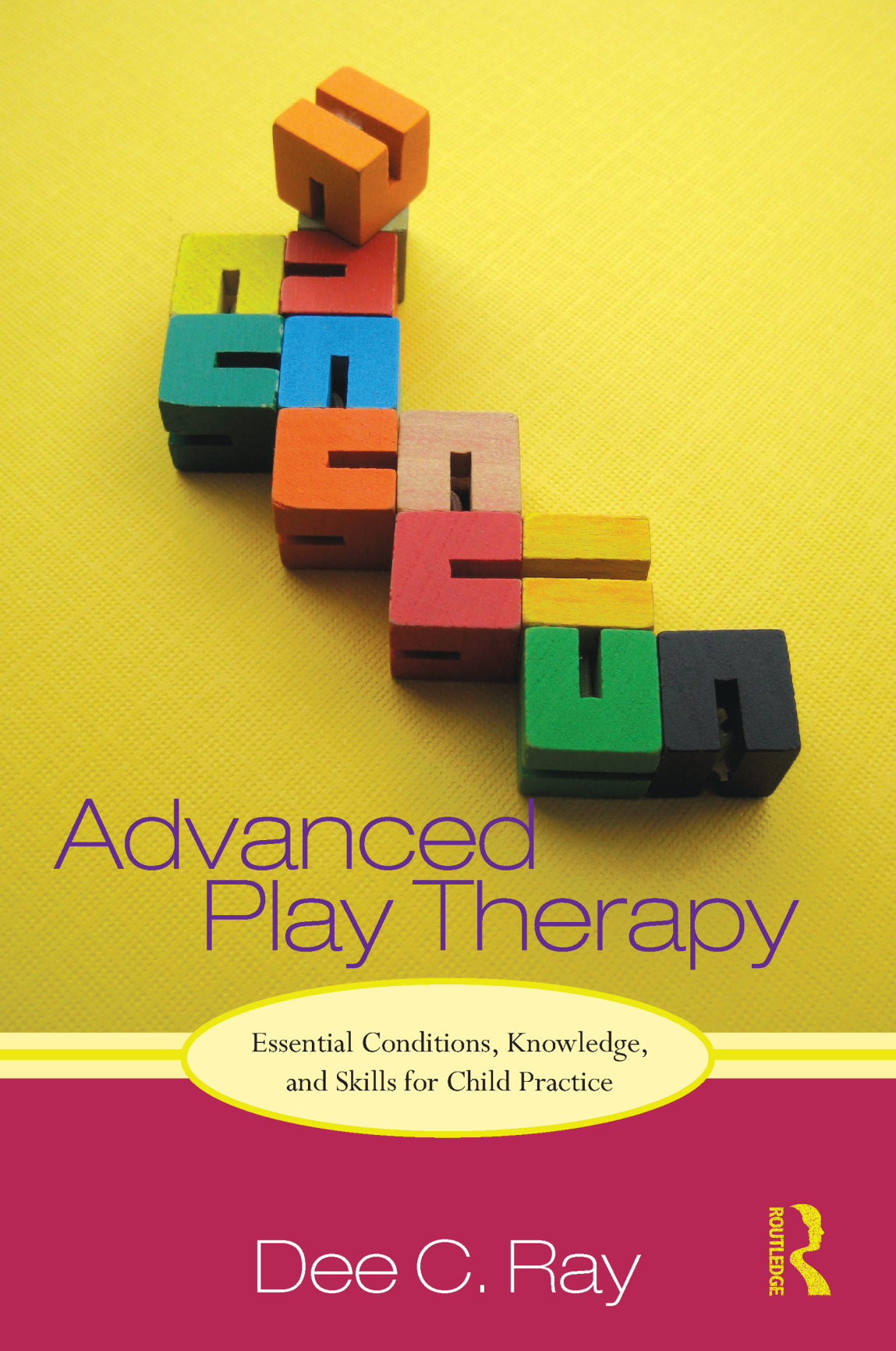
Advanced
Play Therapy
Essential Conditions, Knowledge, and Skills for Child Practice
Dee C. Ray
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Dee C. Ray

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Foreword

Play therapy, just what is that really? The mental health field is still struggling with that question and has been unable to reach agreement on the fundamental questions of what play therapy is and what the essential elements of a play therapy relationship are. Dee Ray takes a forthright approach in providing specific, clear, and focused explanations to these questions. She is theoretically grounded and consistent in her approach to applying child-centered principles to the play therapy process.

This is not a book about techniques. This book is about the person of the child, the person of the therapist, and the essential child-centered play therapy skills that are necessary in the process of developing a relationship with children, a process that becomes a way of life for the child-centered play therapist. Dee provides a description of each skill and develops a "feeling" for the application of the skill by taking the reader into the world of children through case examples showing how the skills "look" in the interaction between the therapist and child. Her trademark in this book is a continual process of demonstrating the application of child-centered play therapy principles, concepts, and skills with children in play therapy. The reader will often react with an expression of "Oh, now I not only see how that works with children, I understand why it works." That is a rare quality in play therapy books.

Many readers will probably identify personally with Dee's open exploration of her journey in becoming a child-centered play therapist from rejecting the concepts to embracing the process. It is this kind of personal and professional sharing that is thought provoking. Play therapists should know what they believe about children and play therapy, be able to explain

why they believe what they believe, and, perhaps most important, live out what they believe with passion.

This is a book about "being with" children in the playroom in a way that releases the innate, inner-directed, forward moving, self-healing capacity of children in such a way that children are free to be themselves. Dee draws on her years of experiences with children in play therapy to take the reader into the perceptually subjective inner world of play therapy in which principles and practices of the child-centered approach to children come alive as she shares her engaging interactions with children. Without having planned to do so, some readers will find issues, principles, and practices in this book becoming incorporated into their personal philosophies of play therapy.

Dee has written an all-encompassing text that explores a child-centered philosophy, process issues, consulting with parents, group play therapy, play therapy in schools, community agencies, and private practice and supervision in play therapy in such a clear way that the reader will be encouraged to return to this book from time to time to get grounded again in what is important in play therapy and to be reminded of the broad application of play therapy.

