Play Therapy: The Psychological Healing

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Abstract

Humans, just like a few other animals, possess the tendency to play as children and even as adults. Play is a source of all kinds of capacities and development required by us, be it social, emotional, physical, emotional, cognitive. Distinct from self-initiated play, play therapy is used as a clinical application of play intended to treat children suffering from trauma, emotional issues, and other problems. This paper would throw light on the psychological aspects of play therapy that act as a mind-body healing for children and, in the present scenario, even for adults.

Keywords: play therapy, psychological healing, children, mental health

Introduction

Humans, just like a few other animals, possess the tendency to play as children and even as adults. The social instinct of man instils in him the desire to play, and thus it's not surprising that we are the most humane while we play, just because we play. The valuable functions that play serves for sapiens make it necessary for us.Play is a source of all kinds of capacities and development required by us, be it social, emotional, physical, emotional, cognitive.

Evidence of the significance of play is propagated through its definition. Huizinga (1955) defined "play" as a free activity standing quite consciously outside "ordinary" life as being "not serious," but at the same time absorbing the player intensely and utterly. It is an activity connected with no material interest, and no profit can be gained by it. It proceeds within its own proper boundaries of time and space according to fixed rules and in an orderly manner. " In his essay, The Role of Play in Development, psychologist Vygotsky (1978) characterised children's play as an activity that is "desired" by the child, "always involves an imaginary situation," and "always involves rules." In the Handbook of Child Psychology, Rubin and his colleagues (1983) characterised play as behaviour that is intrinsically motivated, focused on means rather than ends, distinct from exploratory behaviour, non-literal, free from externally imposed rules and active engagement by the players.

Play acts as an initiation to foster our well-being. According to Terr (1999), play is not just an activity but a state of mind, and "all the mental activity of play comes at you sideways." According to her, play is an emotional discharge, and such therapy allows the child to outgrow their fearful experiences. This might be the reason that studies prove that adults who play chess live longer. In his 1920's study, even Lewis Terman, while examining the lives of gifted children, established that those who have played most in their lives are the ones who are surviving longer today.

Although play might be considered mostly as an innate biological tendency, its share as a learned behaviour can't be ignored. Studies by Chick (2001) prove that parents of young children have more playful children as compared to older parents, as younger parents tend to be more playful with their children. Also,

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in the same study, he established that second-born children are more playful than first-borns as they have someone to play with in their childhood.

The eminent developmental psychologist Jean Piaget also indicated that "the many theories of play expounded in the past are clear proof that the phenomenon is difficult to understand." Later, examining these and other efforts to outline play, Gray (2009, 2013) established that, in essence, all of the descriptions of human play by eminent play researchers can be summarised by categorising them into their types. The California-based National Institute for Play describes seven play patterns:

Attunement play: establishes a connection, which could be between a new-born and his or her mother.

Body play: an infant discovers the techniques in which his or her body works and interacts with the world, such as making funny sounds or discovering what happens in a fall.

Object play, such as playing with toys, banging pots and pans, or handling physical things in ways that use curiosity.

Social play is play which involves others in activities such as tumbling, making faces, and building connections with another child or group of children.

Imaginative or pretend play is in which a child invents scenarios from his or her imagination and acts within them as a form of play, such as princess or pirate play.

Storytelling play: the play of learning and language that develops intellect, such as a parent reading aloud to a child, or a child retelling the story in his or her own words.

Playing with one's imagination to transcend what is known in the current state in order to create a higher state is referred to as creative play.For example, a person might experiment to find a new way to use a musical instrument, thereby taking that form of music to a higher plane; or, as Einstein was known to do, a person might wonder about things which are not yet known and play with unproven ideas as a bridge to the discovery of new knowledge.

Distinct from self-initiated play, play therapy is used as a clinical application of play intended to treat children suffering from trauma, emotional issues, and other problems.

The History and Development of Play Therapy

The history of the study of play can be traced back to the time of Plato (429–347 B.C.), who observed and testified that "you can discover more about a person in an hour of play than in a year of conversation." The importance of symbolism in play has been focused by Frobel (1903). He stated that "Play is the highest development in childhood, for it alone is the free expression of what is in the child's soul...children's play is not mere sport. It is full of meaning and import. " The contribution of Freud (1909) to the development of play is in his first documented therapeutic case of play, the case of "Little Hans", a five-year-old phobic child. Freud commended that Hans's play provides understandings that are of use in assessment.

The development of play as a therapeutic approach can be conferred upon by various theories. Helmuth (1921) is regarded as the first one to use play as a form of therapy. She made use of certain play materials to analyse the expressions of children. In 1938, Levy developed an approach named "release therapy," where a traumatised child was engaged in free play. When engrossed in play, the child was introduced to materials related to traumatic events that helped in liberating any fixated emotions or fear.

