*

Craig's 19th session offers another rather overt example of how Craig actively played with his relationship with the clinician and in particular the aggressive impulses and wishes that emerged towards him and their bond:

At the beginning of this session the clinician explained to Craig that he was to meet for a feedback session with his mother which Craig initially appeared indifferent to. However as the session continued and his familiar fighting games progressed he became increasingly emotionally aroused and angry. This moved from within his play activities to being actively expressed as he repetitively hit the punch-bag with a ruler and said, "you don't want to listen – why you hurt your brother – damn it – this is for a naughty boy – that's sore – told you!"

Craig's play shifted then to directly engage with the clinician and he took a baby's bottle and said, "its for you – you must drink this because you're a baby – you a baby, drink this and shush". Craig tried to handcuff the clinician's hands behind his back and was visibly angry that this was not allowed. Craig then carefully mixed paint in the bottle and said, "this is not for you it is for the babies to die."

This now active and direct expression of aggression towards the clinician seems likely to have been triggered by the impending feedback meeting which Craig may have anticipated held the potential to jeopardise if not destroy his relationship with the clinician. However, although interesting to consider, what is most relevant is the emerging evidence for the apparent struggle and difficulty Craig experienced with regards to this relationship.

The ambivalence and anxiety Craig experienced about damaging the relationship with the clinician through the aggressive impulses he experienced in this regard, is evident as the sequence continues:

Craig said that, "It is for [the clinician] to die!" and he approached the clinician with the bottle of nefarious potion. However upon reaching the clinician he anxiously turned away and gave it to the "baby" (doll) lying in the pram. He remained anxious and uncertain while giving it to the baby and said, "nice baby – I'm not crying – I'm feeding you" and then began violently hitting the baby's head with the ruler. This escalated and he gave the baby more of what he had labelled "ugly muti" and said, "must get killed and not wake up."

The play continued and Craig made more muti in a considered and calculated way and appeared casual as he gave it to the baby. He put red paint on the baby's face and again appeared very engaged and focussed as he did so. He then attempted to cut a paintbrush with a pair of scissors to which a limit was asserted. Craig then moved back and continued to violently hit the baby's head with a ruler and made fearful screeches as he did so. It was an intense discharge of aggression during which Craig appeared both anxious and excited. Once this was over the baby was left in the pram with red paint on its face and Craig went to the dress up box, took a crown and gave it to the clinician saying, "okay, you're not a baby anymore – don't fight again".

Within this sequence Craig was exploring and actively engaging with his destructive and violently aggressive impulses towards the clinician albeit as displaced into powerful efforts to kill the baby. This offers insight into how, although he finds himself feeling incredibly rageful towards the clinician to the extent of wanting to poison him, he is also conscious of not wanting to damage this valued relationship and so directs this hostility towards the baby. The intensity of his affective experiences as well as the automatic nature of its expression are notable, however what appears of most significance is how Craig attempts to repair his relationship with the clinician by giving him a crown. A rich reflection of this repetitive theme of ambivalence where despite the anxiety and fear that this relationship elicits, Craig finds himself needing, being drawn to and trying hard to retain this bond.

In addition, the extent of the anxiety Craig experienced in this regard and specifically around his aggressive expressions is evident in his attempting to cut a paintbrush. The testing of known limits was a common occurrence within his play therapy sessions and offers insight into how Craig required and sought a sense of containment and reassurance that the clinician and their therapeutic space could hold that which he cannot. Once the clinician's presence and the external containment was experienced Craig was able to move back and continue his aggressive intentions.

The recognition of Craig's ambivalence towards relationships and his apparent difficulty with his aggression within them is consistent with the style of relating

described by his mother. She notes similar difficulties in their relationship which is characterised by fighting, harsh words and seemingly constant efforts to enforce discipline, and which has resulted in their relationship not being overtly affectionate or caring. This is also apparent in Craig's relationship with his sister which is described as often being full of conflict, with these aggressive tendencies towards her being a significant aspect of this initial presenting problem and reason for referral. In addition, it was noted how Craig's relationships during his early development were characterised by change and separation. These become useful in understanding this pattern of ambivalence where Craig's current manner of relating can be recognised as a reluctance to, and fear of, forming bonds. He is attempting to protect himself from experiences like those of his past and which he has learnt result in feelings of pain, suffering and loss.

Within his play Craig was working with and expressing directly this ambivalence as he felt it towards the clinician. Craig felt a need for this tie and a wish therefore to maintain it and yet with this came an intense fear that it could and would ultimately hurt him. His reaction to this conflict was his familiar response of hostility and destruction.

However although appearing repetitive and typical of Craig's being in the world, he was working with this and in so doing offering additional insights into how his True Self was at play in this regard. Although the difficulties and anxiety associated with forming relationships remained and the defences that were actively mobilised for its protection were still required, the True Self was also seeking opportunities for alternative experience. It was creating situations which mirrored his previous and current relational experiences and in the hope of finding a new and different outcome.

