

Play Therapy: An Approach to Manage Childhood Problems

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Abstract

“Birds Fly, fishes swim and children play” Landreth (1991:25) Childhood is the most pleasurable period of one’s lifetime. During this period children undergo various changes in areas such as physical, psychosocial, cognitive and moral development. Child learns to adapt to these changes in various ways. Adaptation from fantasy to real world imposes a lot of emotional ups and downs, which if left unattended, may turn in to emotional/ behavioural problems. Play is a medium by which child expresses his/her worries and tries to address their problems. Art, puppets and dolls, drama, songs, music are all common element of the wonderful world of play and imagination for a child. It’s appropriate and therapeutic use can help all professionals dealing with children, to understand children well and help them to cope with and heal their internal trauma, manage their externalizing problems. Current concept article on play therapy throws a flash light on play therapy as a therapeutic approach to manage childhood problems.

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PLAY THERAPY

The systematic use of a theoretical model, to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development- Association for Play Therapy. Play therapy promotes the working relationship between children and therapist, and it allows for the communication of wishes, fantasies and conflict in ways the child can tolerate effectively and express at the level of his or her cognitive capacities. The therapist’s function is to observe, attempt to understand, integrate, and ultimately communicate the meanings of child’s play in order to promote the child’s understanding of his or her conflict

towards the end of more adaptive resolution ^[1].

Play increases in complexity and imagination from simple imitation of common experiences to more extended scenarios involving singular events, to creation of scenarios that have only been imagined. With growing age child starts having cooperative play activities with his friends and it also becomes increasingly governed by rules, early rules about asking and sharing, to rules that change from moment to moment ^[2].

Theoretical Paradigm

Theoretical Basis of Play Therapy ^[3]

Play Therapy emphasizes the client as trustworthy. Play Therapy is based upon three critical theoretical principles:

1. **Actualisation:** Humans are motivated by an innate tendency to develop constructive and healthy capacities. This tendency is to actualise each person's inner potentials, including aspects of creativity, curiosity and the desire to become more effective and autonomous.
2. **The Need for Positive Regard:** All people require warmth, respect and acceptance from others, especially from 'significant others'. As children grow and develop, this need for positive regard transforms into a secondary, learned need for positive self-regard.
3. **Play as Communication:** Children use play as their primary medium of communication. Play is a format for transmitting children's emotions, thoughts, values and perceptions. It is a medium that is primarily creative.

While using play therapy as a therapeutic tool to manage childhood problems, it is very important to consider developmental processes in child's play. Table no: 1 shows, developmental transformations in play throughout the span of childhood. Play during initial period (0-1year) of life is specifically solitary; self (body) centred i.e. exploring themselves by sensory motor activities.

Later, children (1–3 year) explore the world around them by imitation of actions of caregiver. During this period child's interest moves from self to others and toys. Child by age 3 year enjoys symbolic/pretend play, where he focuses on people around him by parallel play with mutual regards and simple social activities. Thereafter by age of 4–5 year, child learns sharing, team work, and cooperative play activities. In later period (i.e. after 5 years) along with cognitive development, child learns to play games with simple rules, which later turns to games with complex rules.

Major Functions of Play Therapy

- Play is a natural form of expression in children
- Play is as a vehicle for the occurrence of insight and working through.
- Play in therapy is that of providing opportunities to practice with a variety of ideas, behaviours, interpersonal behaviours, and verbal expressions.

Biological functions

- Learn basic skills
- Relax, release excess energy
- Kinesthetic stimulation, exercise

Intrapersonal Functions

- Mastery of situations (exploration, develop understanding of the functions of mind, body and world, cognitive development)
- Mastery of conflicts (symbolism and wish fulfilment)

Interpersonal Functions

- Develop social skills
- Separation-individuation: play can serve as distraction when significant others are absent; it can be used to master the anxiety associated with separation and can utilize objects symbolically to replace significant others who are absent.
- Socio-cultural: imitate desired roles(adults)^[4, 5]

Indications of Play Therapy

- Children who have been traumatized by actual or witness (sexual, physical or emotional abuse), domestic violence, child sexual abuse, natural/manmade disaster victims.
- Children who have been adopted or are in foster care with emotional disturbances.
- Children who are dealing with issues of loss, such as illness or death of a loved one.
- Children who have been hospitalized due to any physical/psychological/developmental problems.

- Childhood emotional and behavioural problems, build confidence, self-esteem etc.
- Teach specific skills such as social skill, communication skills etc.

