

Play therapy in therapeutic education

(overview essay)

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Abstract: *Play itself heals. The high-quality, deep and accepting relationship in the context of play therapy, multiplies its therapeutic aspect. Play has preventive effect, helping to prepare to cope with life difficulties and in the case of complex problems is useful even as the treatment.*

The play is in therapeutic education used as basic preventive, therapeutic and educational intervention. Play therapy is used for clients in situations to prevent potential problems and to solve various disadvantages. It provides to clients the possibility of self-expression, abreaction and correction of pathogenic emotional dynamics and also solving urgent current problems.

Keywords: *play therapy, therapeutic education, preventive intervention, self-expression*

1 Introduction

Play can help come through subjective experiences, real or fanciful events and relationships. The play can be solution for different situations and helps achieve calm and inner balance. The play is a freedom in clearly defined borders. It emulates environment that is safe and thus liberating. In the natural free play the player is followed by its internal impulses and adjusts his participation in the play.

The play is also the highest form of freedom of learning. Playing by their own volition – intrinsic motivation, free participation, creativity and imagination helps to learn and understands reality, relationships and own feelings. The play engages all forces: motor, emotional intelligence skills and particular will. Authors Rican, Krejčová et al. (1997) and Rezková (1994) emphasize the concept of free play. They argue that the play is a means of expression of living needs of the child. It reflects his

inner world, experiences, ways of thinking, overcoming obstacles, conflict resolution routines, his relationships and problems.

Voluntary participation and personal decision making in natural free play promotes confidence of player. Player is responsible for himself and for what he does has to bear natural consequences. If he wants the play would continue in cooperative way he has to agree with others – to negotiate.

2 Playing activities

When playing the player is doing spontaneously what he wants. He can choose the activity itself, or activity can be offered by someone else. However, he must exercise it at its own discretion. A child who is putting together puzzle upon adults' instructions although is rewarded with a reward is not playing, but performs specified task on the basis of external reward. Child who chooses the same play with building blocks and creates buildings is playing and such a play can be considered an excellent way to promote academic abilities. Child chooses the play spontaneously on an open menu (play was not prescriptively selected and offered for reward) – but child chooses it based on its own volition, interest, intrinsic motivation. In a such selected and implemented play is child tucked deep into the play, concentrated on the activity, constitutes own “work” experiencing the fulfillment of the creative process, which does not make for outside reward – but for himself, for own fulfillment – not the result. Huizinga (2000a) considers the play as a free action, defined by fixed boundaries of space-time, which has an objective in itself, is governed by voluntarily accepted but absolutely binding rules, is accompanied by feelings of tensions and joy, outside the “normal life” and is considered to be a sort of “other” being.

Play activates player's internal dialogue, self-management, encourages independent solving of play situations, invites to respond actively and act practically. Player must be actively involved and interested in the world of toys and reacts on teammates – always in the context of their own experiencing. This activity is intra- and interactive. If a child is playing with a toy or teammate, playful object or another person acting in play develops responses in playing. Induced changes stimulate further reactions – and so begins “chain reaction” mutual exchange of play – play interactions. Tempo, intensity and quality of interactions, players regulate during free playing by themselves and adapt to their own judgment. Player alone decides wheather to kick the ball the whole force, or just gently move the ball. It also decides independently, respectively agree with teammates, how the play will continue. It may also be a situation that teammates will not agree – in such a case the play ends. A child who watches passively (e.g. TV) or passively listens to an adult (e.g. the demonstration how to build a complex construction of Lego) is not playing, because this activity

is lacking active interaction, autonomy, practical action on the part of “playing” child. Communication runs only in one direction – from the source to the passive recipient – a child. In such a case adults attempt to regulate child without its active participation. The possibility of an independent research how things work or how relationships work is at such a passive form of obtaining information unnecessary and child is getting ready knowledge.

3 Player and rules

Player in a natural free play is choosing theme, content, tools and mates, creates his/her own rules. Only such a play is considered creative. Sometimes players mimic the practices of others, but in free play it serves more as an inspiration – opposite to slavery, forced repetition. Players in the natural free play have no problem of amending rules, modify them, and leave something out.

The basis of any natural free play is to establish rules to be respected by all participants in the play. Without them, the play would not proceed efficiently. In free play rules arise spontaneously by mutual negotiations. On the basis of consensual negotiation rules are agreed, negotiated either in advance or during the play in order all participants are happy. Compliance with the rules is one of the essential conditions of the play. Once a play participant does not respect the agreed rules, the playing or whole play ends. If we are invited to participate in natural free play, we become participants to it. In play therapy we retain the child play leadership which we verbally, emotionally and practically follow.