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Preface

Play therapy is the preferred and developmentally appropriate intervention for children who are experiencing emotional, behavioral, and developmental problems. In 1947, Virginia Axline wrote her historically recognized book, *Play Therapy*, in which she presented the philosophy, concepts, and therapist actions that initiated the rise of child-centered play therapy (CCPT). From 1947 until 1991, CCPT, or nondirective play therapy as it was mostly referred to during this time, was researched and discussed in various prominent journals. In 1991, Dr. Garry Landreth published his book, *Play Therapy: The Art of the Relationship* (now in its second edition, 2002), describing CCPT in detail, including a concrete description of the CCPT approach. CCPT is currently the most utilized modality among professional play therapists and celebrates a rich history of empirical research to support its use.

In 1995, I had never heard of play therapy. Although I had received my master's degree in counseling years before and worked as a professional counselor with adolescents and adults, I had never worked with young children. When I was in graduate school, I was taught that children responded to behavioral techniques and that any existential or person-centered intervention would be fruitless with a young age group. From my early days of teaching adolescents, I discovered the inadequacies of behaviorism when helping people address chronic and serious emotional challenges. Hence, I concluded prior to receiving my master's degree that I would not be working with children because I simply did not believe in behaviorism and was unaware that another type of intervention was available. I returned to graduate school to gain my doctoral degree in counseling with an emphasis on adolescence.

It was at this time that I was introduced to play therapy. Inadvertently, I had chosen the University of North Texas because it had an excellent reputation in counseling. I did not know it was also the home of the Center for Play Therapy, the largest play therapy training center in the world. I had never heard of Garry Landreth, play therapy renowned author and founder of the Center for Play Therapy. I observed as fellow students facilitated play therapy with child clients and responded with skepticism to an intervention that not only did not embrace behaviorism, but also denied the necessity of its use with children. At one point in my career, I was play therapy's biggest critic. I was critical of the therapist's lack of directing the child. I was critical of the therapist's lack of emphasizing the need for the child to express emotions verbally. I was critical of the therapist's permissiveness in allowing child-directed play and verbalization. What good could possibly come from allowing a child to make the decisions? How could this possibly remediate the multitude of problems expressed by the parent regarding the child? Did these therapists not know that children need guidance and direction by adults? I resolved to stay as far away from play therapy and that Garry Landreth guy as possible.

As I made my resolution regarding play therapy and focused on my therapeutic training with adolescents and adults, I encountered Dr. Sue Bratton, current director of the Center for Play Therapy, in her role as my clinical supervisor and instructor. My slight leanings toward humanistic principles in working with clients grew into a full-blown belief system. Applying the person-centered approach to adolescent and adult clients became a natural way of working. Clients were growing and changing in the context of the therapeutic relationship. I, as a person, became my most effective tool in counseling as I helped facilitate conditions for growth, but trusted the client to move toward positive self-direction. At this point, Sue began to encourage me to take a class in play therapy. I refused, but she was tenacious. By this time, I had become aware of Garry Landreth's reputation and did not feel that I could assert my doubts to such a prestigious figure. I agreed that I would take the class on the one condition that I take it with Sue as an instructor. She was aware of my reservations and accepted me despite them, which was a powerful motivator for me. The other event that prompted my decision is that I had just had my first child. I was extremely fascinated with motherhood, child development, and parenting.

In this context, I took my first play therapy course. I admit that I was hooked from the first day. The readings from Axline and Landreth made perfect sense regarding how humanistic concepts fit in working with children. Sue's approach to answering every silly question and complaint by using her relational abilities always demonstrated the philosophy instead of an empty explanation. And it all seemed to fit with observing my own child in his first year of life. When I began to use CCPT with real clients,

I was amazed to watch it in action. Fifteen years later, I still observe play therapy as though it is magic. The most amazing thing about play therapy is that it works. I am shocked daily about this fact.

But the secret is that play therapy is not magic; it demands significant knowledge, training, supervision, consultation, awareness, personal investment, skills, and belief in children. Since the time that I started facilitating play therapy, I have enjoyed using the modality in school and clinic settings. I have worked extensively with individuals and groups of children, as well as a diversity of parents. I have conducted play therapy with multicultural populations spanning ethnicities within and outside the United States. The cynic in me still awaits the case where play therapy is ineffective, but I have yet to experience it.

There is no doubt that I am an avid believer in Landreth's approach to play therapy, and I have asked myself on several occasions if there is a need to write a book beyond the seminal *Play Therapy: Art of the Relationship*. I should note that after my initial play therapy course, I summoned the courage to take advanced play therapy courses with Garry Landreth and worked under his supervision. Under his tutelage, I experienced the relationship factors that he discusses in his work and I grew in my understanding and facilitation of CCPT. He is a true mentor. You will find his influence throughout these pages.

The purpose of this book is to serve as a companion to *Play Therapy: The Art of the Relationship*. Because Landreth does an exceptional job presenting CCPT, I summarize his work in a brief few pages. The reader is referred to Landreth (2002) for a complete presentation of the basics of CCPT. However, this book focuses on the advanced knowledge and skills needed to conduct CCPT in the current context of the mental health field. Learning the whys and hows of CCPT is only partially what is needed in today's market. Over the years as a clinic director and school counselor supervisor, I have accumulated a list of the challenges faced by play therapists after they are trained and enter the field. This book represents an attempt to address those challenges.

The first challenge is *knowledge*. Play therapy is based on three fields of knowledge, including psychology/therapy, play, and child development. Most play therapists are knowledgeable regarding the history of psychology and functions of therapy because they receive graduate degrees in mental health fields. However, play therapists often lack knowledge in the history and function of play, as well as a thorough understanding of child development. The lack of knowledge in these two areas limits the play therapist's ability to explain the importance of play therapy in working within the emotional world of children. This book will attempt to close this gap of knowledge by presenting chapters that specifically summarize the role and function of play, child development, and theory of play therapy. I attempt to

integrate knowledge so that the chapters serve as a practical source for the play therapist in not only understanding how play therapy is linked to the whole child, but also acting as a primer for explanation with parents and other play therapy decision makers. Knowledge of play and child development is critical in understanding the emotional work of each child client.