Fantasy of Omnipotence

One of the challenges that Craig was often faced with was, as mentioned, the limits and boundaries imposed by the therapy space and its voice, the clinician. As seen above the expression of this often included the clinician and the toys, however another means of its expression was an aggressive discharge that was directed indiscriminately towards the playroom and offers suggestion of how Craig was using his aggression as a means for self protection and expression.

It was during these moments that Craig offered the impression of attempting to prove and establish his omnipotence while at the same time appearing unable to contain what seemed to have consumed him. An example of this comes from his 23rd session:

> *Craig had been playing with two animals in a fighting game which became dangerous and destructive and required the clinician to note the limit about not breaking toys. Craig then began threatening the clinician and the limit about not hurting each other was then asserted. This appeared to anger Craig more and he put on a helmet, picked up the swords which he sharpened by hitting them against each other and began beating the punch-bag in an effort-filled and focussed attack. His focus shifted and he knocked over the paint tray and tried to knock over the table. A limit was set on destructive behaviour. The focus of Craig's aggression shifted again and he climbed onto a motor bike and drove it around the playroom, riding over toys and indiscriminately hitting things as he went. He then took the handcuffs and tried to put them on the clinician who asserted a limit regarding this to which Craig responded by saying, "I hate you" and hit out at the clinician. Craig went and started angrily hitting and knocking the shelves and walls with the swords. He moved to the dress up box and again tried on the helmets while looking menacingly at the clinician as he did so. He then picked up a paintbrush and painted the helmet he was wearing, but washed it before going to paint the easel. A limit was asserted about paint and paper. The clinician reflected that Craig was really showing him that he was angry and he responded by hitting the toys off their shelves. He then shifted his aggressive play onto the tools, eventually picking up the hammer which he used to hit other toys. This continued and a limit was set about not breaking toys. Craig's aggression then appeared to die down and, although his hitting with the hammer remained, it was engaged with more in a fixing and repairing type manner.*

This sequence of aggressive behaviour, indicative of a number of similar sequences within Craig's therapy process, offers insight into how Craig engages with limits and restrictions on his wishes and desires. His response is rageful and he tries to destroy all that is stopping him from achieving and acting out his intentions. It appears

crucial for Craig that he asserts and experiences himself as having an omnipotent presence and he does all he can to ensure that he feels strong and in possession of authority and agency. However, the consequent limits and the therapeutic boundaries set by the clinician only fuelled Craig's frustration and irritation as they severely challenged this veneer of power and control. This manner of engaging with the world was confirmed by his mother who during a feedback session discussed how at home he tries to present an image of, "Watch out! I will kill you! Because I can!" and seems to think he is immune to danger.

This appears aligned with Winnicott's (1950) ideas that the child rages and is aggressive in an attempt to secure and re-attain a feeling of reality and existence, that it is in those moments of anger and aggression that they feel the most real. In Craig's case the limits placed on his behaviour threatened the sense of an all powerful self that he tries so hard to maintain and therefore in search of re-affirming that self understanding, he needed to be aggressive and destructive to secure and reinstate this presence and existence.

> *The session continued in much the same vein and Craig remained angry and destructive and at times frantic in his actions and behaviours. He required ongoing limits being set which he raged against till the end and he was ultimately carried out of the playroom as he did not want to leave.*

Parens' (1971) model would explain such expressions as unpleasure-related discharges of aggression where on a literal level it is the imposition of control from the clinician that is causing the unpleasure against which he is raging. However it would again appear more useful in the context of his play therapy expressions to recognise that Craig is indeed acting to ensure survival against a threat but one that is experienced internally rather than externally. The cause of the unpleasure is the perceived psychological danger, experienced as Winnicott's (1956a) threat of annihilation, of an immediate and potent threat to his sense of self. Therefore although it is useful to identify the mechanisms involved in the aggression, the meaning which emerges through deeper consideration is richer and more aligned with the needs of Craig's therapeutic process. Craig is being aggressive because he fears that if this experienced threat continues, he may cease to exist.

As alluded to in the previous session description, hostile aggressive expressions were often also in evidence when sessions came to an end. This was generally a difficult time for Craig as he was required to relinquish the omnipotence and control he valued, and listen and adhere to the rules and boundaries imposed by the therapy space. Craig's 8th session is a good example:

> *It began with the clinician noting that they would be missing a session the following week. His play thereafter was characterised by the challenging the limits and the testing of the clinician's responses to these actions and behaviours within the playroom. Craig seemed to spend the majority of the session trying very hard to reclaim his sense of having total control over their time together in an attempt to counter the harsh reality presented by the clinician that he did not, and that they would have to miss a session.*
>
> *As per session format the clinician noted when there were five minutes remaining in the session. Craig's response to this was, armed with two swords and a gun in his waistband, "don't talk I will kill you." The clinician asserted the limit of not hurting each other and Craig began threatening the clinician with the swords and started destructively hitting the table. He continued to hit toys off the shelves and appeared to be trying to break them as he swung his sword around.*

This again reflects how Craig's encounters with impingement on his power and sense of control appear to be responded to with rage and attempts at violent destruction. Also this again highlights how Craig was affectively engaging in his aggression and giving voice to the intense anger and anxiety he experienced when feeling challenged.

