

Client-Centered Play Therapy With Implications for Parent - Child Relationships

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The purpose of this paper is to describe the process of psychotherapy with children. For the most part, it may be enough simply to say what it is, to try to give you something of the feeling of how children use therapy, and to state what it is intended to accomplish. This much can be done, but the more one considers what play therapy is like, the more impressive is the tremendous generality of its implications for the emotional development of children. And so I should like to add a postscript about these general implications as I see them. Having promised a postscript, let me add a footnote now. We are still in an early period in our understanding of therapy. Thus we have a number of theories of therapy, some of which have mutually contradictory hypotheses.

It would be difficult and not very rewarding for me to try to describe all kinds of play therapy. I can tell you much better about the therapy with which I have had most personal experience, and so let me identify my own training and understanding as that which has to do mainly with the client-centered orientation. You will undoubtedly understand this paper better knowing this context.

But let us turn to the question of what play therapy is. It does not take long to define the essence of psychotherapy, and it is on this ground that we can perhaps describe all therapies in similar terms. Psychotherapy is simply an experience in self-discovery. Individuals in therapy turn inward, and let themselves find and experience feelings, thoughts, and attitudes which have been too frightening, or too unhappy, or too much frowned upon by others to feel fully before. Such a process leads to a full self-understanding, a fuller knowledge of one's self, and consequently a more comfortable kind of trust in one's self.

For adults, this process of self-exploration comes about primarily through conversation with the therapist. Children, however, do not take readily to the kind of introspection necessary for verbal interview therapy. Their natural modes of self-expression are more diffuse, and run as much toward action as toward words. Therapists who work with children take these facts into account and provide outlets for the child's natural channels of self-expression. Thus play materials are made available, and play therapy rooms have been established in some clinical centers.

Before attempting further general description of play therapy, it may be worthwhile to turn to some illustrations of the play therapy process itself. These excerpts come from verbal records and detailed action notes of play therapy interviews. The material has been edited to protect the identity of the child, but no change has been made in any of the essentials which we wish to illustrate.

Excerpt 1

Jimmy, a little boy about five years old, has been making mud pies in a basin, mixing sand and water to a soft, oozy consistency. He turns to a large doll near the corner of the room, and plays idly as he eyes the doll.

In a slow, almost aimless manner, he tosses some mud over toward the doll. It comes close, but misses. He tries several more times, apparently attempting to reach the doll with the mud. As he does, there is a noticeable rise in action tempo. The child moves up onto his knees for freer body play.

Therapist says: You want to make sure to hit the doll with your mud pies? Child continues with rising tempo.

C: There, I got her right in the face!

T: That was fun to do, wasn't it?

C: (throws mud) There, take it again, you meanie!

T: You're angry with her, and it feels good to let her have it, huh?

C: Mean old mommy, she's just not fair.

T: You just don't think mommy's fair and that makes you angry.

C: (throws more mud) There, take that, and that.

T: You want to throw lots of mud at her.

C: She's not fair.

T: It just makes you so angry at her.

C: Yes, she never lets me stay up as late as sis. (Pause) Want to see me make big mud pies in the pail?

T: You'd like to show me some big mud pies.

If we follow the continuity of this interchange, we see several developments in the child's behavior. The beginning is casual play, but it is evident that an attitude and a purpose soon form within the child—not a clearly stated attitude, nor one that could be understood fully by either child or therapist. But this is precisely what is characteristic of therapy, this development of expression which the client finds within self.

First, the expression took the form of anger, then emergence of a focus for the anger. The little boy had transformed the doll into mother and was expressing clearly by now his anger and resentment of her.

The rising tempo and sharper focus indicate progressively fuller and clearer expressions of his feelings. Finally, the child turned away from these expressions to a more placid kind of play. Often we cannot understand fully what the child is expressing in these transitions. Was it that he had released his feelings and no longer found need to express them? Was it that he began to find them too frightening, and so turned away from them to a safer field? Often we cannot say, but we can see in the therapist's behavior some clue to his own attitudes toward these questions. Perhaps more than anything else, it is evident that the child can feel either of these things freely without having the therapist hold him accountable for an explanation of his feelings. The child has set his own pace. He has expressed as much as he wished, or as much as he dared, and then turned away. He could have stopped earlier, or continued further, but the choice was the child's.

Having turned to an examination of the therapist's activity in this excerpt, we can continue with this examination and try to see what the therapist's actions and intentions were.

