

Why Does Play Therapy Work?

In the spring 1999 edition of The Journal for the Professional Counselor, Charles Schaefer outlined his “Curative Factors in Play Therapy.” Twenty-five, nonhierarchical change agents were presented. In this article, it was suggested that play therapy is most effective when the therapist applies these change mechanisms differentially to meet the needs of the individual case.

1) Self-expression: Young children (ages 2 to 10) often have difficulty expressing their conscious thoughts and feelings because of their rudimentary vocabulary and limited abstract thinking ability. Typically they are much more comfortable expressing their internal states through concrete play activities and materials (Landreth, 1993). Indirect expression affords the child some psychological distance from hurtful feelings.

2) Access the Unconscious: “Play work” is to the child what “dream work” is for the adult (Eklind, 1981). Through interpretations, the play therapist attempts to bring such unconscious material into conscious awareness.

3) Facilitates Learning: In the field of education, there is a long history of using play to help children learn. Similarly, play therapists can use play to teach children more adaptive thoughts and behaviors, such as social skills. Since play is a very enjoyable activity, children’s interest and attention to a learning task is enhanced. The active involvement of a child in play also assists the teaching of social/emotional skills.

4) Metaphorical Insight: Since ancient times stories have been used to teach children. In interactive fantasy play, the therapist tells a story through the play to teach a child a lesson or solution to his/her problem (Gardner, 1971). Since stories teach indirectly, less defensiveness is aroused in the child than by direct confrontation (Frey, 1993).

5) Abreaction: In play, children will reenact and relive traumatic experiences as a means of gradually mentally digesting and gaining mastery over them (Waelder, 1932). Adults tend to “talk out” unpleasant experiences, such as an operation, while children tend to play them out. There is a slow healing process through repetitive play (Oremland, 1993).

6) Catharsis: Pent up physical and psychological tension can be released in the play room by engaging in concrete play activities such as punching an inflated plastic doll, pounding clay, or bursting balloons. Catharsis is an activity that involves completing some or all of a previously restrained or interrupted sequence of self-expression, such as crying or hitting (Nichols & Efran, 1985). The importance of emotional release is acknowledged by most psychotherapists as an essential, if not the essential, ingredient in psychotherapy (Ginsberg, 1993).

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7) Sublimation: One way to release unacceptable impulses are to channel them into substitute activities, which are socially acceptable. For example, the aggressive impulses of clients who tend to physically hit others may be reduced by therapists who facilitate the expression of these impulses in “warlike” board (Chess, Checkers) or card games (Fine, 1956), or through such sports activities as bowling or football.

8) Alliance Formation: Numerous studies have found that a major factor distinguishing poor therapy outcome from good outcome is the therapist’s ability to establish a good therapeutic alliance with his or her clients. Children rarely come voluntarily to therapy and typically feel very uncomfortable in one-to-one talk therapy with an adult. Play, on the other hand, is an attractive voluntary activity of children and is usually enough to overcome a child’s initial reluctance to become involved in the therapy process (Bow, 1993).

9) Attachment: Play has been found to facilitate the attachment (affectional bond) between parent and child. Studies have found that mothers who regularly involve their infants in play and appear to be doing so-are the most likely to have securely attached children (Belehar, et al, 1977).

10) Relationship Enhancement: Shared experiences like playing and having fun tend to increase our liking for the other person. Various studies have found that positive affective experiences, such as playing together, increase mutual attraction and solidify relationships (Gouaux, 1971). By teaching play skills to socially isolated children, therapists can increase the social attractiveness of these children.

11) Moral Judgment: Piaget (1932) asserted that children’s spontaneous rule making and rule enforcing in informal and unsupervised play situations, e.g., deciding what is fair in a game of marbles, provide a crucially important experience for the development of mature moral judgment. Such game play experiences help children move beyond the early stage of moral realism, in which rules are seen as external restraints arbitrarily imposed by powerful adult authority figures, to the concept of morality based on the principles of cooperation and consent among equals.

12) Stress Inoculation: By playing out upcoming stressful events, such as starting school or the birth of a sibling, children are able to make the strange event become more familiar and role play coping behaviors (Barnett et al, 1984). Also, studies have shown that positive emotions, such as enjoyment derived from play, have a mitigating effect on subsequent negative experiences (Carlson & Masters, 1986). So the more happy, fun times a child has, the better able the child is to cope with the stresses of life.