> *This behaviour continued and he appeared to become even angrier as he was again confronted with the limitations of his power when the clinician noted that there were two minutes left. Craig responded by running out of the room saying he needed the toilet, a last effort to prove his omnipotence and wish for complete control.*

He returned saying, "I told you I would come back" and the clinician noted that indeed he did come back as he had said, but that their time was finished for the day to which Craig replied, "no don't say that – okay I am coming." He was again thrust into his rage and began throwing toys, chairs, the table and the easel onto the floor and shouted "don't come near me – I'll kill you". He threatened to throw the chair at the clinician and added "you will die, cry cry!" Craig then ran out of the playroom.

Craig then stopped, turned quickly to look back and gently said, "sorry." As his mother then came to collect him, he stopped her, blocking her view inside the playroom and said, "Mom, there are big things inside, big things."

Craig invests a significant amount of emotional energy into trying to prove that he is strong and capable of control and he needs to experience himself as all powerful and, as his mother said, "immune to danger". He pursues this with such vehemence because in the event that this is challenged, it is experienced as scary, unsettling and a direct threat to his self. The result is that Craig reacts against this paralysing threat of annihilation, generated as a result of being forced to confront the reality that he is weak and inherently vulnerable, by raging in an attempt to prove the opposite.

Of note about this fantasy is that it is experienced and engaged with intensity and is akin to, and has its roots in, the infantile omnipotence experienced during the early developmental period where the child had yet to distinguish between their self and object (Mahler, 1972). The consequence is that the fantasy is held onto with such fervour that it is often experienced as reality where, in the case of Craig, he begins to believe that he will kill the clinician and that his rage is capable of the complete devastation of all that it comes into contact with. The depth and power of Craig's fantasy appears evident in his look back and apology to the clinician. He appeared to be trying to repair and gain reassurance that the clinician and their therapy space would survive him and his rageful intentions that may have destroyed them.

Within those moments of Craig's destructive and rageful aggression, he acts out his fantasy of complete power and control and embodies his defence of being un-hurtable. Craig has, in his development, had to face moments of extreme hurt and pain on an

emotional and physical level and he appears to have responded to this by doing all he can to avoid the slightest suggestion of it recurring. He destroys all that could hurt and, as recognised in his ambivalence towards relationships, keeps all at a distance.

His comment to his mother at the end aptly describes that there were indeed *big things inside*. He had been faced with the intolerable experience of annihilation anxiety and responded with omnipotent rage in the hope of protecting himself from this and securing his feeling of reality and existence. For now however he was leaving it behind in the playroom to remain held by the clinician.

An additional insight into the extent and experience of Craig's rage and aggression was noted in the clinician's experiences during the session and his reflections thereafter. He noted feeling powerless, afraid and having moments of desperation as he observed the apparent unpredictability of Craig's rage. Craig seemed to offer the impression of being an inherently bad child who could not be treated or allowed the freedom given to other children. There was a sense of futility and sadness about the session as a whole. This appears to offer a rich insight into Craig's experience of his world as unsettling, his sense of self as being intrinsically bad, and the feared reality that his rage for omnipotence is tragically impotent in its ability to affect lasting change. The clinician was left pondering a position similar to Fonagy et al. (1993) that a child's sense of self and their aggression become inextricably linked. He wondered if the way he had experienced and described Craig within his session notes was perhaps a refection of Craig's own internalised sense of existence and self expression, a "five-year-old ball of fury".

A Sense of Self and its Aggression

Object relations theory and the theorists responsible for its development assert that aggression can become an indelible feature of the child's relational patterns with others (Summers, 1999). They also note, and as is evident in Craig's omnipotent defence, that it can be strongly associated to the manner in which a child understands and engages with their sense of self. From the analysis of his play therapy process there emerged themes through which Craig offered a number of insights into how he understands his self, and in particular his aggression and their relationship together.

