

PLAY THIRD EDITION
Therapy

PLAY THIRD EDITION
Therapy
**The Art of the
Relationship**

Garry L. Landreth

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The most important task God can give is the opportunity to be a parent.
This book is dedicated to my wife Monica for sharing the process with me and to Kimberly, Karla, and Craig for the satisfaction gained from being a father.
Being a parent and the opportunity to be a grandparent to Kara, Kristen, Travis, Julia, Ali, and Jolie are much more important than writing a book.

Contents

Preface

Acknowledgments

1 About Me, Garry Landreth

Principles for Relationships With Children

Reference

2 The Meaning of Play

Functions of Play

Children Communicate Through Play

Play in the Therapeutic Process

Symbolic Play

Stages in the Play Therapy Process

Play of Adjusted and Maladjusted Children

References

3 History and Development of Play Therapy

Psychoanalytic Play Therapy

Release Play Therapy

Relationship Play Therapy

Nondirective/Child-Centered Play Therapy

Play Therapy in Elementary Schools

Association for Play Therapy

University Training

Center for Play Therapy

Filial Therapy

Trends in Play Therapy

References

4 A View of Children

Tenets for Relating to Children

Children Are Resilient

Some Children Are Like Popcorn, and Some Are Like Molasses

References

5 Child-Centered Play Therapy

Personality Theory

A Child-Centered View of Personality and Behavior

Key Concepts of Child-Centered Play Therapy

Adjustment and Maladjustment

Therapeutic Conditions for Growth

The Therapeutic Relationship
Objectives in Child-Centered Play Therapy
What Children Learn in Play Therapy
Multicultural Approach of Child-Centered Play Therapy
References

6 The Play Therapist

Creating Differences
Being With
Personality Characteristics
Therapist Self-Understanding
Therapist Self-Acceptance
Role of the Play Therapist
Ryan—A Dying Child in Play Therapy
Supervised Practice Facilitates Self-Insight
Recommended Training Program
References

7 Parents as Partners in Play Therapy

Background Information
Must Parents Also Be in Therapy?
Parents as Partners in the Play Therapy Process
Explaining Play Therapy to Parents
Preparing Parents for Separation
The Parent Interview
Ethical and Legal Issues in Play Therapy
Psychiatric Referral
References

8 The Playroom and Materials

Playroom Location
Playroom Size
Playroom Characteristics
Other Settings for Play Therapy
Rationale for Selecting Toys and Materials
Categories of Toys
Tote Bag Playroom
Recommended Toys and Materials for the Playroom
Special Considerations
Suggested Titles for the Play Therapy Program in Schools
References

9 Beginning the Relationship: The Child's Time

Objectives of the Relationship
Making Contact With the Child
The Initial Encounter in the Waiting Room
Developing the Relationship in the Playroom
Responding to the Reluctant, Anxious Child

- The Child's View of the Play Therapy Relationship
- Questioning Techniques of Children
- Explaining the Observation Mirror and Recording
- Taking Notes During the Session
- Preparing to End Each Session
- Play Therapists' Reactions to Their First Play Therapy Sessions
- Basic Dimensions of the Relationship
- References

10 Characteristics of Facilitative Responses

- Sensitive Understanding: Being With
- Caring Acceptance
- Distinctive Qualities of Therapeutic Responses
- Facilitative Responses
- Typical Nonfacilitative Responses
- Paul—A Fearful, Acting-Out Child in Play Therapy

11 Therapeutic Limit Setting

- Basic Guidelines in Limit Setting
- When to Present Limits
- Rationale for Therapeutic Limits
- Procedures in Therapeutic Limit Setting
- Steps in the Therapeutic Limit-Setting Process
- When Limits Are Broken
- Tentativeness in Limit Setting
- Situational Limits
- Beginning Play Therapists' Reactions to Setting Limits
- Reference

12 Typical Problems in Play Therapy and What to Do If

- What to Do If the Child Is Silent
- What to Do If the Child Wants to Bring Toys or Food Into the Playroom
- What to Do If the Child Is Overly Dependent
- What to Do If the Child Persists in Seeking Praise
- What to Do If the Child Says You Talk Weird
- What to Do If the Child Wants the Therapist to Play a Guessing Game
- What to Do If the Child Asks for Expressions of Affection
- What to Do If the Child Wants to Hug or Sit in the Therapist's Lap
- What to Do If the Child Tries to Steal a Toy
- What to Do If the Child Refuses to Leave the Playroom
- What to Do If the Therapist Unexpectedly Cannot Keep an Appointment

13 Issues in Play Therapy

- Confidentiality
- Participation in Child's Play
- Accepting Gifts From Children in Play Therapy
- Giving the Child a Reward at the End of Sessions or a Memento at Termination
- Asking the Child to Clean Up

Informing Children of the Reason They Are in Play Therapy
Bringing a Friend to the Playroom
Inviting Parents or Siblings to the Playroom
References

14 Children in Play Therapy

Nancy—From Baldness to Curls
Cindy—A Manipulative Child
Amy—A Selective Mute Child
Summary
References

15 Determining Therapeutic Process and Termination

Determining Therapeutic Movement Within Sessions
Dimensions of Change (Firsts and Themes)
The Meaning of Termination
Reference Points for Determining Termination
Procedures for Ending the Relationship
Children's Reactions to the Last Session
Premature Termination
References

16 Intensive and Short-Term Play Therapy

Intensive Play Therapy
Research on Intensive Play Therapy
Short-Term Play Therapy
Research on Short-Term Play Therapy
Short-Term Child-Parent Relationship Therapy (CPRT)
Summary
References

17 Research in Play Therapy

Meta-Analytic Research Studies
Cross-Cultural Child-Centered Play Therapy Research
Review of Experimental and Quasi-Experimental CCPT Research
Final Summing Up
References

Index

Preface

My struggle in writing this book is that I cannot possibly communicate what I know, believe, and have experienced about the dynamic world of children through such an inadequate means as a few words written on a few pages of unresponsive paper. Feelings and experiences cannot be conveyed adequately through the medium of the written word, yet that is the structure I am restricted to using in this part of my effort to impact the way adults interact with children. Trying to communicate what I believe about children and have experienced to be true in my heart is an awesome task. Will I be able to make contact with the reader? Will I be understood? Will my excitement for children be felt? Will the reader see children any differently? Will the dynamics and characteristics of the child's world be better understood? Will what I write make any difference in how the reader approaches and interacts with children? At this point, it is probably obvious that I ventured forth in this process with some apprehension.

