

SPECIAL SECTION

This section has been added to encourage publications by individuals who are just beginning to write for journals. We hope that this will encourage some who are more hesitant to submit for publication to send materials. The section is primarily to encourage students and practitioners to submit their works.

The first two articles were the first experiences of students to investigate the phenomenon of the large community group. Their reports suggest some of the throes of attempting such an examination. The third article synthesizes some of the work in play therapy which is overall very similar to person-centered principles.

AN INQUIRY INTO CHILD-CENTERED THERAPY

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ABSTRACT. *This paper discusses the utilization of play therapy as an appropriate therapeutic method in the counseling of children. It identifies the theoretical basis of child-centered therapy, the attitudes necessary for the therapist, and the therapeutic conditions necessary for growth. It also outlines the limits which should be set in regards to child-centered therapy.*

INTRODUCTION

What methods and techniques best lend themselves to working with young children? One of the key components which must be taken into consideration is that of communication. In order to best communicate with young children we must find a common language. The natural language of the young child is play. Landreth (1987) emphasizes the value of play therapy when he states:

Until children reach a level of facility and sophistication with verbal communication that allows them to express themselves fully and effectively to others, the use of play materials is mandatory if significant communication is to take place between the child and counselor. It seems then, that it is not a question of whether the counselor should use play therapy but, instead, of how play therapy should be used (p. 255).

Play helps the counselor establish rapport with children, particularly with the child who is reluctant or nonverbal (Campbell, 1993). It has become obvious that today's counselor cannot depend solely upon verbal skills. Thompson and Rudolph (1992) state that "one of the greatest challenges in counseling children are the children's undeveloped verbal skills" (p. 196). Because play is the child's natural form of communication, it must be incorporated into the counselor's techniques. Play allows a highly verbal adult to interact with a child who is still learning to express himself. The interaction between adult and child provides the opportunity for trust and rapport to be established. These elements are critical if the counselor is to develop a relationship with the child. There must be a level of comfort, within which the child feels free to communicate.

Through the play process, the counselor can help children understand their feelings and behaviors. In addition, play provides children with opportunities to develop and practice new and more productive behaviors that may be applied to everyday life (Campbell, 1993). The opportunity to explore different behaviors in a safe environment assures that the child will have a successful experience. Counselors can bring about positive changes in a child and his behavior by providing a positive relationship built on trust and an environment where the child feels safe to explore his ideas and feelings. In a relationship characterized by understanding and acceptance,

the play process allows children to consider new and unique possibilities, thus greatly expanding their understanding of self (Landreth, 1993).

Many times children's behaviors are indications of unexpressed feelings which need to be addressed. In these instances, play therapy can be used as a tool to tap into feelings that may be causing the child to act out in a negative or unproductive way. The expressive arts can help children work through unresolved psychic trauma or conflict without addressing their own problems directly (Thompson and Rudolph, 1992). This role-playing allows the child to "remove" themselves from the situation and gain a new perspective. By acting out through play a frightening or traumatic experience or situation, and perhaps changing or reversing the outcome in the play activity, children are able to move toward a resolution, and, in turn, they are better able to cope with or adjust to problems (Landreth, 1993). Play is a therapeutic process which can be used to redirect negative thoughts.

Play therapy provides an outlet for the safe expression of feelings. Play therapy is based on developmental principles and thus provides, through play, developmentally appropriate means of expression and communication for children (Landreth, 1993). Children need the opportunity to not only express their feelings, but to feel safe in doing so. They need to know that their feelings are acceptable and appropriate. Given the opportunity, children have the gift of honest, forthright communication (Axline, 1964). By engaging in the process of play in an accepting, caring and safe environment, children are able to fully develop their personalities. This development of self facilitates growth.