Table1: General Developmental Stages versus Play Development. ^[4]

Child's Age	Cognitive Piaget (1952, 1962, 1967)	Psychosocial Erikson 1950	Psycho sexual Freud (1905 /1953)	Play Development Stage									
				Piaget 1962	Ericks on 1950	Parker 1977	Pulask i 1974	Howes 1980	Peller 1954	Linfor d Jean renaud 1968	Sutton -Smith 1967		
0	Sensori-motor	Trust Vs Mistrust	Oral	Sensori-Motor	Autoc smic (body centered)	Solitoa ry	Sensor y Motor		Body	Pre Play explorat ion	Imitati ve Play		
1		Autonomy Vs Shame and doubt	Anal	Practice/solitary	Microsphere (Toy Centered)	Parallel	Practice	Parallel	Pre-oedipal	Conditio ned respon ding	Exploratory		
2	Pre operational	Initiative Vs Guilt	Phallic	Symbolic (pretend)	Macrosphere (Other Focused)	Shifting group play	Symbolic 1)Project in to environment	with mutual regard, simple	Oedipal	Creative play	Games with Powerful "it" (tag)	Games with "it" requiring cooperation (frozen tag) Cooperative games (Red Rover)	Elaborate cooperation (Kick the Can)
3													
4	Concrete Operations	Industry vs. Inferiority	Latency	Games with rule		Organized Cooperative play	2)Use Body symbol ically	Reciprocal complimentary	Sibling				
5													
6	Formal Operations	Identity vs. Conformity	Genital				3)Dramatization	Reciprocal Social					
7													
8													
9													
10													
11													

Types of Play Therapy ^[5]

Several classifications are seen in play therapy such as:

- Nondirective and directive/unstructured vs. structured play therapy/free play vs. controlled play.

- Individual versus group play therapy.
- Psychoanalytical play therapy.
- Miscellaneous play therapies: free play, cognitive behaviour play therapy, affect in play therapy, sand play therapy etc.

Nondirective and directive is the commonest classification used in play therapy.

Nondirective Play Therapy

Nondirective play therapy is a non-intrusive method in which children are encouraged to work toward their own solutions to problems through play. It is typically classified as a psychodynamic therapy. It also called as client-centered^[4] and unstructured play therapy, is guided by the notion that if given the chance to speak and play freely under optimal therapeutic conditions, troubled children and young people will be able to resolve their own problems and work toward their own solutions. In other words, nondirective play therapy is regarded as a method by which child is allowed to freely explore his world, without any instructions, in the way he want. This therapy originates from Carl Rogers's non-directive psychotherapy and in his characterization of the optimal therapeutic conditions. Virginia Axline adapted Carl Rogers's theories to child therapy in 1946 and is widely considered the founder of this therapy^[6]. Different techniques have since been established that fall under the realm of nondirective play therapy, including traditional sand play therapy, family therapy, and play therapy with the use of toys. Though non directive play therapy suggests child has freedom to play the way he want, but certain limitations are imposed, as and when necessary.

Nondirective play therapy is well described with an example in Virginia Axline's "Dib's in search of self".

Virginia Axline has given the principles of play therapy which a therapist needs to follow.

Virginia Axline's Eight Principles of Non Directive Play Therapy^[6]

1. Develop a warm and friendly relationship with the child.
2. Accept the child as she or he is.
3. Establish a feeling of permission in the relationship so that the child feels free to express his or her feelings completely.
4. Recognize the feelings the child is expressing and reflect these feelings back in such a manner that the child gains insight into his/her behaviour.
5. Maintain a deep respect for the child's ability to solve his/her problems and gives the child the opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. Should not direct the child's actions or conversations in any manner. The child leads the way, the therapist follows.
7. Do not hurry the therapy along. It is a gradual process and must be recognized as such by the therapist.
8. Establish those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship.

Directive Play Therapy

Directive play therapy, as name suggests, the therapist gives directions to child in order to achieve certain therapeutic targets such as anger control, attention enhancement etc. It is guided by the notion that using directives to guide the child through play will cause a faster change than is generated by nondirective play therapy. The therapist plays a much bigger role in directive play therapy. Therapists may use several techniques to engage the child, such as engaging in play with the child themselves or suggesting new topics instead of letting the child direct the conversation himself. Stories read by

directive therapists are more likely to have an underlying purpose, and therapists are more likely to create interpretations of stories that children tell. In directive therapy games are generally chosen for the child, and children are given themes and character profiles when engaging in doll or puppet activities. This therapy still leaves room for free expression by the child, but it is more structured than nondirective play therapy.

There are also different established techniques that are used in directive play therapy, including directed sand tray therapy and cognitive behavioral play therapy.

Example: balloons of anger, beat the clock, soda bottle games etc.