Perhaps I should state first that I have experienced play therapy to be a dynamic approach to counseling with children that allows the therapist to fully experience the child's world as the therapist ventures forth in the process of presenting the person he or she is and opening the self to receive the delicate and subtle messages communicated by the child, which declare the uniqueness of the child's personality. The process of play is viewed as the child's effort to gain control in the environment. The problems children experience do not exist apart from the person they are. Therefore, play therapy matches the dynamic inner structure of the child with an equally dynamic approach.

The emerging growth in the number of mental health professionals who use play therapy in their efforts to be helpful to children underscores the increased societal awareness and acceptance of the significance of the stage of development referred to as childhood. Our society may well be on the threshold of recognizing children as people, not as playthings, not as impersonal objects, not as sources of frustration to be tolerated until they mature, but as real people who possess unlimited potential and creative resources for growing, coping, and developing.

Children are quite capable of teaching adults about themselves if adults are willing, patient, and open to learning. Children are real people, not simply appendages of those adults around them. They have feelings and reactions independent of their parents' reactions. The assumption of nervous mother, nervous child does not hold true. Can we assume that if the house is blown up and mother remains calm, the child will not be affected? No. Children are personalities in their own right and experience feelings and reactions independent of significant adults in their lives.

This book is about significant learnings from children as they have taught me about themselves and their world. Children are much more than I have been able to describe in these pages. Likewise, the relationships and experiences referred to as play therapy are infinitely more complex than this book portrays. The process of relating to a child who is experiencing permission to be himself or herself is indescribable and can only be known in the actual shared moments of the relationship together. My intent has been to open the door to the child's world of being: experiencing, exploring, appreciating, and creating a world of wonder, excitement, joy, sadness, and the vivid colors of life.

This third edition contains numerous editorial revisions, expanded explanations of procedures, and new material. When I proofread the final copy of this third edition, I was impacted by how much more user friendly this third edition is. The chapter on child-centered play therapy has been extensively rewritten in a way to make the theory and philosophy of the approach much more understandable and personally applicable. The chapters on beginning the play therapy relationship, characteristics of facilitative relationships, and parents as partners in play therapy have been extensively rewritten and expanded.

In view of the rapidly developing interest in short-term play therapy, which has been driven largely by managed care procedures, research findings on intensive and short-term play therapy have been expanded to include the most recent research. The effectiveness of reducing the time between play therapy sessions has been researched in the Center for Play Therapy and provides impressive support for using a time-limited model that collapses the time between sessions.

Sections have been added on ethical and legal issues in play therapy, reading play themes in play therapy,

the multicultural approach of child-centered play therapy, and supervision of play therapy. Current developments and trends in the field of play therapy have been included and set in place in the context of the dynamic growth process of the field. A chapter has been added to this third edition summarizing the most recent controlled-outcome research studies, including meta-analytic studies, demonstrating the effectiveness of child-centered play therapy across cultural groups and with a wide variety of problematic behaviors.

Response to the Rules of Thumb in the first two editions was enthusiastic; so I have doubled the number of Rules of Thumb clarifying the play therapy relationship in this third edition. I have retained in this third edition an exploration of topics and issues my graduate students have indicated were important in their learning about the process of play therapy and the dynamics of the relationship with children. Therefore, some of the essential topics included in this book are as follows:

- The meaning of play in children's lives and the stages of play in the therapeutic process with adjusted and maladjusted children
- Reading play themes in play therapy
- Unique aspects, key concepts, and objectives of the child-centered philosophy and theory of the play therapy therapeutic relationship
- The multicultural approach of child-centered play therapy
- What children learn in the play therapy process
- The person of the play therapist, necessary personality characteristics, and the role of the play therapist in the therapeutic experience
- Characteristics of facilitative responses, with specific guidelines on how to help children assume self-responsibility
- Detailed guidelines for organizing a playroom and recommended toys and materials
- Specific suggestions on relating to parents and how to explain play therapy
- Making contact with the reluctant/anxious child and structuring the therapeutic experience in the playroom
- How children view the play therapy experience
- When to set limits, steps in therapeutic limit setting, and what to do when limits are broken
- Typical problems that occur in the playroom and suggestions on how to respond
- An examination of issues in play therapy, such as participating in the child's play, accepting gifts, and who cleans up
- Transcripts and discussions of children in play therapy: a dying child, an acting-out child, a manipulative child, an elective mute child, and a child who had pulled all her hair out
- Short-term and intensive play therapy
- Guidelines for determining therapeutic progress in play therapy and termination procedures
- Reading themes in play therapy
- A review of controlled-outcome research studies in child-centered play therapy

Some of this book is about me, my experiences, my reactions, and my feelings. Therefore, I have tried to convey my personal reactions by using the personal pronoun I. Using the customary phrase "the author" just did not convey the personal dimensions I wanted to communicate.

Acknowledgments

The writing and completion of the first edition of this book was made possible by the loving support and encouragement of the most important people in my life, my wife and three children, who did a wonderful job of shielding me from distractions. My wife, Monica, shared a major burden by typing and having me rewrite sections that were perfectly clear to me but to no one else! A special fatherly appreciation to my three children: Kimberly, for her patient understanding when she came home for vacation and found that her bedroom had been taken over by an office computer, three tables, and stacks of books; Karla, for her exuberance about Dad writing another book; and Craig, for his expressed sensitivity by bringing me snacks late at night when I was tired.