One of the immediate impressions is that of the behavior latitude which is available to the child. The therapist has not limited either feeling expression or behavior, but has concentrated upon an attempt to provide close understanding of what the child is trying to express. For instance, when the child said, "There, I got her right in the face!", it was evident that the child was expressing a sense of release or joy in this action; the therapist recognized this expressive quality as he saw it experienced by the child, and conveyed his understanding by the response, "That was fun to do, wasn't it?"

He responded similarly, when the child said "Mean old mommy, she's just not fair" "...and that makes you angry." It is quite possible that the child was expressing a sense of feeling hurt as much as a feeling of anger, and so perhaps the therapist's understanding was incomplete. This is not an uncommon problem. As the therapist attempts to enter into the feeling life of another person, he or she will often be in communication with elusive, half-formed attitudes, or with feelings which are private and hard to understand. Therefore, the communication between child and therapist may sometimes be neither clear nor logical. But it is also true that this groping for understanding is part of the essence of therapy, and has the quality of a creative act.

Now that we have seen a fragment of therapy in action, it may be well to proceed to a more general consideration of the therapeutic process. We have already defined therapy in its simplest terms as a process of self-discovery, and we may now add to this description the hypothesis that this process leads in the direction of psychological health or integration.

Indeed, there is such a kinship between self-discovery and psychological well being that in using these terms we may be talking about much the same thing.

Perhaps this point can best be made by considering the converse of these states--that is, by considering what we mean by tension, anxiety, and emotional disturbance. When we use these terms we are describing states in which feelings and attitudes are to varying degrees unknown to the person, and not freely and clearly available to awareness. These feelings are, on the contrary, suppressed, or muted, or transformed to less threatening to the individual. It is not surprising that under such conditions tension, disturbance, and disorganization would occur. Therapy, then, consists in the individual's freeing self to experience fully the feelings which have hitherto been denied or distorted.

Given this outcome as an objective of therapy, what can the therapist do to facilitate those goals? There are several things which therapists can do, in terms of both attitudes and behavior.

For one thing, they can attempt to create an atmosphere in which the child can sense a freedom to express feelings which have in the past been frowned upon or punished. We can readily understand how such critical attitudes would be a deterrent to expression of feelings, and conversely, it is logical that a permissive atmosphere could facilitate expression.

If therapists can help to create an atmosphere where all feeling expressions are accepted, they can also foster feeling exploration in another way, and that is by communicating actively to the child their own understanding of the child's feelings as they are expressed. This is the developmental process which has already been described, in which feelings come to fuller development and expression. Because this is such a crucial aspect of therapy, it may be worthwhile to halt precisely at this point of communication between counselor and client, and subject it to a more penetrating, microscopic examination. As an illustration, let us return to the interchange between Jimmy and the therapist. You may recall the following lines:

C: (throwing mud) There, take it again, you meanie!

T: You're angry with her, and it feels good to let her have it, huh?

C: Mean old mommy, she's not fair.

What we wish to ask here is "Just how does the therapist's response facilitate the integrative process within the child?" Note that in the first child statement we find the child responding to an inner state or feeling. As the therapist searches for an understanding of this feeling, he helps the child to symbolize this feeling, to help it develop from an unknown state of inner tension to a feeling which is more fully known, and which has form, meaning and direction. And it is this very congruence between an inner feeling state and its availability to symbolization and appropriate response which is the essence of emotional integration. This process is very much a give-and-take between the therapist and client. It is not a teaching process, as this description may have made it seem, but a mutual search where both counselor and client seem to be working from the same vantage point.

The foregoing description may give us a significant close-up of the interaction between child and therapist, but it would be worthwhile also to broaden our perspective of this relationship, and consider more generally its impact upon the child's behavior in therapy. For the moment, let us consider particularly the effects of the permissive atmosphere already described.

But first, what of the atmosphere itself? Is this not a strange vignette, this picture of an adult who does not teach, who does not scold, who hardly ever asks questions, and who makes it quite clear by his behavior that anything the child says is all right with the therapist?

This is indeed an unusual state of affairs, and the child frequently responds by trying out ways of behaving which are new, often fascinating to behold, and occasionally frightening to the therapist. Children who in their day to day living are struggling to be adult in their ways try once again to see how it feels to be small, to drink from a baby's bottle and nipple, to climb up on the therapist's lap and be cuddled. Children who may be meek and withdrawn outside often respond with hostile, aggressive behavior in the playroom. And children who feel dominated and pushed around by adults try out how it is to be on the controlling end of a relationship, to be powerful and invincible themselves.