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13) Counterconditioning: Wolpe (1958) used the term *reciprocal inhibition* to refer to the phenomenon that certain internal states are mutually exclusive. Anxiety and relaxation cannot be experienced at the same time. Similarly, feelings of mirth and playfulness can be used to counteract and overcome such negative feelings as anxiety or depression. Thus, the fun of playing hide-and-seek in a darkened room can help a child conquer the fear of the dark. According to Lyness (1993) fantasy play has a number of particular features that promote the mastery of children's fears. It allows the child to move from a passive to an active role.

14) Power/Control: In play, children feel powerful and in control. They can make the world conform to their wishes and needs. According to Piaget (1962), it is ego-boosting to the child to be able to dominate and control the play action. Usually children have very little control over what happens in their lives. Play is one area in which they can make things happen all by themselves and thus develop an internal locus of control.

15) Competence: White (1971) defined competence as being able to meet the demands of a situation or task. Play provides children with many opportunities to create things (tell stories, construct miniature worlds in the sand) and meet challenges through competitive and cooperative games. By mastery of play activities, children develop a sense of competence, which enhances their self-esteem.

16) Self-Control: By engaging in activities such as construction play and game play, children learn self-control skills, i.e. to stop and think, plan ahead, and anticipate consequences of different moves. Also, cognitive psychologists claim that fantasy play is a cognitive skill associated with the ability to control impulses and to delay gratification (Singer, 1990).

17) Creative Problem Solving: Numerous studies have demonstrated that play and playfulness are associated with increases in creativity and divergent thinking in children (Lieberman et al, 1965). Without concern for consequences, children in play attend to means rather than ends and thereby come up with novel combinations and discoveries, which can aid them in solving personal and social problems (Bruner et al, 1983).

18) Fantasy Compensation: In play, children can get immediate substitute gratification of their wishes. A fearful child can be courageous, a weak child can be strong, a child of poverty can be a rich king, and a disabled child can be whole. Thus, impulses which are blocked expression in real life find an outlet in fantasy. Similarly, Huizinga (1995) believed that the main function of play is to allow one to imagine something else-something that is often more beautiful, or stronger, or more exciting.

19) Reality Testing: Play experiences give children practice reading cues which signal make-believe. In social pretend play, children often shift back and forth between the roles they are

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playing and their real selves. Thus, children who frequently engage in pretend play have been found to be better able to discriminate reality from fantasy (Singer & Singer, 1990).

20) Empathy: When children role-play, they develop their capacity for empathy-the ability to see things from another's perspective. Role playing different characters in play has been reported to be related to increased altruism (Iannotti, 1978), empathy (Strayer & Roberts, 1989), and social competence in children (Connolly & Doyle, 1984).

21) Behavioral Rehearsal: In the safe environment of play, children can practice more socially acceptable behaviors, such as assertiveness versus aggressiveness. The play therapist often models in play these new real life behaviors through puppets, and the child then has his puppets practice the more adaptive behaviors. This practice can be repeated many times in play to ensure that the skill is fully learned and will be remembered (Jones et al, 1989).

22) Accelerated Development: Vygotsky (1967) observed that in play preschoolers advance beyond ordinary accomplishments of their age period and function at a level of thinking that will only become characteristic later on. He noted that the preschool child in play is always above his average age, and above his daily behavior. Accordingly, play creates what he labeled the zone of proximal development of the child.

23) Sense of Self: In child-centered play therapy, (Axline, 1947) the child experiences complete acceptance and permissiveness to be himself (without evaluation or pressure to change). By giving a running commentary on the child's play the therapist provides a mirror, figuratively speaking, by which the child can understand inner thoughts and feelings. In addition to self-awareness, play provides the child an opportunity for self-creation, i.e. to realize the power within herself to be an individual in her own right, to think for herself, to make her decisions, to discover herself (Winnicott, 1971). Meares (1993) concluded that play with an attuned adult present is where experiences are generated that become the core of what we mean by personal selves.

24) Physical Health: Stress has been shown to create unhealthy physiologic pressure, muscle tension, immuno-suppression, and many other physical problems (Berk, Tan & Fry, 1989). We now have evidence that laughter creates the opposite effect (Fry, 1991). Laughter appears to be a perfect antidote for stress.

25) Distraction: When children are involved in activities such as play they tend to feel less anxious or depressed. Enjoyable activities function as distractions and contribute to a greater sense of well-being and less distress (Aborn, 1993). By taking regular "play breaks," children and adults are likely to elevate their mood and sense of well-being.

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