The excitement of my graduate students in discovering the freeing and growth-promoting dimensions of the play therapy process continues to be stimulating and rewarding and was a significant factor, along with the persistent encouragement of my publisher, in initiating the process of writing a third edition of this book. I am grateful that so many people found the first two editions of this book helpful. It has been especially rewarding to hear from people who have read the international translations.

The photographs in this book are of volunteers, not of clients. I am especially grateful to the children and their parents for their cooperation. Acknowledgment and appreciation are extended to editors of journals for permission to reproduce all or parts of my articles, which initially appeared under the titles listed: "Who Is This Person They Call a Counselor Who Has a Playroom?" (1982) *The School Counselor*, 29, 359-361 (reprinted by permission of the American Association for Counseling and Development); "The Uniqueness of the Play Therapist in a Child's Life" (1982) *Texas Personnel and Guidance Association Journal*, 10, 77-81; and "Play Therapy: Facilitative Use of Child's Play in Elementary School Counseling" (1987) *Elementary School Guidance and Counseling Journal*, 21, 253-261 (reprinted by permission of the American Association for Counseling and Development).

Chapter 1

About Me, Garry Landreth

I have always felt that knowing the author, or at least knowing something about the author, helped me to more clearly understand what the author was trying to communicate. Therefore, I want to let you know something about me. Perhaps this will help you better understand the meaning of what I write, even though my words may not adequately convey the message. Printed words on a page are at best an inadequate method for communicating something important—and what could be more important than talking about children and their world? I experience a very real feeling of apprehension and inadequacy when I think about trying to convey through this medium what I have experienced with children, my feelings for children, my belief in children, my hopes for children, and the significance of this process we call play therapy in the lives of children. Perhaps that is why I appreciate so much the opportunities I have to be with children in play therapy relationships, for there we are not limited to words to communicate.

As a child I was scrawny and underdeveloped and attended a one-room, all eight grades, rural elementary school taught by my mother. In that setting, I developed a genuine appreciation for simple things, a propensity to strive, a love for learning, and a sensitivity for the underdog, the person who does not get noticed. Because of those experiences, I am keenly aware of children who do not get noticed.

I have not always been comfortable with children, as I suspect many of you who read this text have been, and that I regret, for I did not know experientially, emotionally the world of children. Oh, I knew intellectually from books and a university undergraduate course in child development, but I only knew about children. I did not know children with my heart in a way that touched them and their world. Children were there. I noticed them, but it simply did not occur to me to try to establish communication with them. The child in me had long before been pushed into the background out of my need to be appreciated for being mature, an adult. Being adult for me meant being serious about life, being responsible. I know now that was partially an attempt to overcome some feelings of inadequacy and the fact that, throughout my undergraduate years and my first year as a 21-year-old high school teacher, I looked much younger than my chronological age; in fact, I was often mistaken for one of the high school students.

After 4 years of teaching, a master's degree, and 2 years as a high school counselor, I gained my first glimpse into the child's world as a doctoral graduate assistant in the Children's Center on the University of New Mexico campus. There, a sensitive and perceptive professor, who saw in me qualities to which I was oblivious, encouraged me to work with children and introduced me to the exciting, multifaceted dimensions of play therapy through which I began to slowly discover and experience the unfolding of the child's world.

Is it possible to truly describe the discovery of a life-changing dimension in one's life? If so, then the experience must have been rather small or insignificant, or both, for most words are small and insignificant. At this moment, I sit here wanting to convey the genuine pleasure of making contact with children and how that added a new depth dimension to my life, and I must admit that I am unable to do so. How does one describe children's wonder, excitement in experiencing life, the fresh newness with which they approach living, and their incredible resiliency? I feel inept; my mind has suddenly come to a screeching halt. It is no longer active. All the circuits are open and searching. No words come to describe that experience, although I know the feeling well.

Life cannot be described; it can only be experienced and appreciated. Descriptions can always be evaluated, but life cannot. Life is. It unfolds and is in totality at that moment, no more and no less. We do not look at a person and judge or evaluate that person to have too little of life or too much. Indeed, one of my important discoveries was that little children seldom, if ever, evaluate the lives of other little children. They interact with each other and accept the other person as enough. In those early years of my professional development, experiencing the unconditional acceptance of children was a profound experience. They did not wish I were more or less. I experienced children accepting me for what I was at that moment. They did not try to change me or make me different in some way. They liked me the way I was. I did not have to pretend. I discovered I could just be. What a fantastically freeing experience that was and continues to be as I relate to children. As I

related to children on the basis of who they were at that moment and accepted them, their personhood, this became a reciprocal experience of sharing being together and accepting each other.

My early interactions with children in play therapy awakened in me a deep appreciation for the unfolding process of life as experienced by children and in turn a new appreciation for the process of my own life, not as something to change, or undo, or overcome, or prove the worth of, but to appreciate and live out the excitement of the process of being the person God has created me to be—to be me! Being more fully me means being more fully human, accepting my strengths as well as my weaknesses, for I do have strengths as well as weaknesses—and my mistakes are only a declaration of the fact that I am indeed fallible—human. That was a significant discovery for me, and yet as I look back, it was not a discovery, for that seems to indicate an event in time. Like life, it was a process I experienced and gradually became aware of and slowly began to appreciate. What I would like to say to children is wonderfully expressed in Peccei's (1979–1980) "In the name of the children":

If we were to allow the wonder of the life of a child to reach us fully and truly and to be our teacher, we would have to say: Thank you, child of man...for reminding me about the joy and excitement of being human. Thank you for letting me grow together with you, that I can learn again of what I have forgotten about simplicity, intensity, totality, wonder and love and learn to respect my own life in its uniqueness. Thank you for allowing me to learn from your tears about the pain of growing up and the sufferings of the world. Thank you for showing me that to love another person and to be with people, big or small, is the most natural of gifts that grows like a flower when we live in the wonder of life. (p. 10)

As I progressed in my relationships with children in play therapy, I made a rather startling discovery about my counseling sessions with adults. The counseling process seemed to be speeding up, and I was becoming more effective. With some adult clients with whom I had experienced being stuck, little progress, therapeutic movement began to develop, and a new depth of sharing and exploring of self occurred for the client. As I examined this development, the change could be accounted for by my having become more aware of and responsive to the subtle cues in the client that had always been there. I attributed this increased sensitivity to clients' subtle cues to my increased sensitivity to children's subtle forms of communication. I discovered that as I became more effective with children in play therapy, I became much more effective with adults in counseling relationships.