Following Freud, his daughter Anna Freud propagated the use of play in building a positive relationship between the child and the therapist. Rogers's person-centred therapy also focuses on certain aspects of play, such as trust, acceptance, and genuineness in the patient-therapist relationship. Later, Axline modified Rogers' approach to develop a non-directive play therapy suitable for children. In contemporary times, cognitive-behavioral play therapy is in use, the seeds of which were ingrown by Phillips in the 1980s by the combination of cognitive and play therapy.

Year	Psychologist	Developments in Play Therapy
1903	Sigmund Freud	Stages of childhood Instinctual Development
1909	Sigmund Freud	Application of psychotherapy for children; Case of
1913	Helmuth	'Little Hans
1925	Anna Freud	Play as a form of therapy
1933	Levy	Use of play in child-therapist relationship
1934	F.Allen ,R. Rogeson	The "Experimental Play" method
1937	Melanie Klein	Non-interpretive play methods
1939	Levy	Use of interpretations in play therapy
1940	Carl Rogers	"Release Therapy."
1947	Axline	"Client Centered Play Therapy."
1985	Phillips	Non-directive play therapy
1992	Standardized training in play therapy begins.	Cognitive play therapy
1998	LeBlanc	66 standard deviation effect size for play therapy

Playroom and materials

Landerth (2012) appropriately quoted for the significance of materials in play therapy-"Toys and materials should be selected, not collected." In play therapy, toys and materials are used as a medium to invoke the expressions of children. Thus, for the therapy to be useful and significant, mastery should be present in the selection of materials:

Vivid aspects of motions and expressions should be invoked with the help of the materials.

Since play is for children, the durability and quality of toys should be taken care of.

The focus should be that the complexity of the toy should meet the requirements of the child's ability and assessment.

Toys should not be self-guiding and should help in the brainstorming of children.

The selected materials of play therapy should induce positive motivating emotions in the child.

While selecting the toys, attention should be given to their influence on the child's growth.

The types or categories of toys that could be employed by the play therapist have been stated clearly in Play Therapy: The Art of the Relationship by Landreth (2012), as mentioned below:

1. Real-Life Toys: Toys representing real-world items include doll-families, doll-houses, play money, costumes, cars, trucks, baby dolls, dishes, animals, puppets, boats, airplanes, cash registers.

The toys in this category permit the proclamation of emotions that are usually not permissible to be articulated in other scenarios. This includes Bobo, or the bop bag, toy soldiers, rubber knives, dart guns, masks, swords, and toy guns. Cartoons of eggs and popsicle sticks are also used as they are physically broken down and destroyed.

Creative Expression Toys: These toys are the ones that provoke creativity. Paints, clay, scissors, craft sticks, markers, butcher paper, easel, crayons, sand,

water, and instruments are some of the materials available.

It is also important that different play therapists promote the assimilation of diverse toys with different interventions, while other modalities require the same toys to be available for each session. All of these toys control and manipulate the process of therapeutic healing.

Psychological research has also focused on play with construction materials. Forman (2015) cited that play includes the creation of patterns with materials, building structures with blocks or other materials, and producing elaborative systems that can work, such as connecting gears that spin. Forman directs that such play desires microanalysis, which involves observing not only built structures but also the process of building . The developmental stages of such play have been associated with Piagetian stages of logical-mathematical thought (Kamii, Miyakawa, and Kato 2004).

Children in Play Therapy

Play therapy is most commonly used to treat mental health issues in children, such as depression and anxiety.Play therapy, on the other hand, is effective for children who are at risk of losing their homes and being separated from their families, have autism, or have witnessed domestic violence.Therefore, play therapy has been recognised to be highly effective for not just children with mental health disorders but also typically developing children who don't find it easy to express themselves as well.

The significance of play therapy lies in the fact that it permits children to express themselves in a manner that is appropriate for them. Homeyer and Morrison (2008) cite that through play, children learn about the world and also about other children and just about themselves. Children's play also allows narration of their creative minds as while they play with stuffed toys (e.g. dolls, animals), they encounter situations quite similar to real life; thus problem solving and decision-making skills are also challenged. For instance, a child might create a family situation with the use of dolls and puppets as members of their family. Thus, the purpose of play therapy is to develop the child's creativity through play and allow them free expression of their thoughts and feelings. The use of play therapy by professional therapists is mostly to

converse with children in a clinical setting, who might not readily express themselves to a stranger. Special educators and counsellors in school also adopt play therapy for a shy or introverted child to make them comfortable and communicative.