Not only is play an appropriate form of communication, it is also viewed as a learning experience for children (Landreth, 1987). As such, it can be viewed from a developmental perspective with an objective to assist children in developing socially. "When used within the context of a nondirective, child-centered relationship, play offers the younger and less verbal child the opportunity to resolve issues that may interfere with emotional and social development and hence with academic progress" (Campbell, 1993, p. 15). In her book entitled *Dibs* (1964), Virginia Axline said of play therapy:

The therapeutic value of this kind of psychotherapy is based upon the child's experiencing himself as a capable, responsible person in a relationship that tries to communicate to him two basic truths: that no one ever really knows as much about any human being's inner world as does the individual himself; and that responsible freedom grows and develops from inside the person (p. 67).

The primary objective in play therapy is not to solve the problem but rather to help the child to grow. This growth is evidenced in both social and academic maturity.

The relationship formed between the counselor and client is one of great importance. Karla Delle Carmichael, a coordinator for counselor education at Sul Ross State University in Alpine, Texas, wrote a poem which depicts this relationship (1984, p. 125):

A LAND OF DRAGON SLAYERS

The room was filled with toys.
The wide, brown eyes flashed with
fear and uncertainty.
I stood with him, a stranger.
We had begun a quest
To slay the dragon.

The dragon reared its angry head
 In the words of angry parents,
 In the violence of familiar war,
 In the darkness of a closet.
The dragon – cold, scaly, and hard,
Could breathe only the cold heat
 of hatred and flames of misery.
With toys we built cities to attract the dragon.
With toys we lured him out of
 his den of denial.
With toys we led him to the slaughter of laughter.

The room was filled only with toys.
The wide, brown eyes flashed
 with pride and certainty.
I stood with him, a friend.
We had finished the quest.
The dragon lay slain between us.

"Whether it is called play therapy or counseling through play, it seems that many who work with young children can agree that the developmental level of children in terms of language and social-emotional development makes the use of play materials necessary for full communication and thus for counseling to take place" (Campbell, 1993, p. 13). If our purpose is to help the child grow as an individual, it is our responsibility to do all that we can to communicate with the child. Perhaps play therapy, more than any other therapeutic approach, is truly developmental in nature, because there is no pressure for the child to change (Landreth, 1987). The decision to change, or not to change, this behavior always rests with the child. The counselor cannot take on this responsibility without destroying the atmosphere of trust and acceptance that has been established between the counselor and the child.

Virginia Axline (1964) wrote: "We never know how much of what we present to children is accepted by them, each in his own way, and becomes some part of the experiences with which they learn to cope with their worlds" (p. 78). It is this unknown that requires us to continue to seek ways in which to communicate more fully. The world of the child is one of concrete realities, and their experiences are often communicated through play.

THEORETICAL BASIS

There have been several major developments in the emergence of play therapy as a viable approach to counseling with children. Gladding (1993) states that:

The person-centered focus is the most permissive of the three theories supporting the use of play therapy in counseling. Almost no attempts are made to place limits on individuals unless they become destructive. Essentially the responsibility for directing, controlling, and structuring the play environment is in the hands of the clients, although counselors assist in the process (p. 107).

In child-centered therapy the therapist must strive to establish an environment that embodies the attitudinal qualities identified in Rogers's statement of necessary and sufficient conditions. It is necessary for the child to experience themselves fully and to experience their own potential

for growth. The objective is to create a relationship in which children feel secure and safe enough to experience all of their emotions. Children have the same basic need, the need to self-actualize. Therefore, the therapist must provide a therapeutic relationship in which the child can fully experience all parts of self and life experiences (Kottman and Schaefer, 1993).

Nondirective or child-centered therapy makes no effort to control or change the child and is based on the theory that the child's behavior is at all times caused by the drive for complete self-realization. The play experience is therapeutic because it provides a secure relationship in which the child is free to state himself in his own terms, exactly as he is at that moment, in his own way and time (Landreth, 1991). Landreth (1991) states, "child-centered play therapy is an attitude, a philosophy, and a way of being" (p. 55).