A case in point is that of a nine-year old girl whose parents had high and rather strict standards for the child. Her own behavior was a mixture of quiet resistance, isolation, and occasional violent outbursts of anger.

She began play therapy by being somewhat deferential to the therapist, but very soon she began to cast the therapist into the role of an inept assistant and herself into an efficient, superior position. During those times she enjoyed calling the therapist "pinhead" and ordering her to do much fetching and carrying.

One of the activities which Martha enjoyed was checkers. Excerpts from two interviews indicate the progression of this need to control the therapist and her willingness to experience these attitudes. In the first excerpt, taken from the twelfth interview, she begins tentatively to act upon her desire to win out over the therapist.

C: This game is so close it'll end up in a tie.

T: It is close, isn't it?

C: Oh, gosh.

T: I guess you don't like it that close.

C: Let's see here. I have a choice of jumps. (excitedly) I got a choice, I got a choice part. Don't my reds go here to get kings? I don't know, I forgot.

T: You mean you're mixed up?

C: (At this point child begins to reverse the way she was going. The reversal made her path to the king now unopposed). See, they have to find the right spot. They've always had to go this way. Look, I gotta think hard. No, I guess they didn't go that way...

T: I guess it's real tough because you'd like it to be a certain way and yet you're not sure they should be that way. It's a tough decision, isn't it?

C: Well, anyway, I think I'd better put them back this way (moves the men to former position).

The foregoing excerpt revealed considerable ambivalence, and the child had a real struggle between what she wanted and the rules of the game. Two weeks later, however, she moved much more clearly in the direction of vanquishing the therapist. This exchange takes place about the middle of the interview. Martha has just jumped a checker of the therapist.

C: Go ahead, it's your move (therapist jumps one of C's checkers). Oh, you stupid idiot!

T: That you didn't like.

C.: I'll just take my move back (she recalls the move, and jumps a checker of the therapist's). It's a pity. You poor girl, I ought to pity you.

T: But you don't? Sometimes you almost feel sorry for me, but it's too much fun to win.

C: (Begins to split her kings so that for each king she has two men on the board. Then crowns the original king again) Splits! Splits! (Seems to be warning the therapist that she is doing this). Boy, this is real manpower. You'll be lying all over the place.

T: You keep on and you'll murder me, huh? You'll be so powerful.

C: Yeah, there'll just be men all over. (continues to add checkers). How's this for manslaughter?

T: Really is manslaughter, isn't it? Just got me all overpowered.

C: That's two more men jumped. This is really manslaughter isn't it? Isn't this fun. Just the way I like it.

T: This is really manslaughter. It feels really good just to have me in your power.

C: Yah, yah, yah. Look, nineteen men.

T: Oh, it feels good to have that many men.

C: (Ends up by putting checkers of hers in every vacant spot on the board. Completely surrounds therapist's lone remaining checker).

These excerpts illustrate one of the theoretical issues facing the theorist in therapy, and at the same time underline a very practical question sometimes asked about such incidents. The question is usually posed something like this: "Aren't children simply learning to be anti-social in these things? If such behavior is permitted in the playroom won't the temptation be greater for the child to try it outside?"

The basic issue, both theoretical and practical, can be considered in terms of how people learn. If we advance the hypothesis that repetition strengthens a behavior and makes it more likely to occur again, then we would rightly be concerned about play therapy behavior not usually accepted in our culture. But such a simple one-to-one relationship seems far from adequate as an explanation of what occurs. The explanation which seems much more adequate to the observed facts is the one advanced earlier regarding the nature of the integrative process--that is, the more fully attitudes are experienced and understood, the more likely it is that they will be assimilated into a more mature and adaptive pattern.

A supplementary explanation deserves mention also. It is sometimes surprising to note the extent to which children can differentiate the therapy relationship from other child-adult relationships. Children know that there is something different about the therapy relationship, that it is in some ways a unique kind of experience, and some of them at least take it for granted that what they do in the playroom is not going to be acceptable or appropriate in their other relationships. Pouring water on the playroom floor may for some mysterious reason be perfectly all right, but the child also senses that nobody has changed any of the rules about pouring water on the living room floor.