I joined the Counselor Education Department at the University of North Texas in 1966 and taught my first course in play therapy in 1967. Play therapy was not very well known in Texas in those days, or anywhere else in the nation for that matter, but from that meager beginning has come tremendous growth. What an exciting adventure that has been. The Center for Play Therapy, which I founded at the University of North Texas, is now the largest play therapy training program in the world, and each year provides an Annual Play Therapy Conference and a 2-week Summer Play Therapy Institute. Graduate courses offered each year consist of five sections of Introduction to Play Therapy, Advanced Play Therapy, Filial Therapy, Group Play Therapy, master's-level practicum and internships in play therapy, a doctoral-level advanced play therapy practicum, and a doctoral-level internship in play therapy.

One thing I really enjoy about teaching play therapy is that the child part of me can emerge in the role-playing I often do, and that helps to balance my tendency to be too serious about things. I am now able to really prize the child part of the person I am and thus to more fully appreciate and be sensitive to those qualities in children. I have discovered that when I am with children, the person I am is much more important than anything I know how to do in my mind.

I am still learning about children and about myself as I experience with them the complex simplicity of their play and the unfolding of the vibrant colors of their emotional inner worlds. What I have learned and how I have come to incorporate that learning into my relationships with children is perhaps best expressed in the following principles.

Principles for Relationships With Children

I am not all knowing.

Therefore, I will not even attempt to be.

I need to be loved.

Therefore, I will be open to loving children.

I want to be more accepting of the child in me.

Therefore, I will with wonder and awe allow children to illuminate my world.

I know so little about the complex intricacies of childhood.

Therefore, I will allow children to teach me.

I learn best from and am impacted most by my personal struggles.

Therefore, I will join with children in their struggles.

I sometimes need a refuge.

Therefore, I will provide a refuge for children.

I like it when I am fully accepted as the person I am.

Therefore, I will strive to experience and appreciate the person of the child.

I make mistakes. They are a declaration of the way

I am—human and fallible.

Therefore, I will be tolerant of the humanness of children.

I react with emotional internalization and expression to my world of reality.

Therefore, I will relinquish the grasp I have on reality and try to enter the world as experienced by the child.

It feels good to be an authority, to provide answers.

Therefore, I will need to work hard to protect children from me!

I am more fully me when I feel safe.

Therefore, I will be consistent in my interactions with children.

I am the only person who can live my life.

Therefore, I will not attempt to rule a child's life.

I have learned most of what I know from experiencing.

Therefore, I will allow children to experience.

The hope I experience and the will to live come from within me.

Therefore, I will recognize and affirm the child's will and selfhood.

I cannot make children's hurts and fears and frustrations and disappointments go away.

Therefore, I will soften the blow.

I experience fear when I am vulnerable.

Therefore, I will with kindness, gentleness, and tenderness touch the inner world of the vulnerable child.

Reference

Peccei, A. (1979-1980). In the name of the children. *Forum*, 10, 17-18.

Chapter 2

The Meaning of Play

Children's play is not mere sport. It is full of meaning and import.

F. Froebel

Children must be approached and understood from a developmental perspective. They are not miniature adults. Their world is one of concrete realities, and their experiences often are communicated through play. In seeking to facilitate children's expression and exploration of their emotional world, therapists must turn loose of their world of reality and verbal expression and move into the conceptual-expressive world of children. Unlike adults, whose natural medium of communication is verbalization, the natural medium of communication for children is play and activity.

Functions of Play

The universal importance of play to the natural development and wholeness of children has been underscored by the UN proclamation of play as a universal and inalienable right of childhood. Play is the singular central activity of childhood, occurring at all times and in all places. Children do not need to be taught how to play, nor must they be made to play. Play is spontaneous, usually enjoyable, voluntary, and not goal directed. In order to make children's play more acceptable, some adults have invented a meaning for play by defining it as work. In their push to be successful and to hurry up the process of growing up, many adults cannot tolerate "the waste of children's time by playing." The attitude is that children must be accomplishing something or working toward some important goal acceptable to adults.

It is regrettable that play has been identified by many writers as children's work. This seems to be an effort to somehow make play legitimate, intimating that play can be important only if it somehow fits what adults consider important in their world. Just as childhood has intrinsic value and is not merely preparation for adulthood, so play has intrinsic value and is not dependent on what may follow for importance. In contrast to work, which is goal focused and directed toward accomplishment or completion of a task by accommodating the demands of the immediate environment, play is intrinsically complete, does not depend on external reward, and assimilates the world to match the child's concepts, as in the case of a child using a spoon as a car.

Frank (1982) suggested play is the way children learn what no one can teach them. It is the way they explore and orient themselves to the actual world of space and time, of things, animals, structures, and people. By engaging in the process of play, children learn to live in our world of meanings and values, at the same time exploring and experimenting and learning in their own individual ways.