The second challenge for practicing play therapists is *operationalizing* some of the general tasks they often are assigned but are not well defined. Specifically, through this book I attempt to operationalize parent consultation, working with play themes, and measuring progress. A chapter is dedicated to each of these tasks and presents a step-by-step method for immediate use by the play therapist. Methods were developed through my experience of working with and supervising literally thousands of children. This will be the first book to address theme work in play therapy in detailed description as developed by experiences with child clients.

And the third major challenge of practicing play therapists appears to be the recent focus on *accountability*. Accountability is required in many different ways across settings. Play therapists are accountable to parents to demonstrate measurable change. They are accountable to funding sources to demonstrate the effectiveness of services. They are accountable to third-party payers to describe and quantify progress. They are accountable to administrators to validate their work and continue employment. Throughout this book, I address individual accountability by presenting ways to measure change, collect data, and conduct treatment planning. In the final chapter of the book, I concentrate on the evidence provided by experimental research in play therapy. Finally, for those who are fully immersed in the evidence-based movement, I present the CCPT treatment manual in the Appendix to guide the exact facilitation of CCPT if demanded by those in authority, but mostly to be used for research purposes.

There are additional features throughout this book that will guide the reader's understanding. As in the typical person-centered tradition, I have attempted to use excerpts from actual sessions in the presentation of many therapeutic concepts. Through these transcripts, the reader will be able to visualize the approach in a real-life setting. I also address current special issues related to play therapy, such as the overwhelming task of working with children who are aggressive and make up a considerable number of child clients, as well as working with critics in both school and community settings. This book focuses on the toughest parts of play therapy, including children and parents who do not volunteer for play therapy, children who are difficult and challenging, parents who do not want to be involved, administrators who are critics, as well as many other common struggles faced by play therapists. For advanced play therapists, I have also included a chapter on supervision, hoping to provide a model to bring in new professionals.

For the benefit of implementing play therapy ideas and procedures provided throughout the book, a CD-ROM is included as a supplement for play therapists' use. The CD includes the electronic version of the CCPT Treatment Manual, along with multiple forms that can be used in clinical and school settings. Other forms include the Play Therapy Skills Checklist, Session Summary Form, Treatment Plan Form, Progress Worksheet, Sample School Counseling Consent Form, and Sample School Brochure.

My goal in writing this book is to support the beginning, practicing, and advanced play therapist. For those beginning play therapists, I summarize the why and how of CCPT. Previous books have addressed the how-to parts of play therapy but I am attempting to answer the "but what if…" questions regularly encountered by play therapists. What if the child won't follow the limit? What if the parent doesn't care? What if the child runs around my office screaming? What if the child doesn't seem to be making progress? What if I am personally frustrated with a child? These are the supervisory issues that I address in my daily practice as a clinical instructor. My hope is that this book will be a resource for play therapists who believe in CCPT but encounter real-life obstacles to its use. For experienced play therapists, I have attempted to provide a level of knowledge that is beneficial to continued practice and professional growth. What is the real meaning of congruence for the advanced play therapist, and how do we progress in the therapeutic conditions throughout a career? How do we keep the necessary conditions thriving over a lifetime so that we work at peak effectiveness?

As a play therapist, I find myself being challenged by external and internal forces. As the mental health field moves toward mechanistic ways of understanding and working with children, I am challenged to respond externally with knowledge, skills, and accountability. But more importantly, I am challenged to maintain my belief system in the unwavering trust in the human process of change. I respond to the challenge with an internal process of making contact with others and being reminded on a daily basis by colleagues, students, children, family, and friends that my relationships are enriched by an ability to remain aware and authentic. I am changed only through my relationships with others, which in turn facilitates change in them, releasing the self-actualizing tendency to its full potential.

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Acknowledgments

My experience and knowledge in play therapy is attributed to persons with whom I have had the great honor to work, study under, teach, and develop relationships over a lifetime. My counseling journey began at Vanderbilt University as a young undergraduate taking graduate classes. I am immensely appreciative of my education at Vanderbilt under the leadership of the late Dr. Roger Aubrey and with counseling mentors Dr. Richard Percy, Dr. Julius Seeman, and Dr. Peggy Whiting. Under their guidance in my master's program, I learned how to stay attuned to my own awareness, develop relationships, and understand the impact of development over a lifetime. As a doctoral student at the University of North Texas (UNT), I had the great privilege of developing supervision relationships with Dr. Robert Berg, Dr. Garry Landreth, Dr. Sue Bratton, and Dr. Janice Holden. I grew immensely under their mentorship and further acknowledged the role of personal awareness in my ability to build counseling relationships.

My collegial relationships with faculty over the years have been invaluable to me and taught me the importance of extending meaningful relationships to students. I would like to thank Dr. Richard Lampe, Dr. Jerry Trusty, and Dr. Ruth Ann White for early mentorship in counselor education. And I thank Dr. Steve Armstrong who always serves as a support and sounding board. I would especially like to thank Dr. Denny Engels who served as a model for student relationships and advocacy. I feel extremely fortunate to work with my colleagues at UNT who facilitate an environment of challenge, growth, and sharing of ideas. Thank you to Dr. Carolyn Kern, Dr. Cynthia Chandler, Dr. Casey Barrio Minton, Dr. Delini Fernando, Dr. Natalya Edwards, Dr. Kerrie Fineran, Dr. Martin Gieda, Dr.

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I am grateful and humbled to work with the counseling students at UNT. Their commitment to growth and their desire to facilitate effective change for both adults and children are inspiring to me. This book is the result of countless discussions, supervision sessions, and daily interactions with students. I would specifically like to thank Dr. Ryan Foster and Kasie Lee who represented the typical dedication of UNT students by helping with the last-minute preparations of this book. As a team at UNT, we continue to search for meaning and best practice in play therapy.

Of course, I would not have made it into the world of counseling children without an inspired childhood. I thank my mother, Marilyn, who modeled independence and internal strength and my father, Jerry, who modeled leadership and quest for knowledge. I thank my brother, James, who facilitated my first experience in the world of mental health and started a trajectory of professional aspiration for me. And I thank my sister, Pam, who loved and nurtured me, plus taught me everything I know. I love you all and know that my childhood experiences allow me to understand others.

Most especially, I thank my husband, Russ, and my boys, Elijah and Noah. They have sacrificed much for me to give to the community and to my profession. They have taught me everything I know about relationships, including play therapy relationships. To Russ who provides me with unfailing support and love, even when I fall short of deserving it. To Noah who daily teaches me the importance of autonomy and emergence of an independent voice. To Elijah who gives love unconditionally and approaches the world with the same acceptance.