A kind of play therapy that specifically pays attention to the role of children in play therapy, i.e., child-based therapy. Child-based play therapy involves sessions of counselling with only the child and the therapist in the room. The therapist allows the child to play with a variety of toys and also helps them to establish a connection with the toy so that they are also expressing themselves well. The therapist also provides puppets and a puppet show for children that allows free verbal expression of children. Hartwig (2014) clarifies in her study that there are two approaches to using puppets during therapy. The first approach to the use of puppets is called "Direct Play Therapy. This approach allows the therapist to choose an appropriate activity to present to the child. The chosen activity requires you to present the child's problem and an approach for the child to work in the direction of their goals. This approach offers structured play to gain information, encourage involvement, set limits, and interpret behaviours. The second approach is non-directive play therapy. With this approach, the child decides what the toys represent and how they will be used. Meanwhile, the therapist sits back and observes what the child is re-enacting.

Jean Piaget (1945, 1965) strongly inclined psychologists to study how play develops in childhood. On the basis of his observations of his own children's play in infancy (1945) and his study of older boys' marble game play (1965), Piaget proposed stages of play development and also hypothesised about their meaning as developmental constructs. Piaget recommended that children adopt play to integrate their everyday experiences into their existing cognitive schema. He characterised infant play as practise play, which involves repeating similar playful actions with gradual elaboration of these actions. Piaget observed that pretence was the central theme of play during early childhood, while games with rules were broad-spectrum play for elementary-age children. His observational research was the impetus for much play development research during the latter part of the twentieth century. Some of the experimental research done later by psychologists was generated to test

whether Piaget's reported results were valid, reliable, and generalizable. For instance, Bruner and Sherwood (1976) observed the play interactions of mothers and babies and concluded that one-rule games such as peek-a-boo existed long before peer-generated games with rules occurred. They theorised that these early parent-child games were precursors of turn-taking patterns in communication. Fein (1975) reported that her experimental study of children's transformation of objects in their pretend play showed that toddler-age children's ability to transform objects in play varied as a function of the number of substitutions required. Bretherton (1984) described how early mother-child symbolic play leads to understanding the young child's social world, and Singer (1973) outlined the course of pretence development in preschool children. DeVries (1970) and DeVries and Fernie (1990) investigated how young children learn games with rules, and Sutton-Smith and Rosenberg (1961) reported on the changing nature of games for school-age children.

The Family's Role as Partners in Play Therapy

In Therapeutic Developmental Effects of Play, Anna Freud (1925) instigated another psychological marque of research in play therapy. She considered how play aided the development of this ability in children, which helped them to combat the realities of various types of trauma (e.g., war, parental separation). Anna Freud's research also stimulated other contemporary research to study the emotionally therapeutic facets of play. Erikson (1963, 1977) concentrated on the significance of the "Play Age" (three to six), for the period in which children adopt the roles of robust fictional characters (e.g., superheroes) or of adults who are dominant in their lives (e.g., doctors). Erikson focuses that in these roles, children develop an understanding of the leadership and authority of these individuals. Erikson stated his research in therapeutic meetings with children who demonstrated emotional elements significant in their lives through the medium of their block constructions. He also established that young children can "project a relevant personal theme onto the microcosm of a play table".

In the chain of such play therapy research, Greenspan (1990) has hypothesised that young children with autism spectrum disorders could be aided with therapeutic adult-child play interfaces. He has directed broad research with his model of play-based therapy and has achieved designated operative results with children identified as autistic (Wieder and Greenspan 2003). Despite the strong psychological support for play therapy, the efficacy of such therapy has often been questioned. Recently, however, Bratton, Ray, and Rhine (2005) directed a meta-analysis of ninety-three controlled research studies published between 1953 and 2000 and found that children who experienced play therapy implemented improved performance on outcome measures compared to children who did not receive therapy. Even though all types of play therapy were effective, humanistic forms performed best. Both individual and group play therapies were tested as effective, while therapies that involved families formed the most significant outcomes. Thus, they conclude that "play therapy demonstrates itself to be an effective intervention for children's problems, one that is uniquely responsive to children's developmental needs."

Issues in Play Therapy

The play therapy arena meets with a variety of complications. The most urgent is the precarious requirement for an increase in the number of mental health professionals trained in play therapy. Play therapy expositions at proficient conferences and other current academic opportunities are on the rise, and there is also a need to offer more play therapy courses and clinical supervision opportunities.

Play therapy supervision is an additional perilous component in developing well-trained, capable play therapists. Play therapy is gaining popularity each day, and thus the fact that there is scarce literature written, particularly on supervision, is becoming evident. By presenting an intensive supervision model, Bratton, Landreth, and Homeyer (1993) were the first to write about the significance of play therapy supervision. Later, Ray (2004, 2006) distinguished between basic and advanced play therapy skills and presented information about how supervisors can work more effectively with supervisees.