Craig's 17th session is rich in this regard:

> *It began as the majority of his sessions did with forceful assertions, communicating that he wanted to be in charge and would not be influenced by the clinician. He played with an eagle that was powerful and strong and that flew around the room scratching, bumping and knocking things before flying to the dolls' house where it scared everyone out of the house and threw all their furniture onto the playroom floor. This bird then went to find a snake and tied it up. The snake however, became increasingly powerful and started to attack the bird and ultimately killed it. The snake then moved on and threw over the entire dolls' house before going to attack the clinician. He threatened the clinician, bit him, attempted to strangle him and then tied the clinician's legs together in powerful and aggressive gestures. Having attacked the clinician, the snake went on a rampage and was violently swung around above Craig's head and began intermittently hitting all the toys off the shelves in considered gestures. Craig then stopped and admired the snake and noted to the clinician how he had seen a snake at his farm that had bitten his dog and so he had shot it. The destruction restarted and the clinician reflected how angry the snake was to which Craig replied that he does not want to be angry but wants to relax and so Craig took him to the snake's "favourite place", the water, to cool off. However, although going to the basin and being in the water, the snake continued to attack and fight with other animals.*

Within this sequence Craig was fully engaged and focussed on what was happening and appeared to be engrossed in the movements and actions of the snake. Craig was projecting his aggression and destructive impulses onto the snake and therefore allowing the snake to express all that he wished he could.

From this apparent projection of Craig's aggressive and destructive expressions it is possible to explore and gain insight into Craig's own understanding of his aggression. The snake is powerful, scary, threatening and unpredictable. There does exist the potential that it will be overpowered (contained by the bird in the initial fight) and again, as noted above, this threat is responded to with a rage that is highly destructive and all consuming. This would be an accurate description of Craig's expressions of aggression within session 19 discussed previously where he was violently hitting the

baby-doll with a ruler, and in essence was closely aligned with how these aggressive expressions were observed and experienced by the clinician throughout Craig's therapy process. Craig understood his aggression as hostile, potent and ruthless. Another significant detail of this sequence is that Craig described how a snake was shot for doing bad things. This tells of how Craig understands his self and his relationship with his aggression, that they are dangerous and hurtful in their very presence and therefore at risk, if not deserving, of violent attack and retaliation. Craig and his aggression, in his mind and experience, exist through each other. However they also create an ambiguous and fraught reality where to be is being aggressive and yet in being aggressive is to risk no longer being.

It would appear from this sequence that in Craig recognises the extent of his aggression and its destructive potential and is anxious and afraid of its expression and yet appears unable to contain it as it pours out and at times consumes him. The threat it carries, that in its expression the aggression may ultimately result in punishment and death, is insufficient to restrain this affective experience that is so readily and quickly mobilised. The consequence is an extensive internal struggle between his need and wish to express this and in so doing, his sense of self, and the constant threat of annihilation that it contains. This appears evident in Craig's assertion that the snake does not want to be angry, that it wants to relax, and yet when given the chance to do so in its favourite place, the aggression remains beyond his ability to contain and its fighting continues.

An intriguing incident from this sequence worth noting for its communicative significance is that at one point, while swinging the snake around above his head, Craig lost grip of the snake and it flew across the room. An enticing reflection it seems of how Craig, while in the grips of an aggressive outburst, finds that it occasionally becomes difficult to control and that it can all too easily slip from his grasp.

Craig has a difficult relationship with his aggression. It is a significant and integral part of a far-reaching pattern of relating and how he understands himself, and yet its expression is plagued by anxiety and the potential for hurt and pain. Craig engages with the world in a way that suggests he needs his aggression so as to protect himself

against a pervasive external threat, however, it is unsettling and self-defeating and therefore not an enjoyed manner of relating. It would appear that in Craig there exists a wish for something different, yet without the individual capacity to achieve it.

True Self Communication

This wish for an alternative experience and way of being is expressed in the theme that emerged from the analysis regarding the presence and activity of Craig's True Self within his play and therapy process.

A repetitive and common feature of Craig's play was fight sequences that revolved around a "Daddy" figure that was strong, powerful and aggressive and who engaged in intense fights in order to protect and rescue a "Baby" figure. The baby was under constant threat of attack from outside animals who themselves were noted and admired for their strength and brutality.

This is well captured in a play sequence from Craig's 20th session:

> *Within this sequence there is a dinosaur that has an expansive and pain-filled fight with a powerless and vulnerable "baby" horse. A "daddy" horse enters the game and attacks the dinosaur in another expressive and aggressive fight in which the dinosaur is ultimately killed and the baby is saved. They both return to the safety and nurturance of the caring "mommy" horse. It is then during this quiet scene that the events are reviewed, the mommy is noted to love the daddy, and the baby is warned of the threat of going outside.*
>
> *Further threats to the baby emerge in the form of a quiet yet violent Tiger and later a Leopard that stalk and attack the baby only to ultimately be killed by the daddy. However these are then replaced by two Buck which, following a long and intense battle that results in their own deaths, manage to kill the daddy. The mommy and baby are noted to be very sad as daddy is buried.*