I thank God for being the first to offer the concept of unconditional love. I was reminded of His support throughout this writing process: "I can do all things through Him who strengthens me" (Philippians 4:13). And finally, I owe this book to each and every child with whom I have developed a relationship. Hours spent in one-on-one contact with children have been life changing and life affirming for me. Each play session has been an opportunity to enter the child's world on his or her terms and to emerge from that world with a new understanding of mine. It is only through children's acceptance of me that I am able to write about effective practices in working with them.

About the Author

Dee C. Ray, PhD, LPC-S, NCC, RPT-S, is associate professor in the Counseling Program and director of the Child and Family Resource Clinic at the University of North Texas. Dr. Ray has published more than 40 articles, chapters, and books in the field of play therapy, and more than 15 peer-reviewed research publications specifically examining the effects of Child-Centered Play Therapy. Dr. Ray is the author of the *Child-Centered Play Therapy Treatment Manual,* co-author of *Child-Centered Play Therapy Research: The Evidence Base for Effective Practice,* and former editor of the *International Journal of Play Therapy* (*IJPT*). She currently serves on the editorial board for the *IJPT* and on the Research Committee for the Association for Play Therapy. She is the recipient of the 2008 Outstanding Research Award for Association for Play Therapy, 2006 Outstanding Research Award for the Texas Counseling Association, and 2006 Nancy Guillory Award for Outstanding Service and Contribution to the Field of Play Therapy from the Texas Association for Play Therapy.

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CHAPTER 1

History, Rationale, and Purpose of Play

Play therapy is a modality designed to serve children based on their most effective form of communication—play. Among play therapists, there are several statements that are routinely used to discuss the value of play, such as "play is the child's natural form of communication," "play bridges concrete experience to abstract thought," and "play is intrinsically motivated," among others. In fact, these statements are used so often that it is difficult to trace their origins. Certainly, Jean Piaget (1962), Swiss biologist and philosopher, is the most frequently cited contributor to a rationale for play in therapy. His exploration and explanation of how a child progresses through development using play as a form of assimilating the environment are the foundations of understanding the child's application of play in therapy. The history, research, and theories of play are rich with observation and discussion. The scholarly approach of Piaget and others is only one side of play inquiry. Play has been explored as an cultural phenomenon, instinctual drive, mode of education, economic influence, religious connotation, as well as its significant relationship with psychology and development—all of which have implications for the practice of play therapy.

History of Play

Play is depicted and discussed throughout the history of the world, mostly concentrated on its link to the experiences of childhood. Early views from the ancient Western world considered children as helpless, incapable, and having specials needs, such as the need to play (Hughes, 2010). Plato emphasized the use of play to build skills but also cautioned against too much adult supervision (Hughes, 2010; Smith, 2010). The rise of Christianity led

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to the belief that each child possessed a unique soul that was valued by God. The growing attitude of the individual value of each child, along with the belief that the child was innately sinful and unruly, led to a parental view of child's play as needing adult guidance and supervision. The adult role was to channel the play of the child into activities that were beneficial and productive.

Christianity led to the rise of Protestantism in England during the seventeenth and eighteenth centuries. A stricter approach to play was adopted in which play was seen as idle and mixed with instinctually negative motivations. John Locke of England (1632–1704) promoted the widely accepted philosophy that the child was born as a blank slate (*tabula rasa*) and the environment needs to be completely controlled by the parent to move children in the right direction. Chudacoff (2007), who traced the history of play in America, writes of Locke's influence on the early Puritan way of life:

> Locke was no modernist; his aim was to inculcate self-control, denial, and order in children's behavior, and the play that he most favored was the kind that a child could undertake under a teacher's careful supervision. Unstructured play, to him, was not appropriate (p. 27).

As a result, play was virtually suppressed by the middle and end of the eighteenth century (Hughes, 2010).

As Protestantism heavily influenced the view of children in England and America, a philosopher from France, Jean-Jacques Rousseau, published a novel, *Emile, or On Education* (1762), suggesting a positive nature of children. Rousseau believed that the natural state of children was movement toward taking in human virtue and goodness. Children needed to be appreciated, cared for, and allowed to operate naturally with little adult supervision. An outcome of this view of children was that play was accepted as an appreciated part of being young, embraced by adults as a celebration of childhood. Rousseau's philosophy ushered in a new, romantic perception of children that was quickly embraced by others throughout Europe, and eventually America. Friedrich Froebel (1782–1852) in Germany founded the kindergarten system based on his advocacy of play as a means of learning while Maria Montessori (1870–1952) in Italy integrated play into education as a means of learning about real life (Smith, 2010).

In America, the view of play was met with ambivalence. The early settlers were conflicted about a basic belief in submission to God, juxtaposed against a strong, growing sense of independence demanding freedom from human authority. Practically speaking, early America was an agricultural society that demanded a workforce consisting of all able bodies. Hence, children were viewed as independent, worthy of appreciation but vessels to be guided by adults to become productive members of a community, lest they give in to an innate sinful nature. The adult response to play was

the concrete manifestation of this ambivalence. Play was allowed but only under conditions that it was not an idle waste of time and led to the child's development of religious and work ethics. Often, during this time, there was no delineation between adult and child play. Children and adults often played games together and played with the same toys, materials used by anyone for amusement. It was not until the mid-eighteenth century that toys began to be produced or viewed as materials belonging specifically to children (Chudacoff, 2007).