Given the nonverbal nature of play therapy, supervisees may benefit from exploring supervision issues through nonverbal means. Perhaps supervision experiences that use symbolism, metaphoric play, and art would be appropriate, if not the standard. Children are unpredictable and, in the safety of the playroom, may interact with the therapist in any number of ways. For example, children may be aggressive toward the

therapist, demonstrate intense repetitive play, or express themselves symbolically and metaphorically. The play therapist must understand these dynamics. Experiencing these same dynamics in the supervision process would lead supervisees to a greater depth of understanding than they could get from words alone (Morrison &Homeyer, 2008).

The demand for cultural competency is also a challenge for the play therapists to have a good understanding of the whole ecosystem and their place in it, with an additional interest in the knowledge of the child's complete ecosystem and his role in it. While some cultural amendments, similar to varieties of toys and materials, are easily accomplished, others are even more difficult to recognise.

A number of present-day studies have presented the cultural examinations in play therapy broadly and also show concern for such a need in therapy (Gil & Drewes 2005; Schaefer, McCormick, &Ohnogi 2005). Shu-Chen Kao and Landreth (2001) described the way the belief system of a specific culture in which children develop leads to change in the way play therapists work with them. As an instance, "returning responsibility" is a common therapeutic response used by play therapists, as in, "You can choose," or "That's something you can decide." This helps children develop, among other things, individualism.

Present Scenario: Play Therapy

Play therapy has evolved in response to certain trends, one of which is disaster relief for children.In disaster relief designed for children, post a disaster, the children are provided with play therapy along with some follow-up interventions. Baggerly (2007) refers to such play therapy as "psychological first aid." Psychological first aid has been differentiated from traditional play therapy as the former provides an instant intervention intended to present the child's most urgent psychological need, trying to reveal it in the first session only.

Another prominent trend significantly developing in play therapy is the adoption of filial therapy into primary and junior classroom settings. Filial therapy has a history of growth of twenty years, but is still growing. Recently, in 2003, therapy was used as a suitable intervention to join hands with the New Freedom Commission on Mental Health's call for prevention and early intervention services for young

children. Studies have shown successful use of the child-parent relationship training (CPRT) model noted above in working with preschool teachers whose students are hard of hearing and deaf (Smith & Landreth, 2004). In an innovative study in 2002, Leslie Jones, Tammy J. Rhine, and Bratton investigated the effects of CPRT with high school mentors to determine the impact on the behaviour of four- and five-year-olds referred for school adjustment problems. In similar studies in 2003, Christopher J. Brown, working both alone and in partnership with Jodi M. Crane, investigated the effects of CPRT with undergraduate students enrolled in human services classes. These studies revealed positive outcomes in child-behaviour changes and the teachers' ability to learn and use therapeutic skills.

Publications and research on play therapy are also on the rise.Specialized play therapy literature is continuously mounting its growth because of the global expansion of the field, an increase in graduate-level academic prospects, and greater emphasis on research. For instance, the Centre for Play Therapy, collecting all play therapy literature in its archives, identified approximately 575 play therapy books, chapters, dissertations, and journal articles published in the last five years. Also, as play therapy literature has been getting higher, the quality and meticulousness of research criteria is undergoing a change. Quality research—such as between-group design experiments, random assignment of subjects, use of treatment manuals and protocols, clearly defined client samples (gender, age, race, and others)—and appropriate analyses of data are required, as are single-case designs that meet rigorous research standards. All such research must meet current standards. In a meta-analysis, Leblanc and Richie (2001) presented a moderate effect size (ES =.55) regarding play therapy's success with children. In the prevalent meta-analysis executed in 2005 by Bratton, Ray, Rhine, and Jones, a pool of ninety-three research studies conducted between 1953 and 2000 revealed a larger treatment effect size (ES =.80) and indicated that play therapy was effective across a variety of presenting issues. Thus, in contemporary times, play therapy, encompassing a child's parent or teacher, is an effective modality for investigating young children's problems and would help in providing the additional

advantage of possibly preventing the inception of more expensive and severe problems during later life.

Play therapy is a dynamic, emergent area of therapeutic research. National associations comprised of culturally unique communities of play therapy advocates are establishing standards and are demanding clinical publications and training to help inform their practices. The number of university programmes preparing play therapy supervisors, faculty, and researchers is rising. For better or worse, all those who are a part of the field must be more verbal in refining experts and the public about what is indispensable to make play therapy available to all children in need of services.

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