Each play has its goal – sometimes conscious, sometimes hidden, because without objective the play would be meaningless. The play is under Borecký (1982) “autotelic”, which means that it has meaning and purpose in itself, for playing alone. “Play ends in itself” means that player is not following socially useful purpose, but has only subjective meaning. The idea behind the play is not the result but the process itself.

The play is an important factor in the development of the child and is a diagnostic indicator of developmental level. The play is for players the way they discover and manage surrounding reality that appeals to their emotions, develop their cognitive and interaction skills. It has great significance for social learning. Individual and group free play is in the therapy – the life skills training in an environment of safety, acceptance and trust.

Natural free play has in self-development protective, preventive and curative aspect. According to Sagi (1995, p. 88) is play a manifestation of the child’s life, comparable to speech for adults. “If a child cannot play appropriate to its age, is either disabled or suffering from a behavioral disorder” In any case – needs help.

4 Play therapy

In play therapy, we often accompany through the play children into difficult life situations which they need once again to come through. Such a playing has preventive and curative impact.

Already in the kindergarten, and in massive way in the primary school there is a push towards intentional teaching and displacing free playing. Adults proceed to excessive channeling, and free creative activity gets to the periphery of their interest, sometimes is eliminated completely. So children are missing out an instrument of self-expression, creative process and the process of social making contact. There occurs so called play deprivation that leads to emotional, social and intellectual deprivation.

If a child is playing, moving, expressing individually and actively solves problems, manages new ideas and adapts to changes in the surrounding reality – is located in the state of bio-psycho-social well-being. The question is, how much time do we allow children to play freely? What space and what stimuli do we offer them? How do we support their playing? Complaints that children nowadays do not know to play are untenable. Children are often artificially constrained in play by adults – and thus are unwittingly denied self-development needs that are innate. It is we adults who fundamentally suppress play in favor of “more important, better, more significant, more effective” methods of self -development.

The American Academy of Pediatrics (America Academy of Pediatrics – AAP) in compliance with Human Rights Commission of United Nations defines a free play as the right of every child. The importance of the play is underlined with regard to the normal development of the child. Many children do not have enough time for natural free play. Many children grow up in an increasingly fast lifestyle. This may limit the protective effects that arise from the play controlled by children. (CYFERnet, 2008). Medina (2011) states that the manufacturing industry produces fashionable toys that are the opposite of what children really need. Children need according to this author – the play with an open end (Open-Ended Games).

Play therapy in therapeutic education we use and often “revive” and prompting the play at all levels. From the functional play, through constructive, symbolic plays to games with rules. Each of these forms of the play offers a unique experience starting mobility, manipulation, through imagination to cooperative group play with pre-established rules.

According to Piaget in symbolic play assimilation of reality to itself occurs. Assimilation means, each new link is integrated to the previous scheme and structure. External data are immediately incorporated into their internal cycle of the organism. The play can be applied to the objects or situations, change their properties and relationships, and incorporate them into our own experience – in other words – to

learn. The play transforms the fact that reality is more – less completely adapted to the needs of the “self”. (Piaget, Inhelder, 1997)

A child needs a set of elements, which creates and shapes according to his own will. This meets a system of symbols occurring in a symbolic play. The play instruments are the result of imitation and they become the means for play assimilation. Symbolic play is not just assimilating facts. Play symbolism performs a function which has for adult inner speech. The child is not satisfied only with the event that is excited or interested in the mind, but with the help of symbolism in the game reliving the event.

Free play in play therapy is a way to self-reflection – the statement of inner state of the players. From a diagnostic point of view it can reveal the direction and content of thinking client's emotions, fanciful imagination and dream content. Clients can spontaneously and freely experiment with surrounding objects and their own subjective meanings and thus manage their own reality.

In this sense, Gibbon and Boren (1985 and Hart 1992) see play therapy as the interpretation of children's play, on the basis of which therapists implement appropriate interventions. The therapist helps the child understand their behavior and change it in the right direction.

Therapeutic use of the play is based on early attempts to apply psychoanalytic technique. In psychoanalytic techniques used for patient to uncover fundamental problems it requires verbal skills and comprehension of the patient. The child is not yet capable of their emotional problems, reactions, mood or emotional state. In response to dynamic oriented play therapy there occurs non-directive play therapy, which is one of the basis for play therapy in therapeutic education.