The beginning of the nineteenth century marked an emerging acceptance of childhood as a separate entity of development. In this acceptance, children were romanticized as innocent and playful, encouraging parents to delay the onset of adult responsibilities. This romanticism should also be viewed in the context of a growing industrialization in America where preadolescents labored in factories and workshops. The boundaries of childhood were limited to very young ages. Yet, by 1850, society recognized the playful rather than corrupt nature of children and not only tolerated but began to appreciate children's play (Chudacoff, 2007). The second half of the nineteenth century saw a rise in professional interest in play. Child study experts published manuals for parenting and child development, mostly concerned with the intellectual and moral growth of children, and mostly advocating a supervised approach to play. Philosophers continued to debate the purpose and use of play. Herbert Spencer (1820–1903), an English philosopher working within an evolutionary approach, described play as derived from excess energy developed in evolutionary higher species stimulated by highly developed nervous systems, referred to as surplus energy theory (Smith, 2010). Karl Groos (1861–1946), a German psychologist and author, argued that play was of functional significance and provided practice for skills needed for survival (Hughes, 2010; Smith, 2010). One of the first American psychologists interested in child development, G. Stanley Hall (1844–1924), countered what he saw as Groos' simplistic view of play. Hall observed that play was cathartic in nature and tied to the evolutionary progression of humans through playing out natural instincts from human history, referred to as recapitulation theory (Hughes, 2010; Smith, 2010). In America, this new and focused concentration on play translated behaviorally into the establishment of playgrounds, manufacturing of toys, and an adult focus on the initiation and supervision of children's play. Despite these adult efforts to encourage play, Chudacoff (2007) cited the psychology study of T.R. Crosswell in 1896 in which he surveyed 2,000 school children and concluded that free, unstructured play apart from work, school, or adult supervision was the most beneficial use of children's leisure time.

The advent of the twentieth century welcomed an explosion of interest in child development and child play. Psychologists turned their attention

to the details involved in the psychological, intellectual, and educational nature of development. The use of play has always been closely aligned to an explanation of development, and authors of the twentieth century seemed attuned to this relationship. Sigmund Freud saw children as progressing through sexual stages of life, each one demanding a successful resolution. Children could use play to reduce anxiety, managing instinctual negative drives, through the stages of development. John Dewey advocated a progressive view of education that accepted the natural state of the child and promoted an appreciation of the child's own instincts, activities, and interests as the guide for education. The twentieth century was the child-centered era of adopting the structure of childhood as a separate and unique phase of human development. This child-centered era (not to be confused with child-centered play therapy or person-centered theory) was signified by an appreciation of childhood as a structure, a desire to study the uniqueness of the child's experience, and a need to generalize children's experiences into a coherent explanation of development. It is within this context, continued confusion over the role and purpose of play, that all theories and practices of play therapy developed.

The child-centered era in the twentieth century also generated what Smith (2010) refers to as the "play ethos" (p. 27). Smith noted that from the 1920s forward, educational thinking seemed to be impacted by an overarching view of the importance of play. He defined the play ethos as "a strong and unqualified assertion of the functional importance of play, namely that it is essential to adequate (human) development…" (p. 28). He further questioned the acceptance of the play ethos due to assumption of correctness and lack of empirical support.

There are two noticeable controversies emerging from a historical study of play. The first is most obvious and described throughout the literature, the conflict regarding the nature of the child. If a child is viewed as innately positive, born of the inherent good nature of humankind, then play is instinctively destined to move the child toward growth and should be trusted as a self-initiated element of childhood. However, if the child is born a blank slate or with an inclination toward a depraved nature, play will be an exercise in the child's lack of knowledge of what is good or practice in evil, thereby needing adult attention, supervision, and guidance. The second controversy regarding play appears to be a central theme in Chudacoff's (2007) historical review. Despite adult perspectives, actions, focus, guidance, initiation, and supervision of play, children will exert a need for autonomy away from the adult world to fully express their play. Chudacoff (2007) concluded from the period of 1850 to 1900, "… the breach of adult constraints signifies a vital dimension of children's play" (p.93). Later, he observed, "Dodging the control of parents has long been a part of growing up, but in the first half of the twentieth century

resistance and the quest for autonomy flourished in ways that previously had not existed…about the mid-1950s, the nature of unstructured play, the places in which it occurred, and the peer-oriented culture of childhood promoted a type of behavior that, in varying degrees, signified children's freedom of action" (p. 151). In his observation of 1950 to present, he suggested, "The ways that children have used, and continue to use, toys rather than how grownups want toys to be used remains the most vital quality of children's autonomous play…children's manipulation of objects for their own purposes creates true play value" (pp. 197–198). In his final conclusions regarding the history of play in America, Chudacoff wrote, "Nevertheless, kids still want to be kids in their own way, and although they are generally willing to follow adult prescriptions, they also inhabit an independent, underground culture of self-devised play. And thus the two main continuities in children's play are the quest for autonomy and the demonstration of creativity" (p. 219).

Properties and Type of Play

Properties of Play

The definition of play is illusive, due to its various identified types and definitions. There is not just one definition, but theorists contend that there are many elements that help distinguish play from other activities. Garvey (1977) described five properties of play, including play must be pleasurable/enjoyable, have no extrinsic goals, be spontaneous and voluntary, involve active engagement by the participant, and contain an element of make-believe. Although this description of play is cited often in the literature, it has limited use in understanding play therapy. Brown (2009) concurred with Garvey but offered more specificity in his list of elements. He noted that play is apparently purposeless, voluntary, inherently attractive (fun), provides freedom from time, diminished consciousness of self, improvisational potential, and a continuation desire. These representations of play construct a view of play as a fun activity with little purpose as acknowledged by the player.

Experienced play therapists would question whether the play observed in play therapy is always pleasurable to the child or whether it appears to be spontaneous and voluntary. Many children appear angry, sad, and confused when they play out certain scenes and sometimes appear as though they are being forced to carry through on play scenes that are painful for them, yet they keep playing, possibly looking for some end outside of their awareness. These kinds of actions in play therapy lead to further questions regarding the classification of certain behaviors in play therapy as play, or the proposal of a different definition of play. Concretely, when a child in the

playroom screams angrily over and over at a doll because the doll knocked over a toy lamp, is this child playing or should this activity be labeled differently? Vygotsky (1966) claimed that the definition of play based on the pleasure it gives the child is incorrect for two reasons: (a) there are a number of activities that give a child more pleasurable experiences than play (such as sucking in an infant), and (b) there are games and play activities in which the child does not derive pleasure (such as losing at a baseball game). In consideration of previously identified elements and Vygotsky's contribution, perhaps the elements that best describe play in play therapy would be activity in which the child is free from adult direction, actively engaged, experiencing a flow with little self-consciousness, and released from literal grounding to reality.