A while back there was a passing reference to behavior which was frightening to the therapist. This was accompanied by an unspoken mental note that such a remark could not long go unexplained, and I should like to deal with this statement now. Children in therapy sometimes have very strong feelings, and these feelings may be expressed aggressively and violently. Now there is nothing very different in principle between these feelings and any other kind of feeling, except that when this behavior is directed toward the therapist, the time has come when therapists would do well to know and face their own attitudes toward such matters. They must, in effect, answer for themselves the question, "How do I feel toward a child who is aggressive toward me? Can I still understand and accept their feelings, or am I annoyed, resentful, or frightened?"

There is no intention here to imply that the effective therapist must be able to answer "yes" to the question about acceptance. No doubt this would be a good thing, but therapists are in a learning process also, and it is probably just as important that therapists ask the question as that they answer it in any particular way. It is this point which fills out the description of the child-therapist relationship. For just as it is important and valuable for children to come into close touch with their feelings, so it is a vital part of the relationship for therapists also to experience freely and respond to their own feelings. This is to say, in short, that there are times in a therapeutic relationship when the therapist goes through exactly the same process as the child.

It is in this realm of the therapist's own integrative processes that we may find some answer to the question of how therapists come to terms with situations which arouse feelings in them. If the therapist is in touch with these feelings they will serve as data to be taken into account.

Thus, the therapist may say, "Jimmy's sand throwing is coming uncomfortably close, but I also want to understand that Jimmy feels defiant toward me and is trying to express that feeling"; or the therapist may be saying,

"Jimmy's sand throwing is bothering me and preventing me from responding fully to his feelings."

These attitudes touch centrally upon the question of limits. In the former case the therapist is not likely at that point to set a limit upon Jimmy's behavior, but in the latter case it is much more likely that he or she will. Thus the setting of limits upon the child's behavior may arise out of these feeling processes within the therapist. A number of considerations, of course, come into play around this question of limiting the child's behavior. Some limits arise out of relatively simple considerations. Taking things from the room will deplete the materials, and so this behavior is limited. Similarly, a time comes to end the hour, and the therapist may have other appointments. But it is still true that to a significant extent the whole question of limits is mediated by the attitudinal organization of the therapist. Because the integrative processes of the therapist are thus an inseparable part of therapy, it seems quite reasonable to assume that the therapist's own freedom of emotional response bears a direct relationship to the extent of his or her ability to help the child.

Parent-Child Relationships

This paper has set forth a series of viewpoints and hypotheses about a particular kind of adult-child relationship designed to promote emotional adjustment. We raise now the question of the implications of these hypotheses for parent-child relationships. At first glance, we may be more impressed with the ways in which the therapist-child relationship differs from that between parents and children. The parent's relationship and responsibility are vastly more inclusive than the therapist's. The parent is responsible for feeding the child, for protection and caring, for assisting in the socialization process, for giving love and security, and all the other myriad activities in family life. The therapist, on the other hand, does very few of these things. Even during the hour that the therapist and child are together the therapist does not attempt to act as a parent surrogate. He or she does not give the child gifts or tokens of affection, does not express physical manifestations of love, and does not try to train the child in any way.

Surely these relationships sound very different indeed. And yet, if we examine more closely the developmental needs of children, we shall find in our description of therapy some principles which have broad relevance to these needs. If the principles of psychological integration have any meaning, if we have correctly described the process by which a person comes to know and understand self, then these principles are just as relevant to a long range developmental process in children as they are to the process of therapy.

Specifically, then we are saying that it is desirable in a child's emotional development to foster in him/her the capacity to reach freely for feelings and attitudes and take them into account in behavior. This principle can be put into a single statement, but it is not intended to sound simple. There is no evidence that it is simple. Probably as parents we do fairly well at accepting loving, positive attitudes in children. But the other, more negative attitudes are harder for us to take. Sometimes it may be because they are directed at us and we feel devalued ourselves because of them. At other times, these attitudes seem to be taking a toll upon the child, and we want to save the child from the full weight of such feelings. And finally the whole concept of expression and acceptance of feelings, especially strong ones, goes against some of the main currents of our culture. Thus, as parents we are most likely to discourage our children's anger, to console them in their sadness, and to comfort and reassure them in their fear. Indeed these may sound like such reasonable things to do that there would seem little room for more.