Virginia Axline, a student of Carl Rogers and later his colleague, transferred the philosophy and principles of non-directive counseling of Rogers approach (i.e. belief in the natural tendency of an individual to individual self-development and self-management ability) to work with children in her work “Play therapy. The Inner Dynamics of Childhood”, which was published in 1947.

In a relationship characterized by understanding and acceptance, the process of the play allows children to consider new opportunities arising from the review of its own “self”. The safety of the therapeutic situation allows children to examine their negative feelings. The main function of the play in play therapy is to change what is not feasible in reality and cope with it through symbolic representations. Axline (1947) sees this process as a means children express their emotionality, gain insight, overview and learn to control or release this emotionality. The play thus allows the child to express himself and release and reduce tensions and anxiety and thus help gain control over own lives.

Non-directive therapy is based on the theory of the structure of personality. It expresses an opinion on the inner potential of each individual. The therapist leaves the

responsibility and control to a child who is allowed to do and say whatever he wants. The therapist is friendly and gives the child an opportunity to “re-play” accumulated feelings, tension, frustration and aggression. As they get out, therapist teaches the child to control themselves and become psychologically more mature (Axline 1947).

Axline (1947) states the following basic rules for non-directive play therapy:

1. The therapist has to have to a child friendly, warm relationship, leading as soon as possible to a good contact.
2. The therapist also accepts a child, the is.
3. The therapist creates safe environment in which the child can freely express their feelings.
4. The therapist is trying to recognize the child's feelings and reflect them in such a way the child can better understand his own behavior.
5. The therapist believes that the child is able to cope with their difficulties and respects them. Responsibility for the selection of certain behavior and the beginning of internal changes are a matter of the child.
6. The therapist does not seek in any way to influence behavior and speech of a child, does not control, does not manipulate. The child leads the way, followed by the therapist.
7. The therapist does not attempt to accelerate the course of therapy. He is aware that this is a process that must go slowly, step by step.
8. Determination of borders. The therapist determines only the boundaries that are necessary for anchoring therapy in the real world. That helps the child to accept responsibility for the relationship with the therapist.

Landreth (1993) adds that the therapist must try to see, hear, feel and experience the inner world of the child unconditionally. This is possible through the therapist non-judging relationship with the child. The therapist communicates to the child the following message: “I’m here, I listen to you, understand you, and I care about you.”

4.1 Basic principles of play therapy

Haim Ginott (1966) formulated the basic principles of play therapy built on the principles of non-directional operation. His recommendations deal with several problems:

1. Adoption or refusal of treatment is the responsibility of an adult.
2. Before the first therapeutic meeting parents need to be “trained” and the importance of play therapy has to be explained to them. The author recommends parents to tell the child before meeting quite simply: “I’ll wait here for you, I’m not leaving until you finish in the playroom.”

3. Help tightened child with the prevailing anxiety. Therapist at the beginning of the therapeutic meeting says: "It's a little hard to start" ... and leaves the child to take further steps. In this short statement he gives the child to know not only that he understands, but that he also accepts and considers himself able to handle the situation. "Here you can decide yourself..."
4. The child responds to therapeutic playroom according to their behavior patterns. He expects from adult resistance and punishment and will be shaken, when the therapist always comes out to meet him and in peaceful manner will not succumb to the challenges of the child.
5. Building a therapeutic relationship begins with the initial formulation towards the child: "You have an hour of time. You can play with these toys as you want." By this simple statement we're telling the child "You have complete freedom to enjoy the play according to your taste and mood. You'll be respected as an individual, no matter what you feel, what you think, say or do."
6. Before the end of the therapeutic meeting therapist warns the child: "Five more minutes and finish." When the time expires he really gets up and says: "For now we're done. Now you have to go."
7. In therapy, children need to determine exactly what is accepted and what is not accepted behavior. It is appropriate to reflect aggressive emotional expressions and redirect the play to offer him a safe basis for abreaction of aggression. "The walls here are not for painting. If you want to paint you can paint on paper or board."
8. Carrying out toys from playroom may be limited simply: "All the toys remain in the playroom."

According to Guerney (1983) an essential part of therapy is the personality of a child therapist. Non-directive approach eliminates the need for setting behavioral goals in therapy to a minimum. In play therapy, there are different situations of aggression, social isolation, compulsive behavior etc. Non-directive therapist will react to such behavior by creating an atmosphere that will help child to normalize their behavior.