According to Woltmann (1964),

The spontaneous and self-generated activities of the child enable him to conceptualize, to structure, and to bring to tangible levels of activity his experiences and the feelings with which he invests them. Play, in this meaning, furnishes the child with opportunities to "act out" situations which are disturbing, conflicting, and confusing to him. The small child especially lacks semantic fluency since the development of his apperceptive processes is in a state of growing...flux, various types of play materials seem to be ideally suited for the expression of his feelings and attitudes. (p. 174)

Below age 10 to 11, most children experience difficulty sitting still for sustained periods of time. A young child has to make a conscious effort to sit still, and thus creative energy is consumed in focusing on a nonproductive activity. Play therapy provides for children's need to be physically active. In play, children discharge energy, prepare for life's duties, achieve difficult goals, and relieve frustrations. They get physical contact, discharge their needs to compete, act aggressively in socially acceptable ways, and learn to get along with others. Play helps children give their imaginations free rein, learn the trappings of their culture, and develop skills (Papalia & Olds, 1986). As children play, they are expressing the individuality of their personalities and drawing upon inner resources that can become incorporated into their personalities.

Children Communicate Through Play

Children's play can be more fully appreciated when recognized as their natural medium of communication. Children express themselves more fully and more directly through self-initiated, spontaneous play than they do verbally because they are more comfortable with play. For children to "play out" their experiences and feelings is the most natural dynamic and self-healing process in which they can engage. Play is a medium of exchange, and restricting children to verbal expression automatically places a barrier to a therapeutic relationship by imposing limitations that in effect say to children, "You must come up to my level of communication and communicate with words." The therapist's responsibility is to go to a child's level and communicate with children through the medium with which they are comfortable. Why must the child accommodate the adult? The therapist is the one who is supposed to be well adjusted, to have developed coping skills, to know how to communicate effectively at all levels, and to possess a developmental understanding of children. When the therapist says, "Tell me about it," young children are placed at a disadvantage of having to accommodate the therapist.

A therapeutic working relationship with children is best established through play, and the relationship is crucial to the activity we refer to as therapy. Play provides a means through which conflicts can be resolved and feelings can be communicated. "The toys implement the process because they are definitely the child's medium of expression....His free play is an expression of what he wants to do....When he plays freely and without direction, he is expressing a period of independent thought and action. He is releasing the feelings and attitudes that have been pushing to get out into the open" (Axline, 1969, p. 23). Feelings and attitudes that may be too threatening for the child to express directly can be safely projected through self-chosen toys. Instead of verbalizing thoughts and feelings, a child may bury in the sand, shoot the dragon, or spank the doll representing baby brother.

Children's feelings often are inaccessible at a verbal level. Developmentally they lack the cognitive, verbal facility to express what they feel, and emotionally they are not able to focus on the intensity of what they feel in a manner that can be expressed adequately in a verbal exchange. We know from the research of individuals such as Piaget (1962) that children are not developmentally able to engage fully in abstract reasoning or thinking until approximately age 11. Words are made up of symbols and symbols are abstractions. No wonder, then, that so much of what we try to communicate verbally is of an abstract nature. The child's world is a world of concretes and must be approached as such if contact is to be made with the child. Play is the concrete expression of the child and is the child's way of coping with her world.

Children live in the world of the present; yet, many of the experiences they encounter in the adult world are future oriented and abstract. When children reenact these future-oriented and abstract experiences through play, they become here and now concrete happenings enabling them to make sense of the abstract on their terms. As children play out these experiences, the unfamiliar becomes familiar.

The most normal and competent child encounters what seem like insurmountable problems in living. But by playing them out, in the way he chooses, he may become able to cope with them in a step-by-step process. He often does so in symbolic ways that are hard for even him to understand, as he is reacting to inner processes whose origin may be buried deep in his unconscious. This may result in play that makes little sense to us at the moment or may even seem ill advised, since we do not know the purposes it serves or how it will end. When there is no immediate danger, it is usually best to approve of the child's play without interfering, just because he is so engrossed in it. Efforts to assist him in his struggles, while well intentioned, may divert him from seeking, and eventually finding, the solution that will serve him best. (Bettelheim, 1987, p. 40)

Play in the Therapeutic Process

Play is a voluntary, intrinsically motivated, child-directed activity involving flexibility of choice in determining how an item is used. No extrinsic goal exists. The process of play is usually enjoyed, and the end product is less important. Play involves the child's physical, mental, and emotional self in creative expression and can involve social interaction. Thus when the child plays, one can say that the total child is present. The term play therapy presupposes the presence of some possible activity that would be considered play. We do not say of a child who is reading a story, "She is playing." In keeping with this description of play, play therapy is defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development.

Consistent with person-centered theory and therapy (Rogers, 1951), the essential element in this definition is a focus on the relationship. The success or failure of therapy in fact rests on the development and maintenance of the therapeutic relationship. It is the relationship with the child that becomes the vehicle for sustainable

change and growth by the child. Development of this relationship is facilitated by providing a developmentally appropriate modality for the child to express himself as he desires.

Although most adults are able to put their feelings, frustrations, anxieties, and personal problems into some form of verbal expression, children are not able to express themselves fully through the medium of verbalization. Play is to the child what verbalization is to the adult. Play provides a developmentally responsive means for expressing thoughts and feelings, exploring relationships, making sense of experiences, disclosing wishes, and developing coping strategies. Given the opportunity, children will play out their feelings and needs in a manner or process of expression that is similar to that for adults. The dynamics of expression and vehicle for communication are different for children, but the expressions (fear, satisfaction, anger, happiness, frustration, contentment) are similar to those of adults. When viewed from this perspective, toys are used like words by children, and play is their language. To restrict therapy to verbal expression is to deny the existence of the most graphic form of expression—activity (Figure 2.1).

The goal of some play therapists is to “get the child to talk.” When this is the case, it usually reveals the therapist’s own state of anxiety or uncomfortableness and a need to be in control by getting the child to talk. Therapy is not limited to a talking cure. If there can be a talking cure, then why not a playing cure? Play therapy offers the opportunity to respond to the total behavior of the child, not just the verbal behavior.