Yet, I would suggest that there is something more which might contribute to the objective of emotional self-understanding in the child. Speaking of myself, I would put it that wherever I have a choice of helping to open a child's feeling expression or to close such an expression, I should choose the former alternative. Thus to discourage expression of anger may be to bottle it up inwardly, to stop with reassurance of fear may not only be to close its expression but in a subtle sense to deny its very existence. What this comes down to is that, just as an attitude of understanding and acceptance helps a child toward self-expression in therapy, just so do these attitudes express a permissive atmosphere wherever they may be found.

An example from an actual family situation may help illustrate the point. The dialogue is based on recall and so it cannot be exact in its details, but the attitudes were very clearly the same ones as recounted here. A three year old boy is getting ready for bed, and begins to tell his father about a little friend's visit to nursery school. The boy himself had gone to nursery school for a short time about half a year earlier.

Jimmy, the little boy, says: Will I have to go to nursery school again?

Father: Jimmy, I wonder if you're saying you don't want to go?

Jimmy: No, I don't.

Father: I guess you just didn't like nursery school when you used to go.

Jimmy: Nursery school was all right, but not the station wagon.

Father: I see, there was something about going in the station wagon that you didn't like.

Jimmy: I didn't like getting in it, and it was too long.

Father: Is it that you didn't like it when you got inside and Mommy didn't?

Jimmy: Yes.

Father: Did that frighten you? Did it feel like you were going so far from home by yourself?

Jimmy: Yes, and I felt lost and it took a long time to get to school. It was all right when we went with Mommy in the car.

Here is an example of a child who for some time had held his fears in silence, but finally came to explore them in an understanding atmosphere.

So often the temptation is strong in a situation like this to explain away the fears, to tell the child how kind the driver is, how the ride only seemed long but was really short. But such explanations not only do not dissolve the fears or help in their recognition, but they must also teach the child that he cannot trust himself to identify correctly what he is feeling, or that these feelings are somehow a discredit to him.

But is all this a way of suggesting that all parents turn therapists? If this were to imply that parents were to express their own feelings any the less, or give up values of their own, such a suggestion would be both foolish and futile. A parent can understand the wish of a child to stay up late and play, and

understand how hard it must be for the child to interrupt a game, and yet make it clear that it is still bedtime.

Similarly, a parent can comfort a hurt child, and yet understand how painful a skinned knee can be, or the shock of a sudden fall. In short, this is not to suggest that parents be any the less parents, but rather that in the process of full emotional development, the respect for and understanding of the child's feelings can be a potent constructive force.

There is another aspect of parent-child relationships which grows out of client-centered theory, though it is by no means a unique property of this particular theory. The emphasis upon the development of the self, the conception that psychological harmony comes from the clear interplay of attitudes within the individual, sensitizes us to the desirability of making clear differentiations between self and non-self. What is good, congenial, constructive for one organism need not necessarily be so for another. To translate this to parent-child relationships, what may seem adaptive to the mother on the basis of her own nervous system may not necessarily be so for the child. This concept implies that optimal self-development will take place when the child has wide latitude to try out a large repertory of responses which flow from its own personality constellation. This principle may at times seem to conflict with factors of immaturity, need for socialization, and the like, and how all of these factors can be reconciled would remain to be worked out either individually or through the development of more general principles based on experience.

In any event, the general conception of individualization is a central construct in this interpersonal sphere. This whole approach to parent-child relationships may have interesting consequences in the development of the child. We should logically expect to see in such development a sensitivity of the child to his or her own feelings, and a growing capacity to understand others. For one thing, the child may recognize the essential validity of these feelings. This can be illustrated by an example taken from family relationships. A four-year old boy was deprived of his television program because of some infraction of a domestic rule, and began to cry bitterly. Eventually, the parent began to respond to the crying with impatience, and asked the child to stop. His response through his sobs was, "When I feel sad I have a right to cry."

Another interesting consequence may be the ready availability of feelings to the child. In one instance, for example, a family friend had made a long distance phone call and asked especially to be remembered to Johnny, the five-year old in the house. When the parent gave this message to the child, he seemed pleased, and responded, "When somebody says hello to me like that it makes me feel all giggly inside. (pause) No, not giggly, but fresh inside. It's like I made friends in an instant."

Those are only fragmentary anecdotes. But perhaps they yield the principle that the long process of encouraging emotional self-understanding can lead to fuller self-development. If so, then we would do well to make a wide place for this process not only in the relation of parent to child, but perhaps to a broad panorama of relationships between individuals.