Stages of Play Therapy

Briefly, the Nordling and Guerney (1999) stages of play therapy are as follows:

1. **The Warm-Up Stage:** It is the stage in which the therapeutic working relationship is formed, including an understanding of the child's and therapist's roles, the unique potential and possibilities of the playroom, and a feeling of safety and security allowing full and free expression and shared experience.
2. **The Aggressive Stage:** In this stage children work on issues related to exerting control over others and accepting limits placed on them, and in which children often express deep-seated aggressive tendencies or thoughts through characters or actions in play.
3. **The Regressive Stage:** In this stage children explore issues related to attachment and nurturance, and often play in ways less mature than would be expected for their chronological age, and in which themes of giving and receiving nurturance predominate.

4. **The Mastery Stage:** In this stage children work on issues related to competence and self-mastery and work on integrating the gains of earlier stages into their personality structures.

The mastery stage is also a period of signalling readiness to conclude play therapy. It is a stage in which play becomes age appropriate, non-conflictual, non-disturbed, and much less central for children, meaning that although children may want to maintain contact with their therapist, they become more motivated for age-appropriate play with peers than for therapeutic play in counselling.

The aggressive and regressive stages are often collectively referred to as 'aggressive-regressive or working stage play'.

Issues in Using Play in Therapy

A number of practical issues arise in working with children in play therapy. Ideally, a psychological assessment should have been carried out so that the therapist has identified treatment goals and has developed a treatment plan. The therapist should have determined how much play will be utilized in the therapy, as well as the nature of the play to be encouraged. Usually, play approaches should be considered for children from 4 to 10 years of age ^[7].

How to Get Started

Many children need help initiating the play process. The therapist usually starts by telling the child that they can play or talk, and shows the child the toys and play materials that are available. Although many children go right to it, many others are reticent. The therapist might tell the child to pick one thing, and start with that or the therapist could pick something for the child. Clay and drawing material are good starters. As a last resort, the therapist

might start with something themselves, and have the child join in^[8].

Kinds of Play Materials

Most therapists agree that unstructured play materials that can encourage the use of fantasy and imagination are ideal. Toys that leave much room for individual expression are most appropriate for play therapy. Examples of relatively unstructured toys and material are: clay, crayons, cars, trucks, puppets, dolls, doll houses, and legos. Games such as checkers do not encourage free expression, and are not ideal for traditional play therapy. The child is often asked for suggestions of other toys that might be useful and encouraged to bring toys in from home. Different children use different media for expression and it is important to have a variety of items and to individually tailor what is available^[9].

How Much to Engage in Play

One recurring dilemma is how much the therapist should engage in the child's play. The amount of direction and activity by the therapist depends upon the general theoretical approach. In more traditional client-centered and psycho-dynamic approaches, the therapist tries not to play with the child, but rather to observe and comment on the child's play. Many children will eventually become comfortable playing in this way. Some children need more engagement by the therapist. With those children, the therapist tries to follow the lead of the child. The therapist might put on one of the puppets and play, but follow the lead of the child in choosing the topic and setting the dialogue^[10].

How to Set Limits

For play to be a safe mode of expression, limits about how to play are essential. If rules need to be set, then they should be set. Toys cannot be broken and the therapist cannot be a target for affective expression. Alternative modes of

expression through play should be facilitated. For example, the child can be encouraged to verbalize anger at the therapist or to have the puppets fight it out in a pretend mode^[11].

Applications of play therapy in Nursing

Play can help all professionals dealing with children in various settings such as, Hospitals, community centres, schools, foster care centres etc.

General Application: Rapport building, developing interpersonal relationship, early diagnosis and management of childhood problems.

Specific Applications: In Hospital Settings: Paediatric Nurses working with children can use play for reducing child's anxiety while conducting several procedures such as, giving medications, doing and invasive procedures etc, alleviating pain of diseases/ surgeries etc.

Child Psychiatric Nurses can use play therapy for rapport building, develop interpersonal relationship, explore child's problems, help them in handling their problems, teach newer skills such as anger control, social skill etc., and using play therapy with children and their families in order to improve child- parent relationship.

In Community Settings: Nurses working in community at different levels such as sub centres, PHC's can use play to understand child's developmental transformation and detect any developmental delay in children at grass root level, educate them about early interventions training and refer them to appropriate health services. School health nurses can identify child's problems at school and help them accordingly^[12].

CONCLUSION

Children have innate ability to solve their problems in their own ways. Play is a medium through which child learns to manage difficulties in day today's life,

acquire various skills, ventilates his/ her feelings, emotions, wishes and wants. Being a professional in child care management if we know these transformations in child's development of play, we can use it as a therapeutic tool to early diagnose and manage these problems, faced by children.

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