Types of Play

Again, just as there is no consensus on the definition and properties of play, there are a multitude of identified types of play. David Elkind (2007), a leading child psychologist, identified four types of play, including mastery play, innovative play, kinship play, and therapeutic play. Mastery play is denoted by exploration and repetition. The child is goal oriented and working toward competence of a given skill. Only after a child has mastered skills is there the opportunity to expand and elaborate on them. Piaget claimed that play could only occur after a skill had been mastered (Kohlberg & Fein, 1987). The mastery of language and motor skills leads to innovative play, which is an expansion of both nonverbal and verbal types of play. Kinship play occurs with the interaction of more than one child, usually through self-initiated games. Therapeutic play helps a child deal with stress, impulsivity, or trauma, among others, by offering an outlet for the child to express troublesome reactions to events. Elkind cited that all children use play therapeutically as a way of dealing with stress.

Smith (2010) attempted to summarize six types of play that are commonly recognized in the literature: social contingency, sensorimotor, object, language, physical activity, and fantasy. Social contingency play is play that is based on the participant's interaction with another person. Sensorimotor play is primarily confined to infancy and involves activities with objects based on the sensory properties of the object. Children usually initiate object play following the sensorimotor period by engaging in activities with objects. Language play consists of playing with words and verbalization of concepts. Physical activity play includes play that involves gross motor skills. Fantasy or pretend play is play that uses objects, actions, or verbalizations and is released from the boundaries of realism, allowing for symbolic expression. The modality of play therapy allows for each and every type of play identified by both Elkind and Smith, especially play therapy that allows for child self-direction.

Play Development

Developmental theories on play typically measure play behaviors up to 4 years of age, due to children's mastery of play structure to process and communicate by this age. Although the majority of play therapy clients will exceed 4 years old, comprehension of developmental sequence of play allows the play therapist to track the child client's history and mastery of play as a developmental marker. The seminal author on children's play as developmentally linked was Jean Piaget (1962). To understand play in Piaget's cognitive theory, one must master the two basic concepts he purported: assimilation and accommodation. Assimilation is taking new stimuli from the real world and fitting it into the child's already established pattern of thinking, making it fit. Accommodation is the changing of the structure, in this case the child's way of thinking, based on something new in the environment. Piaget identified play as dominated by assimilation in which the child "… is able to dismantle established instrumental behavioral sequences and reassemble them in new ways" (Kohlberg & Fein, 1987, p. 396). Expanding this understanding of play to play therapy, it is easy to see how processes of assimilation and accommodation work together for change. In play therapy, the child uses the process of assimilation to completely control her world, making everything outside the playroom fit into her way of thinking in the playroom. As the child experiences mastery, safety, and empathy from the therapist, processes of accommodation start to occur where the child changes structural patterns that can be practiced in the playroom and then initiated in the real world, thereby changing self to meet the demands of the environment.

Upon understanding assimilation and accommodation, Piaget then moves into the explanation of the four stages of play development. Piaget described the first type of play to take place in infancy as sensorimotor play, also identified as practice play. This was the contributory basis for Elkind's (2007) discussion of mastery play described earlier in which the child strives for mastery of basic motor skills. Between the first and second year of life, symbolic play emerges in which the child initiates pretend play. Symbolic play allows the child to develop early pretend gestures of using a cup that has nothing in it, moving to short storylines of feeding a doll with a bottle or pretend food. The period of symbolic play is marked by solitary play. During the second and third years of development, sociodramatic play emerges in which the child engages others or the pretense of others as part of play. It is during this period that the child can pretend to be someone else and role playing becomes part of play. Following the age of 6 years old, the child engages in games that are affected by internal and external rules, and this play often supersedes symbolic play (Smith, 2010). Each stage is accompanied by increasing acquisition and use of language.

Hirsh-Pasek and Golinkoff (2003) characterized play development differently but still similarly aligned with Piaget. Babies begin to play as early as 3 to 6 months old when they learn to grasp objects. Between 6 and 9 months, infants begin intense object exploration, usually involving only one object at a time and only using the object for its intended use. The second year of life brings three major changes to play: an increase in the use of multiple objects at the same time, the use of objects in appropriate ways, and the ability to pretend things are real (symbolism). Progress toward symbolism allows the learning of language, reading, and problem solving. Pretend play dramatically increases in the fourth year as children become directors of elaborate play scenes that can be focused and lengthy. Hirsh-Pasek and Golinkoff (2003) concluded, "…pretend play is practice for children in freeing themselves from what is right in front of their eyes. Pretend play allows children to consider answers outside the box. Pretend play allows our children to consider alternative worlds" (p. 219).

A final notable developmental theory of play involves progression of play between children, categories of social participation observed by Mildred Parten in 1932 and described by Smith (2010). The social participation developmental theory addresses a child's movement toward social interaction in a play environment. In the first stage, the child is *unoccupied* and not engaged in any activity. In the second stage, the child is described as an *onlooker* and just watches others but does not join in. During the third stage, *solitary*, the child plays alone, away from others. *Parallel* play takes place in the fourth stage in which the child plays near others with the same materials but does not interact. At the fifth stage, the child is *associative* by interacting with others at an activity and doing similar things. And finally, the child engages in *cooperative* play where the child interacts with others in a complementary way. The significance of the social participation developmental theory can be seen in its application to the social interaction of child clients. Children who have emotional or behavioral difficulties can be found anywhere along the developmental continuum of social participation, indicating possible challenges to peer relationships. However, Smith (2010) cautioned that solitary play behavior may not necessarily be an indicator of immature behavior due to some children's preference to play alone.

Vygotsky and Three Functions of Play

The two major influential developmental theorists contributing to current understanding of play were Jean Piaget and Leo Vygotsky. Piaget (1896–1980) worked for most of his life as head of the Jean-Jacques Rousseau Institute at the University of Geneva. In the progressive environment of Geneva, his ideas were allowed exploration and exposure. Due to his

environment, his lengthy lifespan, and his meticulous approach to observation of children, Piaget's work became most widely known and most widely accepted in the mid-twentieth century. His emphasis on the cognitive development of children limited discussion of child's play as a purely cognitive feature and was readily embraced by educational experts and institutions. As Piaget's ideas flourished, Vygotsky (1896–1934) was performing similarly meticulous research with children but in a much different environment. In the suppressive Russian political environment of the 1920s, Vygotsky was extremely productive in his research and theoretical contemplation through his many writings. However, a year after Vygotsky's death at the age of 38 to tuberculosis, Stalin outlawed developmental psychology and most of Vygotsky's work went underground, delaying translation and dissemination of his work for a great number of years. In the late 1960s, English translations of Vygotsky's publications began to emerge and appeared to offer an alternative to Piaget's highly concentrated cognitive work. For play therapists, Vygotsky's work is especially energizing because it offers a view of play as an affective process in addition to a cognitive process. He claimed that play was the leading source of development in the preschool years.

