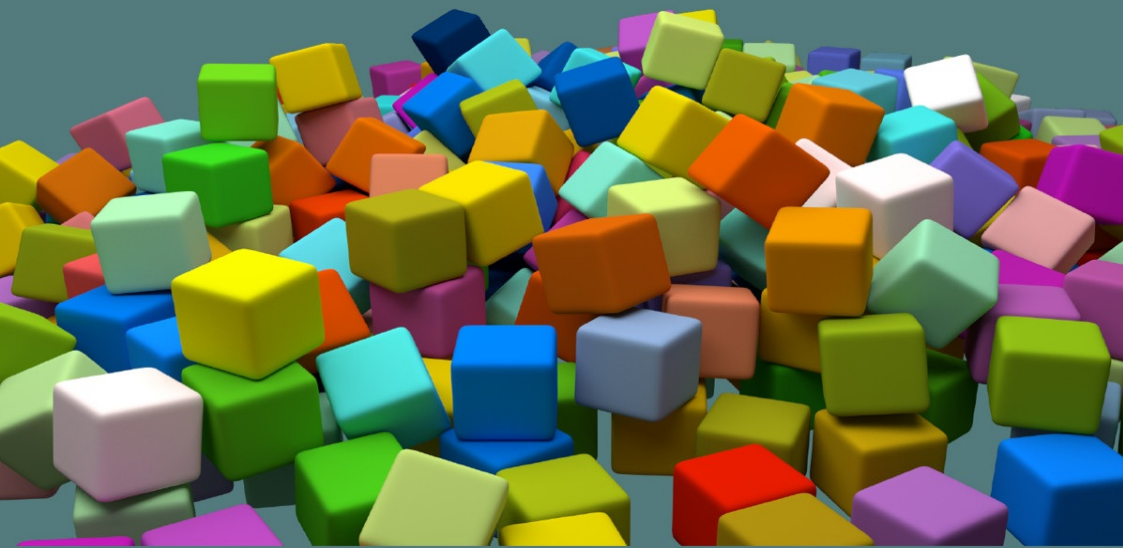


Psychotherapy Guidebook

# PLAY THERAPY



Justin S. Psaila

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## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[ROLE OF THERAPIST](#)

[TOOLS](#)

[CONCLUSION](#)

# Play Therapy

*Justin S. Psaila*

## DEFINITION

Play may be employed in analytically oriented child psychotherapy as a specific therapeutic technique. Play therapy, a useful tool at the disposal of every child therapist, is based on the fact that play is the child's natural medium of selfexpression. It is the therapist's window into the child's fantasies, thoughts, and feelings. Also, as Erikson (1972) observed, play is the child's method of thinking through difficult experiences and employing a setting in which to resolve them.

Play Therapy is no longer exclusively employed in child psychoanalysis; rather, it is utilized by therapists with diverse theoretical backgrounds. Regardless of orientation, the therapist can make use of Play Therapy to aid the child in: 1) expression of fantasy and imagination; 2) release of energy and aggression; 3) opportunity for social learning; 4) opportunity for creative activity; and 5) acquisition of physical skills.

## HISTORY

Child psychoanalysis, as pointed out by Gardner (1972), is one form of child psychotherapy. It refers to analytic treatment approaches based on the theories and principles of Sigmund Freud, and used by Anna Freud, Melanie Klein, and their followers.

Freud (1908) first introduced play theory. He defined play as fantasy employing the use of real objects (toys) in contrast to pure fantasy (daydreams).

H. Hug-Hellmuth (1921) introduced play into child analysis. She was the first to appreciate adequately the value of play in the treatment of emotionally ill children. She observed that several symptoms and conflicts can be recognized by the study of play activities.

Melanie Klein (1932) elaborated on the use of Play Therapy. She modeled her treatment of children on adult analysis, and substituted free play for free association. She developed a play technique in which she translated every action of the child as having an underlying symbolic function and interpreted the unconscious content to the child.

Anna Freud (1928) considered Play Therapy an indispensable tool for familiarization with small children. She took issue, however, with Melanie Klein in that the child has not the same purposive attitude as an adult. She rejected Melanie Klein's posit that transference does not take place. Anna

Freud employed Play Therapy primarily to gain the child's confidence and to establish a positive relationship. She employed direct interpretation sparingly, and was critical of the value of direct interpretation as employed by Melanie Klein.

In the last forty years much has been contributed to our knowledge of Play Therapy by child therapists in every field, and of diverse schools of thought.

## TECHNIQUE

Adults keep their egos tuned to reality by fantasy within themselves and verbalization with another. Erikson (1950, 1963) observed that, in modern Play Therapy, the way the child keeps his ego tuned to reality — that is, to make up for defeat, frustration, and suffering — is through toys and an adult (therapist) for himself.

The play situation offers a unique opportunity for the development of a therapeutic relationship between the child and the therapist. Anna Freud (1964) saw this relationship — or as she called it, “a real dependence on me” — as all-important in child analysis. Play offers a timid child with few resources an opportunity to do something with the therapist. Play material offers an external medium of support while the child is discovering who the new person (therapist) is, and what they can be/do together.