Summers' (1999) and Winnicott's (1963) assertions of the existence of a True Self which is protected and hidden from perceived external danger by an erected pattern of defences in the form of a False Self are a useful lens through which to consider this sequence. Craig's play presents a weak and powerless baby that exists in a world of

constant risk and threat. It is notable that the frequently imposed threat within Craig's play sequences is that of being eaten which is intriguingly aligned with Winnicott's (1956a) explanation of the quintessential fear of the self, namely the threat of annihilation. In service then of this fragile and helpless baby who fears total annihilation, a stronger and more powerful daddy emerges to protect it in the way that he is built and mobilised to do, with destructive aggression. In addition, a fear that is clear within this sequence, as it is in a number of his other sequences, is that without this powerful and violent response to the world the baby would not survive but would be overcome by the ubiquitous threat and danger. As a whole this sequence appears in essence to present a rich explanation of the presence and fragile nature of Craig's internalised True Self. In addition it tells of the need for and use of his False Self's rigid and automatic defensive patterns within a risk-filled world.

This shows the depth of his therapeutic engagement with his True Self, as it interacts with all the facets of his understanding, need for and use of his aggression within their constant self protective efforts. In this sequence he also plays with the scary and unsettling possibility that his protective agent, daddy, may indeed be vulnerable and could therefore be lost. The daddy is killed and the noted sadness of the mommy and baby offers evidence for Craig's affective engagement in this play as he tries to understand and cope with the reality that occasionally his aggression does not result in complete protection of his self. Of significance, is how Craig and his True Self are working with and testing alternative but frightening experiences, namely existing in the absence of his self consuming aggressive defensive manner.

The sequence and Craig's engagement with his sense of self continues:

> *The daddy comes alive again, as it appears too anxiety provoking for Craig to tolerate his death. The daddy is however noted to be scared that he is unable to save the baby and fights again. Although he wins, it is often a close encounter as additional dangerous and threatening figures are presented. A consequence of these battles is that all the dangerous animals, including the daddy, are taken away in the train and the mommy is noted to be sad. Dad then jumps from the train and begins to fight again.*

Again the loss of daddy and his protection appears to be too strong an affective experience for Craig to tolerate and sees daddy jumping back and returning to his familiar role. In addition, the extent of the unsettling nature of this play sequence is confirmed as Craig began to actively challenge the limits within the session and act out by painting and cutting toys, as if seeking the external containment that the therapy space offers as well as reassuring himself of the continued existence of his daddy aggression.

The impression offered within many of Craig's play sequences that involve a baby is that this inherently dependent character is under constant threat and danger of attack. It is stalked, pursued, plotted against and beaten up by a host of more powerful and unrelenting animals. The world in which the baby lives is frightening and unpredictable where pain appears imminent and survival often unlikely. Continuing this theme that it is Craig's representation of his True Self while at the same time including Winnicott's (1971) position that the child creates their world in their play and in so doing explores their sense of self and their existence therein, it seems likely that Craig experiences his world in much the same way. His noted preoccupation with germs and death, as indicated earlier by his mother, appear indicative of this, and is an impression that his developmental environment would have done little to contradict.

Craig's False Self, expressed through his fantasy of omnipotence and acted out within his play by the strong daddy figure, while being actively embodied in other sequences, is present for the purpose of protecting and keeping the weak and vulnerable baby safe from attack and death. It then becomes apparent how Craig, in his anger and aggressive destruction, is doing all he can and knows to preserve and secure his continued existence. For should he not react this way he anticipates that he will be eaten and annihilated by a hostile and unpredictable world.

Notable and worthy of comment is the mommy figure which is caring and loving towards the baby and daddy and, in its inclusion, appears hopeful and positive. Although a common theme within his play it was seldom in this nurturing capacity, however it remains evidence that there exists the potential for a softer and gentler aspect to Craig's self experience. It offers the possibility of a present yet emerging

ability to care and love and which, with attention and affirmation, could be integrated into Craig's manner of being.

In concluding this discussion section, this sequence as in others, tells of how Craig and his True Self work, create and test out alternative experiences within his therapeutic process. Winnicott (1967) spoke of aggression being hopeful in its active attempts to reclaim that which is lost and in that vein, the aggression that filled Craig's therapy can be considered a part and function of that hope-filled drive to generate and make use of opportunities for alternative outcomes. However, the extent of Craig's aggression tells also of the pervasive anxiety and fear that was closely tied to every step of this journey towards new and more adaptive ways of being. Inasmuch as he tried for it, it remained inherently unsettling for his intrinsic sense of existence and as a result could only be briefly tolerated.

REVIEW OF THE RESEARCH PROCESS

In reviewing this research the most significant aspect of the process that requires mention is the therapist/researcher duality that was inherent in writing up this case, as it is in all case study research (Lindegger, 1999). A consequence of being involved in all facets of the therapeutic and then research process was that the entire research endeavour was based upon my individual account, my experiences, and my impressions of the case. I was both an internal participant and an external observer. Therefore the risk of blurring these positions and their associated validity threats had to be considered throughout the process, and referring to myself as "clinician" proved a useful reminder to maintain their distinction. However, the research required that my experience and memory of the therapy and its interpretation be included and developed. Despite significant efforts to counter their subjective nature by linking them to theory, case data and establishing as cogent an argument as possible, this duality remains a weakness (Edwards, 1998; Lindegger, 1999).