Kottman and Schaefer (1993, p. 7-9) summarize the theory in relationship to child-centered therapy. The theory is presented in propositions set forth by Rogers. These theoretical statements include:

1. Each child lives in a continually changing world of experience of which they are the center.
2. The child reacts to the experiential field as the field is perceived; this perceptual field is "reality" to the child.
3. The child responds as an organized whole to the experiential field.
4. The child has one basic need – to actualize, maintain, and enhance themselves.
5. Behavior is the goal-directed attempt of the child to satisfy their needs as experienced in the field they perceive.
6. Emotions accompany and usually facilitate the child's goal-directed behavior.
7. Behavior is best understood from the internal frame of reference of the child themselves.
8. Gradually a part of the perceptual field becomes the self.

ATTITUDES OF THE THERAPIST

The child-centered therapist is concerned with developing a relationship which will facilitate emotional growth and a belief in self. The challenge to the child-centered therapist is to serve, to wait with interest and concern for the child to activate the will and to choose to act, and to dare to pursue what is present in the way of interest and desire in regards to the child (Landreth, 1991).

Moustakas (as cited in Waterland, 1970) identified three attitudes he felt must be communicated to the child. These include: "(1) faith, expressed as a belief in the child's ability to work out his own problems; (2) acceptance, shown through encouraging the child to express his feelings freely; and (3) respect, conveying to the child that he is regarded as worthwhile and important" (p. 181). The child-centered play therapist believes in and trusts the child's intrinsic motivation toward adjustment or positive movement.

Virginia Axline (1947) set out eight basic principles that serve as a guide to therapeutic contact with the child. These conditions can be considered necessary for therapeutic growth. Landreth (1993, p.20) outlines the principles in a revised and extended form. They include:

1. The play therapist is genuinely interested in the child and develops a warm, caring relationship.
2. The play therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.
3. The play therapist creates a feeling of safety and permissiveness in the relationship so the child feels free to explore and express him/herself completely.

4. The play therapist is always sensitive to the child's feelings and gently reflects those feelings in such a manner that the child develops self-understanding.
5. The play therapist believes deeply in the child's capacity to act responsibly, unwaveringly respects the child's ability to solve personal problems, and allows the child to do so.
6. The play therapist trusts the child's inner direction, allows the child to lead in all areas of the relationship, and resists any urge to direct the child's play or conversation.
7. The play therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.
8. The play therapist establishes only those therapeutic limits that help the child accept personal and appropriate relationship responsibility.

"In child-centered play therapy, the relationship, not the utilization of toys or interpretation of behavior is the key to growth"(Landreth, 1991, p. 78). Landreth (1991, p. 79) outlines this relationship in the following manner:

person.	rather than	problem
present	rather than.	past
feelings	rather than	thoughts or acts
understanding	rather than	explaining
accepting	rather than	correcting
child's direction	rather than	therapist's instruction
child's wisdom	rather than	therapist's knowledge

The relationship provides the consistent acceptance of the child. This is necessary if the child is to develop the freedom to express themselves.

LIMIT SETTING

"In child-centered play therapy, limits are kept to a minimum, presented only when they are needed, and are as predictable and consistent as a brick wall" (Guernsey as cited in Kottman and Schaefer, 1993, p. 13). Therapeutic limit setting should follow three specific steps: (1) acknowledge the child's feelings, wishes and wants; (2) communicate the limit; and (3) target acceptable alternatives. If a child continues to break a limit, they can be removed from the room or the item may be placed off limits for the remainder of the session.

CONCLUSION

Landreth (1991) states that "some children are like popcorn and some are like molasses, some are like mushrooms and some are like orchids" (p. 53-54). However, the effective play therapist is the one who can recognize in each child his or her own potential for growth and trusts in the fact that each child has the capacity to solve problems. Landreth (1991) goes on to include a rule of thumb: "How the therapist feels about the child is more important than what the therapist knows about the child" (p. 91). The only goal of the therapist is simply to "be" with the child.

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