The principle of normalization were brought to the therapeutic education as well by Maria Montessori (2001, p. 25), who says: "Often the child cannot make contact with their environment before is free from the burden and adverse consequences of a previous suppression of speech. In this case we have to heal the child – 'normalize' – to unlock this through unconditional adoption, lineup child own path of self-development." According to Axline (1947) this is reached by complete acceptance of the client in a friendly and warm relationship with therapist. Empathic response in therapy reflects the feelings, contents and demonstrates understanding where the other person is and what is experiencing. The therapist may reflect on three levels. Responds to: Action in the play (e.g. "Are you going to pour it into the coffee pot?"), ideas (e.g. "Do you think you are a small child?") and emotions. Emotions are the

highest type of empathic reflection, which is manifested through play actions and spoken words – (e.g. “it’s really hurtful when you do not want your friends to help you.”)

Extremely effective way of play therapy is filial play therapy, founded by Dr. Bernard Guerney and Dr. Louise Guerney in 1960 on the principles of non-directive play therapy. They created an intervention program for families with children aged 3–10 years, based on nearly 30 years lasting research. Therapeutic program is also preventive aimed at strengthening parent – child relationship. The child-oriented sessions are led by parents of the child. Parents learn to better understand child’s emotions and needs. For parents, this approach helps to develop parental confidence, reduces domestic frustrations, problems and increases feelings of trust towards the child. Parents learn on training meetings therapeutic skills, which they practice in domestic play meetings. They learn four key areas of skills: structuring domestic play meetings, empathic commenting, skills for imaginative play and setting of limits.

In 2001, we have under longitudinal play therapy research identified, based on Grounded theory method, following expressions in play of child with attention deficit hyperactivity disorder. The boy of preschool age showed the most problems in the social sphere.

4.2 Problematic areas of play therapy

Within the game, we observed signs of problematic areas:

1. Inadequate expressions in the play:
 - Disturbance of other children at play (e.g. enter the play without obtaining the consent of children who started the play)
 - Inappropriate handling of objects (e.g. rip children toys out of the hands)
 - Excessive intensity of verbal communication (e.g. comment the play too loud and such a commenting disturbs others)
 - Excessive motions (e.g. take horse, jump around and demolish structures of others)
 - Ignore themes of plays (e.g. take the puppets and just functionally manipulate, near the others play with knowing how to get involved)
 - Frequent slipping into functional handling of the toy during symbolic play ... (e.g. a relatively long period of time is devoted to playing with soft doll on the ground)

2. Isolation of the play
 - Frequent secluded playing with constructions – unsocial, outside the play of other children
 - Through the school year, the social isolated playing deepens (often draws alone, rarely selected by children as the play partner)
3. Signs of disturbed balance of mind in the play
 - Impulsive motion embodiment (e.g. “I am the greatest dragon, because I know how to fly...” and wildly, uncoordinatedly diverges and demolishes what stands in his way.)
4. Tensions and their release in the play
 - Individual play with toys gives possibilities to tension ventilation (e.g. car often crashes)
 - When playing in the group accumulated tensions are often represented through symbolic play (e.g. “I shall break the lock on the door, because the dragons are strong.” (Symbolic demonstration of force) or “See, I have a powerful car, drives quickly on the table and hit the other car”)
5. Low self-esteem
 - Signs of low confidence were frequent (e.g. “Do not show it to him, because they will have a laugh”.
 - In situations of comparisons or competitions.

Based on the data collected, we developed “The child manifestations assessment sheet to asses abilities of child with ADHD successfully participate in social playing.”

We present the table in abbreviated form:

	Expressions of child	Yes	No	Unob-served	Comment
1.	Inability to push new ideas into the group plays				
2.	Inability to participate in a group play				
3.	Failure to participate in the play, holding an adequate acting character				
4.	Disruption of a group play by excessive comments				
5.	During the play, only short time sequences				

6.	Starting number of topics in the play, lack of longer-term development				
7.	Distortion of group plays by aggressive behaviors (destruction, demolition)				
8.	Distortion of play due to undeveloped motoric coordination				
9.	Expressing lack of confidence in play activities				
10.	Trying to hold leadership positions in the play				
11.	Inability to concentrate on the play in a social group compared with single acting play				
12.	The problem to include into group plays after longer absence				
13.	Intentional or unintentional physical threats of mates				
14.	Fails to cope with stressful play situations				
15.	Frequent violations of internal or external rules of the play				
16.	Unawareness of the consequences of uncoordinated activities to the others				
17.	The tendency of aggressive response in conflict situations				
18.	Deficient interpersonal touch sensitivity				
19.	Longer focus in group activities only with adult assistance				
20.	Ignorance of partner invitation to play				

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