However, this leads me to acknowledge a strength of this research which is also a function of this duality. The depth of engagement that was required with this case meant that there emerged a solid and insightful case understanding upon which I was able to build my research process upon. I was able to draw from an immense base of

experience and knowledge of this case which was an asset in conceptualising, conducting and writing up this research endeavour. Such a foundation proved a strength that was frequently appreciated within this process and enriched the research and validity as a whole.

With regards to my methodology, I found it difficult to be able to clearly delineate my research journey while writing this section. There were certainly distinct phases in the generation, consideration and analysis of the data, which Edwards (1998) notes as important and necessary to distinguish. However I found that what I came to consider as 'epiphanies' regarding the data and their meanings, were not bound to the analysis phase but rather emerged within all these sections. This may be yet another consequence of the therapist/researcher duality where the research process begins with an already established resource of reflective data. In this regard, I found that it was valuable to create a working journal of these insights where they could be captured and considered in more detail during the later analysis stages. This added richly to the depth of my immersion in the data, however attempting to accommodate this circular process within a linear methodology section was challenging and required careful thought. Despite this it remains from my perspective a useful process to be open to. An aspect that I may do differently is to be more rigorous and disciplined with regards to including a time line within this journal and research process as it would aid the tracking of the process significantly.

With regard to the data, I was often struck by the richness of the meaning and over-determined nature of Craig's expressions and behaviours within his play therapy sessions. There were many levels to his communications. In addition the multiple variables of influence on his expressions, such as the therapist's interventions or events beyond the therapy sessions, were also noted. It therefore felt necessary when considering and writing up this research to be clear on my position and area of focus and to acknowledge that this should not be considered a comprehensive account of Craig's therapeutic engagement, but rather a thorough exploration of one particular aspect thereof.

As part of this chosen area of focus, it is necessary to note that the case did not form a completed therapy process. As a result it was limited in what it could offer in respect

of reflections of Craig's growth and shifts made in his engagement with aggression. It was also limited in its value as evidence of effective and useful strategies for the treatment of such a case. The data available therefore dictated that its most useful contribution would be a descriptive account of specific moments within the therapeutic process of an aggressive young boy. An account in which it was shared how, in the context of Craig's play therapy process, his aggression presented and appeared to have been experienced by him, and also what it offered in terms of the communication and necessity of his expression of aggression. The hope was that these insights which were less obvious or visible inside the therapy would be captured and allowed consideration for similar clinical cases and experience.

As regards future research, Parens' (1971) model of aggression was useful as a means to conceptualise and structure Craig's expressions of aggression. Although the insights that emerged from this model were literal and context bound, it served then as a comprehensive platform from which to analyse the case further. My engagement with the data also allowed recognition that Craig's expressions of aggression could be grouped by the agent and recipient of their discharge. This proved a useful distinction and could be explored further. From this there was also a suggestion that projected aggression as seen in toy-filled play appeared more controlled that when this aggression is actively embodied. This fell beyond the scope or the research, however future work could explore the significance of these categories as related to the variances evident in the child's level of affective engagement, mastery and control. This would be valuable for its contribution in tracking therapeutic progress and the child's emerging ability to contain and manage these affective experiences.

CONCLUSION

As captured and reflected above, working with Craig, the stocky five-year-old boy with alert brown eyes, an active disposition and hope-filled curiosity, was a difficult and challenging process. The sessions were busy and the play sequences were powerful. Both he and the clinician were required to engage and confront what Craig so aptly described as "big things".

His therapy was filled with expressions of aggression that were pervasive, often excessive and held with them an air of automatic mobilisation. Craig appeared to be destructive by default. However, the analysis of these affective expressions and the context of their presentation highlighted how they were linked to, and an inherent function of, his developmental experience. His aggression had been required prematurely to assume a role of energetic and unwavering self protection and in so doing had become an integral part of his self experience. The consequence was that his sessions appeared to be more of an attempt to keep a flooding torrent within its banks than to facilitate its finding of a more adaptive course.

However, despite the often expansive and volatile nature of its presentation, Craig's aggression contained within it a rich and abundant resource of information which when recognised, allowed for the greater appreciation of its value and purpose as an affective expression linked to his self development. The analysis of Craig's aggressive expressions tapped into their significance as a medium of communication. They offered insights into his ambivalence towards relationships and his perception that they hold the potential to hurt and cause damage beyond that which his internal resources could contain or survive. It also told of how Craig felt real when being aggressive as it was linked strongly with his mode of self expression. It became apparent how these hostile discharges resonated with his fantasy of omnipotence, a fantasy he worked vehemently to maintain. A fantasy he required as it countered his detested reality of dependence and impotence in a world he had come to know as inconsistent and unpredictable.