Speaking to cognitive processes, Vygotsky described play as liberating children from the constraints of reality and allowing them to move into the world of ideas, necessary for cognitive development. Affectively, Vygotsky recognized that play is invented by a child when the child can no longer make reality fit with desires or tendencies, usually about the age of 3 years. He proposed that, "…why a child plays must always be interpreted as the imaginary, illusory realization of unrealizable desires" (pp. 7–8). Vygotsky recognized three functions of play, including the creation of the child's zone of proximal development, helping the child separate thought and action, and finally the facilitating of self-regulation (Hirsh-Pasek & Golinkoff, 2003). Vygotsky characterized the concept of the "zone of proximal development" as a dynamic that occurs in play in which the child acts above his average age, able to reach a higher level of development without the restriction of reality. The second function of play occurs through the ability of the child to be liberated from external constraints through his activity in an imaginary situation, thereby allowing a separation of thought and action. Self-regulation occurs through two processes: the practice of subordination to rules and the narration of private speech. Vygotsky (1966) claimed that one paradox of play is that the child "learns to follow the line of greatest resistance, for by subordinating themselves to rules children renounce what they want since subjection to rule and renunciation of spontaneous impulsive action constitute the path to maximum pleasure in play" (pp. 13–14). Private speech was a unique concept in Vygotsky's theory, which he noted as a child's

way of working out what they want to do and how they should proceed. Based on the need for private speech, Hirsh-Pasek and Golinkoff (2003) recommended environments where children can verbalize as they play. A final contributing concept of Vygotsky's was the observation that as children grow older, play is converted to internal processes moving to internal speech and abstract thought. Whereas Piaget claimed that egocentric speech disappeared in deference to concrete thought, Vygotsky believed that private speech and play still occurred but within internal thoughts and imagination of the older child and adult.

Vygotsky's contribution to understanding play is perhaps even more influential than that of Piaget in the practice of play therapy. There are multiple implications for play therapy based on his work. The first is the recognition that play is not necessarily born of a need for fun but appears to be born as a reaction to distress caused by the child's inability to meet a growing set of internal needs with resources from the real world. In terms of play therapy, this first implication provides a rationale for why play therapy is critical to children under stress from the environment. For troubled children, normal development dictates growing desires, but reality offers fewer sources of help, as parental or other adult figures cease to provide support, thereby increasing the need for play. Practically speaking, one implication of Vygotsky's work is that play therapy is most effective following the age of 3 when the child is using play to work through environmental stressors. Play therapy can still be useful for children under 3 but for different reasons such as relationship building and attachment. The zone of proximal development again provides a rationale for the benefit of play therapy where children can experience their capabilities beyond everyday life, bringing about an increase in confidence and self-direction. And finally, the issue of verbalization becomes a focal point in play therapy. For nondirective forms of play therapy, verbalization is seen as unnecessary for therapeutic work. However, according to Vygotsky, verbalization might be a marker for understanding the child as a child narrates her play. For younger children, this can give significant insight into the inner workings of a child's processes. Experienced play therapists have certainly observed play-by-play commentary by a child in play that seems to have no interactive quality. Some play therapists interpret this behavior as unattached or disconnected. In reality, such verbalization demonstrates the ongoing narrative taking place within the child, the child making sense of the world. For older children, the concept of private speech indicates that children are still formulating a narrative of which the play therapist may not be privy. In this case, play therapists are limited by, but attuned to, the child's open verbalizations and play behaviors as a method of understanding the child's inner world.

Rise and Development of Play Therapy

In the context of a lengthy history of ambivalence toward child's play, acknowledgment of childhood as a separate phase of life from adulthood, study of developmental and play processes related to children, and growing interest in psychology and human motivation and distress, theories of play therapy have emerged. Throughout the 20th century, the medical and psychology communities attempted to address the peculiarities of children using the modality of play. As true for most psychological interventions, the beginnings of play therapy trace back to Sigmund Freud (1909/1955) who never directly worked with children but described the case of "Little Hans," a child who had developed a phobia, refusing to leave the house due to his fear of being bitten by a horse. S. Freud directed Hans' father to observe and report Hans' play behavior to Freud, who then analyzed the boy through correspondence. S. Freud concluded that the case was further confirmation of his theory regarding sexual stages of development. Psychoanalysts subsequently provided analysis to children using the modality of play. Hermine Hug-Hellmuth (1921) is regarded as the first child psychoanalyst, using play as a means of analysis. She was a prolific writer and published multiple descriptions of her work with children, citing the importance of play in conducting psychoanalysis yet not providing a structural framework for therapy. Melanie Klein (1975/1932) and Anna Freud (1946), both of Vienna, were credited with the expansion of play therapy through their exploration, writings, and presentations on play as a method for psychoanalysis. Long before the publications of Piaget or Vygotsky, Klein (1975/1932) recognized the value of play in therapy when she wrote "in child-analysis we are able to get back to experiences and fixations which, in the analysis of adults can often only be reconstructed, whereas the child shows them to us as immediate representations" (p. 9). Klein believed that play was the child form of free association and interpreted everything done in play as having an underlying symbolic function. She also suggested that children have the insight necessary to recognize the meaning of their behaviors if pointed out by the therapist. A. Freud (1946) differed from Klein in that she did not believe that interpretations of child's play were valuable without the transference relationship necessary for analysis. She proposed that children needed a preparatory period for analysis in which the therapist establishes the transference relationship. A. Freud (1946) wrote, "…I took great pains to establish in the child a strong attachment to myself, and to bring it into a relationship of real dependence on me" (p. 31). Despite differences in approach, both analysts practiced a nondirective approach to play therapy in which they allowed free play with available toys. Hence, psychoanalytical play therapy offered the first organized approach to play therapy, providing a theoretical rationale and

description of practice. Psychoanalytic play therapy was the primary form of play therapy in the early 20th century until the introduction of child-centered play therapy (CCPT) in the 1940s.