According to Smolen (1959), who analyzed improvement in children who exhibited very little verbal interchange with the therapist,

We came to the rather obvious conclusion that the “talking cure” was effective only insofar as it represented an adequate substitute for an “acting cure.” That words are not always adequate substitutes for actions, even in the therapy of adults, is indicated by the vast amount of literature which has grown up around the problems of the acting-out patient in therapy. Words, then, as substitutes for and abstractions of behavior can often be quite meaningful to adults who have had many years of experience. But how much less true is this of children who, by virtue of the maturational process alone, have not yet attained a capacity to utilize adequately abstractions or symbolic forms of speech or thinking. Even though many children may have the vocabulary, they do not have the rich background of experience and associations which would render these words meaningful condensates of emotional experiences in terms of their potential usefulness in therapy. (p. 878)



FIGURE 2.1 For children to “play out” their experiences and feelings is the most natural, dynamic, and self-healing process in which they can engage.

Children may have considerable difficulty verbally describing what they feel or how their experiences have affected them; but, if permitted, in the presence of a caring, sensitive, and empathic adult, they will reveal inner feelings through the toys and materials they choose, what they do with and to the materials, and the

stories they act out. Children's play is meaningful and significant to them, for through their play they extend themselves into areas they have difficulty entering verbally. Children are able to use toys to say what they cannot say, do things they would feel uncomfortable doing, and express feelings they might be reprimanded for verbalizing. Play is the child's symbolic language of self-expression and can reveal (a) what the child has experienced; (b) reactions to what was experienced; (c) feelings about what was experienced; (d) what the child wishes, wants, or needs; and (e) the child's perception of self. These are important messages the play therapist looks for in children's play in play therapy experiences (Figure 2.2).



FIGURE 2.2 In play therapy, children use toys to say what they cannot say and express feelings they might be reprimanded for verbalizing.

Play represents the child's attempt to organize her experiences, her personal world. Through the process of play, the child experiences a feeling of being in control, even though in reality circumstances may dictate otherwise. This attempt by the child to gain control is explained by Frank (1982):

The child in his play relates himself to his accumulating past by continually reorienting himself to the present through play. He rehearses his past experiences, assimilating them into new perceptions and patterns of relating... In this way the child is continually discovering himself anew, revising his image of himself as he can and must, with each alteration in his relations with the world. Likewise, in his play the child attempts to resolve his problems and conflicts, manipulating play materials and often adult materials as he tries to work through or play out his perplexities and confusions. (p. 24)

There are many experiences in childhood in which children feel they have little or no control. Play is children's way of working out balance and control in their lives, for, as children play, they are in control of the happenings in play, although it may not be possible to actually be in control of the life experience represented in the play. It is the sense or feeling of being in control in the play therapy experience, rather than actual control, that is essential to children's emotional development and positive mental health.

An understanding of children's play behavior provides cues to help the therapist enter more fully into the inner emotional life of the child. Because the child's world is a world of action and activity, play therapy provides the therapist with an opportunity to enter the child's world. The selection of a variety of appropriate toys by the therapist can facilitate a wide range of feeling-oriented expressions by children. Thus, children are not restricted to discussing what happened; rather, they live out at the moment of the play the past experiences and associated feelings. Therefore, the therapist is allowed to experience and participate in the emotional lives of children rather than relive situational happenings. Because children thrust their total beings into their play,

expressions and feelings are experienced by children as being specific, concrete, and current, thus allowing the therapist to respond to their present activities, statements, feelings, and emotions rather than to past circumstances.

If the reason the child was referred to the therapist is aggressive behavior, the medium of play provides the therapist an opportunity not only to experience the aggressive behavior firsthand as the child bangs on the Bobo or attempts to shoot the therapist with a dart gun but also to provide the child opportunities to learn self-control by responding with appropriate therapeutic limit-setting procedures. Without the presence of play materials, the therapist could only talk with the child about the aggressive behavior the child exhibited yesterday or in the past weeks. In play therapy, whatever the reason for referral, the therapist has the opportunity to experience and actively relate to that problem in the immediacy of the child's experiencing.

Play allows children to make their internal world external. Axline (1969) viewed this process as one in which the child plays out her feelings, thus bringing them to the surface, getting them out in the open, and facing them. This process was readily evident in 4-year-old Kathy's play in her play therapy experiences. At first glance, Kathy appeared to be just a 4-year-old playing pretend. As she became agitated about the panties on the doll, placed a blanket over the doll, took the doll to the doctor for a detailed examination, and expressed the need for the doll's legs to be down, a pattern or theme began to emerge. Although she was quite young when she was abused, it appeared that she was working through some of those experiences.

Symbolic Play

According to Piaget (1962), play bridges the gap between concrete experience and abstract thought, and it is the symbolic function of play that is so important. In play, the child is dealing in a sensory-motor way with concrete objects that are symbols for something else the child has experienced directly or indirectly. Sometimes the connection is quite apparent; at other times, the connection may be rather remote. In either case, play represents the attempt of children to organize their experiences and may be one of the few times in children's lives when they feel more in control and thus more secure.

The child-centered play therapy philosophy considers play essential to children's healthy development. Play gives concrete form and expression to children's inner worlds. Emotionally significant experiences are given meaningful expression through play. A major function of play in play therapy experiences is the changing of what may be unmanageable in reality to manageable situations through symbolic representation, which provides children with opportunities for learning to cope by engaging in self-directed exploration. The therapist uses play with children because play is children's symbolic language of self-expression. "Through the manipulation of toys, the child can show more adequately than through words how he feels about himself and the significant persons and events in his life" (Ginott, 1994, p. 51). "A therapist who is too literal minded and who cannot tolerate a child's flight into fantasy without ordering it into adult meaning-fulness might well be lost at times" (Axline, 1969, p. 127).