However, inasmuch as his aggression appeared an instinctual and unalterable response, there emerged evidence that Craig was also aware of the unsettling and inherently self-defeating force that this manner of engaging embodied. He had experienced the extent of his aggression and the potential for hurt that it contained. The more in-depth exploration of his aggressive play sequences generated a theme that, despite his feelings of being unable to control what consumed and poured out of him, he wished for an alternative and more adaptive way of being. He appeared willing to try for this enriched existence despite the internal threats and existential chaos it entailed. This appeared most evident in both Craig's presentation and played out descriptions, of his True Self. Despite having internalised his True Self as fragile

and inherently bad, he continued to strive for a healthier manner of being in which aggression could be more that just the perpetually destructive and hostile drive that pervaded his current self expression.

As part of these attempts for alternative ways of being, there were also the co-existent experiences of anxiety and fear. These formed an inevitable facet of his wish to shift his established and therefore recalcitrant patterns of engaging. To change meant that Craig had to encounter and tolerate all the risks, dangers and threats of annihilation that his current defensive strategies were existing to relieve. The extent of this endeavour was immense where these feelings were not only played out, but also actively embodied. The consequence was that his familiar and preferred aggressive responses were readily engaged to defend against these unsettling experiences, resisting the change, as well as re-establishing and reconstituting a sense of self that was being so incessantly challenged.

However, within this Craig's aggression was also being used to test the safety, containment and trustworthiness of the clinician and their therapeutic space. He was challenging this relationship which, in its presence, was offering the chance of an experience significantly different to the ones he had known most of his life. Craig was communicating that if this relationship was to provide all that it claimed, it needed to be willing and able to tolerate and survive his aggression. Craig knew that for him it would be in the acceptance of his aggressive discharges in a manner that did not punish or retaliate that the clinician would be accepting his self expressions and, in so doing, his weak, vulnerable and bad self. A frightening but longed for eventuality.

The detailed analysis of Craig's therapy process as it linked to his developmental experiences, current mode of existence and the broader theoretical context, has offered a great deal about the communicative value and role of aggression within the self, its protection and its efforts for development. It is fitting then in concluding this thesis, to offer what appears most poignant and relevant for this case, and yet was not readily evident or observable while working within it, a trace of hope. This hope emerges from the realisation that Craig's aggressive expressions were not purely hostile attempts to sabotage or resist the therapeutic process, but were also his wish

for the recognition that, in reality, he was doing the best he could in the only manner he knew how. It becomes intriguing then to consider how it was these very acts of aggression that brought him into therapy and into contact with resources geared towards his aid. This perhaps a final example of how his Raging, as challenging and vexing as it was for all concerned, was in fact acting In Service of his Self.

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APPENDIX 1A

Reading Guide

First draft

The first draft began with a section that explored Parens' (1979) model of aggression which appeared to engender a primarily literal and contextual perspective that pervaded the remaining sections.

Position 1

According to Parens' model what type of aggressive discharge was this?

Position 2

What was the purpose of the aggressive discharge?

Position 3

What was Craig's affective presentation during the aggressive behaviour?

Position 4

Was there evidence of ambivalence?

Position 5

What was the clinician's experience of Craig's expression?

APPENDIX 1B

Reading Guide

Second draft

The second draft shifted the focus of the reading guide from the literal to a more hermeneutic perspective that explored the meaning behind Craig's expression of aggression and in so doing eliciting the purpose and value that it served for him. Although the questions were similar to the initial draft, their intention and depth of engagement were more closely aligned with the creative and communicative elements that are inherent in a child's use of play (Winnicott, 1971).

Position 6

How does Craig make use of his aggression within his engagement with his self and world?

Position 7

What does Craig and his use of aggression communicate regarding his developmental experience?

Position 8

What is Craig's subjective experience of his aggression as it is used and manifests within his engagements?

APPENDIX 2

Themes and information elicited from the Reading Guide are tabulated below. With regards to Position 1, each of the aggressive expressions within the selected sequences were evaluated and then totalled to form a percentage.

Sequences examined	39
Aggressive expressions	80

Position 1

According to Parens' model, what type of aggressive discharge is this?

AGGRESSION CATEGORY	**TOTAL**	**%**
Un-Pleasure Related Destructive Discharge	33	41.25
Pleasure Related Destructive Discharge	32	40
Non-Affective Destructive Discharge	3	3.75
Non-Destructive Aggressive Discharge	1	1.25
Unclear	11	13.75

It was evident that within this sample of the sequences, which were chosen for their detail and the primarily T-T nature of their aggressive expressions, that Craig's aggression was notably more pleasure and unpleasure-related with comparatively few instances of non-affective or non-destructive in evidence. There was also qualitative suggestion that Craig's aggression appeared to have an automatic pattern of response.