As a response to the unstructured play methods of Klein and Freud, a new strand of play therapy emerged in the 1930s that embraced a structured approach to play, including the goal-oriented practice of eliciting play reenactments for catharsis. Structured play therapy still held psychoanalytic beliefs regarding children but believed that goals were more readily achieved through structure imposed by the therapist. In David Levy's (1938) *Release Therapy*, he worked specifically with traumatized children by providing toys that he believed would facilitate trauma-related play allowing for resolution through catharsis. Gove Hambridge (1955) took release therapy one step further, calling his method structured play therapy, by directing children to play out stressful events from their lives, and then allowing free play.

The third, and arguably most influential, wave of play therapy was the introduction of play therapy as an expansion of Carl Rogers' (1942) person-centered approach to counseling. Rogers (1902–1987) is cited as being the most influential counselor and psychotherapist in American history (Kirschenbaum, 2004). Virginia Axline (1947), who was a student and colleague of Rogers, fully applied the philosophy and concepts of person-centered theory to her work in counseling children. Axline utilized person-centered theory in a developmentally responsive manner in her work with children by providing an environment conducive to their natural way of communicating. This environment consisted of a playroom of specific toys that allowed children to express their inner selves through play. The development of the relationship within the context of the playroom provided children a safe environment in which to express themselves verbally and nonverbally. Axline was especially influential for several reasons. First, she was the first play therapist to undertake extensive investigation of her therapy methods through research, thus providing evidence of its efficacy. Second, she provided a structure to the theory and delivery of play therapy in her publication, *Play Therapy* (Axline, 1947). Third, and probably most likely the basis of popularity of the approach, was the publication of her book, *Dibs: In Search of Self* (Axline, 1964). *Dibs* is widely known in the play therapy profession as essential play therapy reading in which Axline presented a case of a boy, described as autistic by today's criteria, over the course of a year in play therapy. While presenting the mechanics and rationale of play therapy, Axline involves the reader in an emotional tale of a child's triumph. Axline labeled her approach to play therapy as nondirective, highlighting the person-centered therapist conditions of unconditional positive regard, empathic understanding, and congruence. Through continued presentation of the person-centered, nondirective approach in the

works of Guerney (2001) and Landreth (2002), this approach to play therapy is now referred to as child-centered play therapy (CCPT). Chapters 3, 4, and 5 in this book elaborate extensively on the theory and practice of CCPT.

Although CCPT emerged as a defined approach to play therapy, relationally based play therapy has contributed significantly to its definition and practice. Clark Moustakas (1959) presented essential conditions for relationship play therapy, including respect for the uniqueness of the child, focus on the present living experience, therapist empathy for and unqualified acceptance of the child, and freedom of expression for the child. Haim Ginott (1959) also contributed to the relational focus in play therapy by suggesting permissiveness in the therapist/child relationship allowing for all verbal and symbolic expression of feelings.

In the latter part of the 20th century, play therapy modalities were supported by various theoretical approaches to psychology. Child therapists working within the frameworks of Adlerian, Jungian, Gestalt, psychodynamic, cognitive-behavioral, and attachment theories defined the play therapy modality according to adopted theoretical principles. These approaches are addressed in detail in Chapter 3 of this book. The growth of play therapy indicates that there is professional acceptance of play as a prominent means of communication in therapeutic healing.

Conclusion and Implications for Play Therapy

This chapter attempted to cover a substantial amount of information regarding play, including the history of play, properties and types of play, purpose of play, developmental theories regarding play, and historical use of play in therapy. Although broad, when consolidated, this play information has global implications for the practice of play therapy. In reviewing information on play, questions arise for the advanced play therapist regarding the role of play in play therapy. Here are a few that came to mind. I do not attempt to answer these questions; I only offer them as points of discussion.

1. If fun is a required element that defines play, can what most children do in play therapy be considered play?
2. Are children actually free in play therapy? Based on Vygotsky's view, children are always restricted by implicit rules of play. How confined are they by these internal rules, and how much freedom do they experience?
3. Is play always voluntary and non-goal oriented? If this is true, is the scene that is played out by a child with disturbing and negative affect voluntary and without an internal goal? As a play therapist, I question the child's voluntary and non-goal-directed nature of reenacting traumatic scenes that appear painful, yet the child

appears compelled to play it out until the end. Again, is this play or something else?
4. In modern American culture, has free play disappeared to the extent that play therapy is needed by more children as an environment that is not afforded them in any other setting? Is play therapy needed for the progression of normal development?
5. What is the role of the therapist in the facilitation of play? Based on historical perspectives, do therapists work in the adult guidance role or in the nondirective role of providing a facilitative environment? How is the answer to this question related to a therapist's view of humankind?

Although questions abound, the advanced play therapist knows the value of ambiguity in thought and the richness of discussion for these areas. But there do appear to be some definitive implications for the purposes of play in therapy based on accrued information in this chapter. I developed a list of functions served by play in play therapy resulting from a review of the history and theories of play. Play in play therapy is used for

1. *Fun:* The use of play in play therapy provides the opportunity for fun, either for the child or for the therapist and child. Although it is recognized that play is not always fun for the child, especially in therapy, it can often be fun. The allowance of fun in a therapeutic environment lowers a child's resistance to the therapeutic relationship, and offers an experience that is often missing from the life of a child who is experiencing several environmental conflicts.
2. *Symbolic expression:* Play in play therapy allows for the symbolic expression of thoughts and feelings. As eloquently presented by both Piaget and Vygotsky, children use symbols for the acquisition of language and expression of emotion and cognition. The symbolic expression of play in therapy invites the play therapist into the child's world. The child is no longer confined by reality and can pretend, creating scenes for the expression of emotion or building of coping skills.
3. *Catharsis:* Play in play therapy allows a child to work through those issues of greatest consequence to the child. Nondirected play provides an environment in which the child chooses direction of effort.
4. *Social development:* Play not only allows for the expression of the child's world, but also promotes communication between child and therapist—or in the case of group play therapy, between peers. The building and maintenance of a nurturing relationship facilitated through play strengthens a child's social motivation and skills.