A guiding principle to keep in mind while establishing a relationship and throughout the duration of therapy is that what the child is doing is less important than his freedom to do something, as long as the something is within the limits set down by the therapist. It is agreed that the setting of limits in Play Therapy is necessary. While some significant differences were found in the types of limits used, a considerable body of limits was employed by all. Limits investigated were in the areas of: 1) physical aggression against therapist; 2) physical aggression against equipment; 3) safety and health; 4) playroom routines; and 5) physical affection.

In psychoanalytically oriented child psychotherapy play may be used as a diagnostic tool. Through observation of the child at play the therapist can gauge the areas and the degree of the child's problems. Through play the child gives clues as to his rigidity, his inhibitions, his preoccupations, and his perceptions of people. It follows that play contributes to our knowledge of the patient's attitudes and feelings about himself and about others.

Through the play medium, the child takes the first step toward an organized and meaningful expression of himself. The naturalness and spontaneity of Play Therapy, as emphasized by Virginia Axline (1947), allows the child to safely display anxiety, fear, and anger; by use of his toys he gives the therapist concrete evidence of his feelings.



Play provides the child the opportunity to act out his fantasies and conflicts. Negative and anxious children are thus helped to externalize their aggressive feelings through play activity. The child's activities and his conversations can very often be easily translated from their symbolic meaning to his actual fantasies and imaginations. If the therapist is a Kleinian, he may take this opportunity to interpret the child's unconscious conflict (Klein, 1975). If he is a follower of the Freudian (Anna) method, the therapist may utilize this knowledge of the psychodynamics of the child in other ways, such as providing the child with certain experiences that can also be therapeutic (Gardner, 1972).

Cathartic use of play as put forward by Carr (1902) can relieve the child of psychic tension and aid him in sublimating his contained drives. Through play activity the child learns to change socially unacceptable impulses into socially acceptable behavior. Destructiveness and sadism may find overt outlet in sports and athletic activities.

It is readily apparent, then, that Play Therapy is of definite value in the treatment of emotionally ill children.

## **ROLE OF THERAPIST**

In the play situation, as in all therapy, the therapist himself is the principal therapeutic agent. Each therapist must select from the wide array of

techniques and ideas those which coincide with his own personality, and with which he feels comfortable. It is important that these techniques allow the child to know he has found a person who is interested in his feelings, and who will not condemn him because of them. This relationship, as Allen (1966) points out, is a very special one as it is begun with a goal of ending it.

It is entirely up to the therapist if, and at which time, he will use controlled play, structured play, directive or nondirective play, or place the child in a play therapy group. The therapist will determine this by the problems the child presents.

## TOOLS

Ginott (1960) has attempted to establish a rationale for selecting toys in Play Therapy. He considers the value of any toy, object, or activity in child therapy depends on its contribution to the realization of five objectives. A treatment toy should: 1) facilitate contact with the child; 2) evoke and encourage catharsis; 3) aid in developing insight; 4) furnish opportunities for reality testing; and 5) provide media for sublimation. Play material, then, must be chosen to serve a variety of needs. However, too much material and too wide a diversity tend to defeat the basic purpose. The main consideration is simplicity.

Toys that allow both for creative activity and destructive purposes

should be available. Dolls and household toys allow children of both sexes a chance for imaginative play that introduces the element of relationship. Sutton-Smith and Rosenberg (1961) tell us that the types of games and toys used by children of both sexes have become more common over the past years. They feel this points to increasing similarity of the sexes.

Soldiers, toy guns, and similar toys offer material for aggressive expression and enable children to be more daring with their feelings than is otherwise possible.

Paints and drawing materials are most valuable. Finger paints allow a child an unusually wide scope for his movements. A child may tell his story graphically when he is unable to verbalize the feelings expressed in the drawings. A piece of paper, a few crayons, and, in modeling, a lump of clay offer the child a handy means of self-expression (Kanner 1935, 1948, 1957).

Although Gardner (1972) prefers a tape recorder to competitive games, a few competitive games, such as checkers, dominoes, or chess, may be useful. Mechanical toys and complicated puzzles have only occasional use. If the child becomes very absorbed in the thing he is doing, the fact that he is doing it with another may be lost. In this case the activity becomes too much of an end in itself.

## CONCLUSION

There have been a variety of approaches in Play Therapy with disturbed children that have been found effective. These approaches are similar in that they contain human values that the therapist attempts to communicate. All agree that play is the child's natural medium of expression and means of communication. Approaches differ in their philosophies and in their theories of personal dynamics. However, a substrate of common thinking is present among child therapists above and beyond their ultimate theoretical beliefs. It is important that one does not get bogged down in speculations about clinically unproven unconscious processes. However, a frame of reference appears necessary for conducting therapy even if it serves only the avowed interest of the therapist. It is only natural that what Erikson (1950, 1963) called the child's sense of mastery should follow from play, for to the child, play is a serious business of life (Mitchell and Mason, 1935).