Symbolic play allows children to freely assimilate their experiences without environmental constraints. Assimilation, although usually outside the child's awareness, facilitates substantive change. When children are playing in the play therapy experience, they are seldom if ever aware of the symbolic representation in their play. It is this dimension of distancing from the event that makes the play experience safe for children. A child does not consciously think "I'm afraid of my father who is abusing me and this father doll too closely represents my father; so I will pretend the lion is my father and I am the lion cub, and no one will know what I am doing." In play children can safely express their experiences and feelings because they are not cognitively aware that they are symbolically playing out a threatening experience. By acting out a frightening or traumatic experience or situation symbolically, and by returning to that happening again and again through play and perhaps changing or reversing the outcome in the play activity, children experience being in control of the experience and move toward an inner resolution and then are better able to cope with or adjust to the problem.

That children unconsciously express happenings, experiences, concerns, and problems in their play can readily be seen in my play therapy sessions with 6-year-old Brenda who had to wear a catheter as a result of complications following surgery. She experienced considerable difficulty trying to empty the bag appropriately at school and make the necessary connections to put it back in place. The connections were always leaking and that caused her a great deal of frustration and embarrassment. In her play, she repeatedly played out a story using the dollhouse and depicting a problem with a leaky sink or some related plumbing problem. With great exasperation, she would grab the phone, call a plumber, and say, "The dumb sink is leaking again! Come fix this stupid thing again." She stopped acting out these scenes the week she learned to attach the catheter bag correctly (Figure 2.3).



FIGURE 2.3 Feelings and attitudes that may be too threatening for a child to express directly can be safely projected through self-chosen toys.

There are times, though, when children are aware of the literal message in their play as in the case of showing the therapist something they have done. Seven-year-old Scott grabbed Bobo (the bop bag) around the neck in a hammer lock and yelled to me, "I'm gonna show you what I did to Roger on the playground today!"

A vivid reminder of differences in the way children and adults express their feelings and reactions occurred in the days and weeks following the terrorist attack on the World Trade Center buildings in New York on September 11, 2001. Adults told and retold their experience of shock and terror. Children who suffered through the same experience almost never talked about it. Their fearful reactions were expressed through their play. Children built towers out of blocks and crashed airplanes into them. Buildings burned and crashed to the ground, sirens wailed, people were killed and injured, and ambulances took them to the hospital. A 3-year-old child in play therapy repeatedly crashed a helicopter into the wall, watched it fall to the floor, and said vehemently, "I hate you helicopter! I hate you helicopter!"

As I write this, Japan has just experienced a devastating earthquake and resulting tsunami. My mind cannot possibly grasp what the chaos and fear are like there, especially for children. All routines have been disrupted for thousands of families; so children no longer feel secure. A 30-minute play therapy time several times a week could become the one predictable routine in their lives, a place to play out pent up fears in the safety of symbolism, a place to regain a sense of control, a place to experience tranquility as needed, an oasis in the midst of chaos.

Stages in the Play Therapy Process

Stages in the play therapy process are the result of shared interactions between the therapist and the child, experienced in the non-evaluative, freeing environment of the playroom, facilitated by the genuine caring for and valuing of the child as communicated by the total person of the therapist. In this unique living relationship, in which the unique nature and individuality of the child are accepted and appreciated, the child experiences permission to expand the horizons of her self in keeping with the degree of acceptance inwardly felt and communicated by the therapist. This experiencing and expanding of the possibilities of self often are manifested in identifiable stages of change in the developing play therapy process.

In Moustakas' (1955a) analysis of case studies of emotionally disturbed children in play therapy, he observed that children progress through five identifiable stages in the therapeutic process of moving toward self-awareness. Initially diffuse negative feelings are expressed everywhere in the child's play as in the case of a child who cannot tolerate any kind of mess and is overly concerned with cleanliness and neatness. Sometimes the reaction may be diffuse hostility expressed toward the room, toys, and therapist. There may also be accompanying high levels of anxiety as in the case of a child who just stands in the middle of the playroom unable to initiate any activity. Following these expressions, in the second stage the child usually expresses ambivalent feelings that are generally anxious or hostile. Moustakas described a child who picked up the puppets one by one, banged each puppet on the table with exclamations of disgust, threw each puppet on the floor, and said, "I don't like any of them, but I like this one" as she picked up the mouse puppet. She then quickly added, "I don't like this one either," as she squeezed the mouse's head.

The third stage is characterized by more focused direct negative feelings expressed toward parents, siblings, and other persons in the child's life. These feelings or attitudes are often evident in the child's symbolic play as in the case of a child who acted out strong negative reactions toward her parents and new baby by lining up the mother, father, and baby family doll figures, and then announced, "They're robbers, and I'm going to shoot them," which she did, one at a time.

In the fourth stage, ambivalent feelings are expressed again in the child's play but in the form of positive and negative feelings and attitudes expressed toward parents, siblings, and other persons in the child's life. Six-year-old David hits and kicks the bop bag with great vigor, yelling, "I'm gonna beat you up. Nobody likes you!" Later he gets the doctor kit, doctors the bop bag, and says, "I'll bet that makes you feel better."

The fifth stage is characterized by clear, distinct, separate, usually realistic positive and negative attitudes, with positive attitudes predominating in the child's play (Moustakas, 1955a, p. 84). This final stage is a direct result of an understanding, accepting, and caring relationship established by the therapist in which the child feels safe enough to be more fully the person the child is capable of becoming. It is this quality of being that is more important than anything the therapist does. In an accepting and safe environment such as that afforded the child in play therapy, each child's uniqueness is expressed more freely and thus more completely. As this unique self is appreciated and accepted by the therapist, the child internalizes that acceptance and begins to accept and appreciate his own uniqueness, thus beginning the process of self-knowledge. This self-knowledge is then expressed through the facilitative process of play.