With regards to the remaining positions, each was applied to the selected sequences and the words from the clinician's answers to these questions were noted, grouped under themes and ranked in order of repetition.

Position 2

What was the purpose of the aggressive discharge?

THEME	**CLINICIAN'S WORDS**
Destruction	Kill Hurt Eat Destroy Annihilate Remove unpleasure Humiliate Injure
Omnipotence	Assert control Establish authority Punish Frighten/Fear Establish superiority Prove power Impress Intimidate
Hostility	Vent frustration Express rage Revenge
Protection	Of other Of self
Sadistic	For pleasure Admiration of aggression
"Self" Serving	Containment of anxiety Establish a presence Establish connection Feel real Observe outcome Sign of love
Automatic	No reason No purpose

From the analysis it was evident that the most frequent themes of explanation of the sequences were *destruction* and *omnipotence*.

Position 3

What was Craig's affective presentation during the aggressive sequence?

THEME	COMPONENT WORDS
Active	Engaged Focused Repetitive Compulsive High verbal Intense Driven Sound effects Urgent
Hostility	Angry Rageful Hateful Aggressive Irritated Scolding
Excitement	Excited Admires Enjoys Presented Happy Laughs
Anxiety	Anxious Frantic Scared Anticipation
Contained	Controlled Calm Detached
Uncontained	Shocked Seeking containment Testing limits
Sadness	Sad

The apparent active nature of Craig's experience within his sessions offered a clear indication of the level to which he was affectively engaging with the therapy process. There were also a great deal of unpleasant emotions evident within Craig's presentation during his sessions and offered the impression of a great deal being worked and put into his experiences and engagements. It also allowed insight into the affectively charged nature of his aggression, that it was all consuming in its

experience and that the nature of its experience was often characterised by *hostility*, *excitement* and *anxiety*.

Position 4

Was there evidence of ambivalence?

THEME	**COMPONENT WORDS**
No Ambivalence	Overtly expressed Expressive Clear Presented Admired Sound Effects Direct Enjoyed Instructed Intense Vindictive
Ambivalence	Subtly expressed: Pretending to be playing Covert Small gesture
	Attempts at reparation: Changed into loving scene Clean-up Washed
	Attempts to hide expression: Buried Hidden Apology Taken away
	Seeking Containment: Anxious Test limit Compulsive Wanted to leave

This offers insights into Craig's difficulties with regards to his aggressive expressions where, although they were often *overt*, *expressive* and *clear*, there was also evidence of his *ambivalence*. It highlighted how this ambivalence presented and also then his engagement with this, most notably that of *seeking containment.*

Position 5

What were the clinician's counter-transference feelings?

THEME	COMPONENT WORDS
Anxiety	Anxious Fear Limit setting Afraid Anticipation Powerless Scared Shocked
Hostility	Anger Hate Irritated
Happiness	Excited Fun Happy
Sadness	Sad Hurt

This offered insights into the intensity of Craig's aggression as reflected by the clinician's main affective experience being that of *anxiety*.

APPENDIX 3

Position 6

How does Craig make use of his aggression within his engagement with his self and world?

THEME	CLINICIAN'S WORDS
Aggression as Defensive Capacity	Coping mechanism Running out of therapy room Exposure of badness Exposure of non-omnipotence Protect vulnerability Establish a presence
Ambivalent Relationship	Potential abandonment Potential punishment Threat of loss Anxiety Destructive response Attacking or relationship
Presence of Omnipotent Fantasy	Potential to kill Potential to annihilate Links with anxiety Destroy attachments Warning of danger Reparation attempts Commanding authority Wish for control Rage against limits and restrictions

Position 7

What does Craig and his use of aggression communicate regarding his developmental experience?

THEME	**CLINICIAN'S WORDS**
Links to Developmental Experience	Anger is punished Initial object relationship - Cruel - Fragile bond - Unreliable - Abandoning Detests vulnerability Killed as a baby Powerless
Evidence for True Self	Baby and daddy Annihilation anxiety Defensive actions Wish for alternative experience Need for protection Vulnerability Split Sad Anxious
Immature Psychological Development	Uncontrolled/Unmastered expression Egocentric Infantile omnipotence

Position 8

What is Craig's subjective experience of his aggression as it is used and manifests within his engagements?

THEME	CLINICIAN'S WORDS
Use and Need of Containment	Allows Craig to engage Linked to anxiety Leaves room when feeling uncontained Limit internal resources for anxiety management Need to survive attack Allows second attempts Tests/Seeks limits
Craig's Subjective Experience of His Aggression	Actively projected on to toys Fear of failure Expects retaliation Intense and all consuming Lose control/grip Fear of being eaten Anxious aggression Automatic Excessive In-body experience Anticipates rage and attack from world