In one of the most comprehensive studies of the process of play therapy, Hendricks (1971) reported a descriptive analysis of the process of child-centered play therapy. She found that children followed patterns in sessions:

Sessions 1 through 4: At this stage, children expressed curiosity; engaged in exploratory, noncommittal, and creative play; made simple descriptive and informative comments; and exhibited both happiness and anxiety.

Sessions 5 through 8: Here children continued exploratory, noncommittal, and creative play. Generalized aggressive play increased, expressions of happiness and anxiety continued, and spontaneous reactions were evident.

Sessions 9 through 12: Exploratory, noncommittal, and aggressive play decreased; relationship play increased; creative play and happiness were predominant; nonverbal checking with the therapist increased; and more information about family and self was given.

Sessions 13 through 16: Creative and relationship play predominated; specific aggressive play increased; and expressions of happiness, bewilderment, disgust, and disbelief increased.

Sessions 17 through 20: Dramatic play and role-play predominated, specific aggressive statements continued, and increased relationship building with the therapist occurred. Expression of happiness was the predominant emotion, and children continued to offer information about self and family.

Sessions 21 through 24: Relationship play and dramatic and role play predominated, and incidental play increased.

A second major comprehensive study of the child-centered play therapy process was completed by Withee (1975). She found that during the first three sessions, children gave the most verbal verification of counselors' reflections of their behaviors; exhibited the highest levels of anxiety; and engaged in verbal, nonverbal, and play exploratory activities. During sessions 4 through 6, curiosity and exploration dropped off and aggressive play and verbal sound effects reached their peaks. During sessions 7 through 9, aggressive play dropped to the lowest point, and creative play, expressions of happiness, and verbal information given about home, school, and other aspects of their lives were at their highest. During sessions 10 through 12, relationship play reached

its highest point, and noncommittal play sank to its lowest level. In sessions 13 through 15, noncommittal play and nonverbal expressions of anger peaked, anxiety rose over its previous level, and verbal relationship interactions and attempts to direct the therapist were at their highest levels. Differences also were found between boys and girls. Boys expressed more anger, made more aggressive statements, engaged in more aggressive play, and made more sound effects. Girls exhibited more creative and relationship play, happiness anxiety, verbal verification of therapist responses, and verbalizations of positive and negative thoughts.

These studies illustrate that discernable patterns are evident in the process of children's play in the therapeutic relationship established in the playroom. As the play therapy process develops, children begin to express feelings more directly and realistically and with more focus and specificity. Children initially engage in exploratory, noncommittal, and creative play. In the second stage, children exhibit more aggressive play and verbalizations about family and self. In latter sessions, dramatic play and a relationship with the therapist become important. Anxiety, frustration, and anger are expressed.

Play of Adjusted and Maladjusted Children

The play of adjusted and maladjusted children, as described by Moustakas (1955b), differs in several areas.

Adjusted children are conversational and prone to discuss their world as it exists for them, whereas some maladjusted children may remain completely silent in their first few play sessions, speaking only with great difficulty to the therapist. Other maladjusted children may keep up a rapid-fire flow of questions and conversations during the first sessions. The initial reactions of maladjusted children are cautious and deliberate. Adjusted children are free and spontaneous in their play.

Adjusted children will examine the whole play setting and use a large variety of play materials, in contrast to maladjusted children, who use a few toys and play in a small area. Maladjusted children often want to be told what to do and what not to do. Adjusted children use various strategies to discover their responsibilities and limitations in the therapeutic relationship.

When bothered or annoyed, adjusted children use a concrete way to bring out their problem. Maladjusted children are more likely to express their feelings symbolically with paints, clay, sand, or water. Maladjusted children often are aggressive and want to destroy the play materials and sometimes the therapist. Aggression also is seen in adjusted children, but it is clearly expressed without massive destruction, and responsibility is accepted for the expression. Adjusted children are not so serious and intense in their feelings about themselves, the therapist, or their play as are maladjusted children.

Moustakas (1955b) concluded from his experiences with adjusted and maladjusted children in play therapy that all children, irrespective of the quality of their adjustment, express similar types of negative attitudes. The difference between well-adjusted and maladjusted children lies not primarily in the type of negative attitudes they demonstrate, but rather in the quantity and intensity of such attitudes. Adjusted children express negative attitudes less often and with more focus and direction. Maladjusted children express negative attitudes frequently and intensely, with less focus and direction.

Howe and Silvern (1981) identified differences in the play therapy behaviors of aggressive, withdrawn, and well-adjusted children. Aggressive children presented frequent play disruptions, conflicted play, self-disclosing statements, high levels of fantasy play, and aggressive behavior toward the therapist and toys. Withdrawn boys were identified by their regression in response to anxiety, bizarre play, rejection of the therapist's intervention, and dysphoric content in play. Well-adjusted children exhibited less emotional discomfort, less social inadequacy, and less fantasy play. Withdrawn girls could not be differentiated from well-adjusted girls.

Perry (1988) studied the play behaviors of adjusted and maladjusted children in play therapy and found that maladjusted children expressed significantly more dysphoric feelings, conflictual themes, play disruptions, and negative self-disclosing statements than did adjusted children. Maladjusted children also spent a larger portion of their playtime feeling angry, sad, fearful, unhappy, and anxious than did adjusted children. Maladjusted children talked and played out their problems and conflicts during more of the play session than did adjusted children. No significant differences existed between adjusted and maladjusted children in the area of social inadequacy play or the use of fantasy play.

The initial-session play therapy behaviors of maladjusted and adjusted children were compared by Oe (1989) to investigate the value of children's play for diagnostic purposes. Maladjusted children expressed significantly more nonacceptance of environment play behaviors than adjusted children. Although Oe found there were no significant differences in the frequency of initial session play behaviors of maladjusted children and adjusted children, maladjusted children expressed significantly more intensity in dramatic and role play behaviors than adjusted children in the playroom. Maladjusted girls exhibited dramatic or role behaviors more often and more