

Play for Life

Practitioner Paper: Exploration of a Play Therapy Model that allows Directive Work within Client Centred Play Therapy

Liew Shuh Onn, Desmond
PTI Certified Practitioner in Therapeutic Play Skills



Centered Therapy and working with pupils in school using Play Therapy.

Introduction

“Try and see children ahead of you on a path through a field and woods. They are leading. You are following. They decide how fast or slow to go, which twists and turn to take, which trees and plants to stop and look at and which to ignore, which fence to climb over, go under, what gate to open and what to look at once proceeding through”. “You are there as a support when children turn to you for help. You are not there to drag them through the mud that they might not be able to handle simply because your theory says they must deal with the mud before being cured”. (Barnes, Ph.D., 1996)

Dr. Mark Barnes (1996) describes a metaphor that accurately depicts the process of Non-directive Play Therapy. However, he qualified in his book that based on the child's need, therapists can be non-directive at certain points and directive when there is a need to do so. Therapists can be non-directive, following the metaphor and, once an issue arises, become directive with regards to methods and techniques in dealing with the issue. As a trainee play therapist, when I was doing my certificate course I was more in line with Dr Virginia M. Axline's principles on non-directive play therapy. I believe *“when a child feels so securely accepted by the therapist that he can beat up the mother doll, bury the baby in the sand, or lie down on the floor and drink from a nursing bottle even though he is nine, ten, or eleven year old and yet do things without a feeling of shame or guilt. The child is free to express his feelings. He gives vent to his most aggressive*

and destructive impulses. He became emotionally relaxed. He has gotten rid of the old feelings; he is ready for new ones.” (Axline 1974)

However, as I grew in my knowledge and practice as a practitioner of therapeutic play skills and subsequently as a trainee play therapist in PTI, I saw the strength to be more directive at certain points in therapy with clients. I was taught the play therapy dimensions model developed by Lorri Yasenik and Ken Gardner during the diploma programme. It is a framework from which to conceptualize the play therapy process and evaluate their therapeutic intervention when working with children (Yasenik and Garner, 2012). It is again based on the rationale that traditional client centered play therapy with its non-directive stance cannot cater to the needs of all clients that come into therapy.

However, like Mark Barnes in his book *“The healing path of children”*, the framework is eclectic in nature and is not based on any one major approach. I am still inclined towards Axline's approach to play therapy. However, I am also aware that I want to be a child-centered play therapist. I feel that the focus of the therapy is not on whether it should be directive or non-directive but child centered. With this stance, I want to explore the possibility of being child centered and directive at times with certain groups of children. Axline's principles in Play Therapy are based on Carl Roger's client centered psychotherapy. Client Centered therapy has evolved and can be directive in the sessions based on certain criteria. How to remain client centered without departing from the essence of Axline's principles? Can Client-Centered Play Therapy be directive? Under what circumstances is it justifiable? What does this look like in the process of play therapy? These are the 4 questions I want to answer in this paper.

Non-Directivity: Principled vs Instrumental

Barry Grant (1990) made a distinction between principled and instrumental non-directivity. Grant argues that principled non-directivity is based on the basic right of the client's self-determination and therefore it is the therapist's responsibility to provide a relationship where this can happen. Thus, principled non-directivity is essentially an ethical commitment (Worsely, 2012). By contrast instrumental non-directivity is used as a tool whereby the therapist helps the client move towards positive change. Thus, therapists that take such a stance will likely take on other intervention methods during occasions when non-directive methods are seen to be less effective compared to a more directive method. I feel that this is the stance Dr Mark Barnes and the authors of play therapy dimensions subscribe to. I am committed to being principled non-directive in the model I am proposing.

Unlike, principled non-directive, instrumental thinking tends to reduce the relationship to interventions some of which are non-directive while others are not. When a relationship is non-directive in principle, then the relationship has to be viewed holistically and when this happens the focus of attention is on the relationship and not on individual intervention (Worsely 2012). Similar to the view of Worsely, I now see non-directivity as a quality as a whole relationship and thus I will take risks congruently as I work with my clients. I can then be directive because I want to be client centric bearing in mind that I am still non-directive in principle.

The Proposed Metaphor

In non-directive play therapy or any client centered work, the therapist always works with the phenomenal reality of the client which is subjective and thus can be changed over time through therapy. The therapist attempts to understand and feel how the client sees his or her own world. The metaphor of the wood and field as Mark Barnes described represent the subjective reality of the child. The child is leading and I am following. The child decides how fast or slow to go, which twists and turns to take, which trees and plants to stop and look at and which to ignore, which fence to climb over, go under, what gate to open and what to look at once proceeding through. I am a companion, a cheer leader, a comforter and a supporter when child turns to me for help. As the journey continues in the play room, as he makes decisions on what to play and who to play with, what role to try on, he comes to understand what is him and what is not him. He begins to know what he likes and what he does not like. Because he is given the freedom to explore all these without the fear of rejection, his sense of self strengthen and the relationship between the child and the therapist becomes closer. How would this affect the metaphor?

Perhaps, the child begins to explore places he does not want to go to before the therapy or even in the initial stage of therapy. The child may go to the "caves" in his/her life. These are scary places the child chooses to forget, ignore or suppress but tends to come out in different negative ways in the life of the child. The caves can represent the masks the child wears to protect himself. Should I just follow the child into their caves and play the same roles? Should I play the role of only a companion, a cheer leader, a comforter and a supporter when child turns to me for help? Or can I be more directive but still remain client centered and principled non-directive? The child will still be showing me his cave but I will be more directive if the child is ready. I will be doing all the roles I did previously, but I may also be the one lighting up the cave so that the child can see more clearly. I may nudge the child to go deeper into the cave at times when I see that he is ready to go deeper. All

these will be done in a gentle manner without coercion or being forced.

At some point in time, I would like to expand the child's phenomenal reality. In the metaphor, the child may bring me to a tree in his journey with me. I may ask the child to focus on certain parts of the tree so that his phenomenal reality can be expanded and constantly updated in the therapy room. The child gains awareness and insight and understands himself better. Again, like the caves, this can only be done when the child is ready. Can Client Centered Play Therapy be directive? Yes it can be but only when the child is ready. The next question to ask is: "When is the child ready?"

Assessing the child's readiness for directive work through Integrating Person Centered work with Axline Principles

Condition of worth is one phenomenon that Axline may have considered when she drafted out her guidelines. Many who enter therapy have low self-concept and are victims of condition of worth. Their worth depends on how much others view them. Many of them live a life to please others. They became victims of the condition of worth which others have imposed on them and they prefer to be restrained by what others expect from them than to risk rejection by these people (Mearns & Thorne, 2013). In Non-directive play therapy, we do not subject the client to same dilemma in sessions and thus we uphold the Axline guidelines strictly.

Axline's eight guidelines (Virginia M. Axline, 1974)

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he or she is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely.
4. The therapist is alert to recognise the feelings the child is expressing and reflect those feelings back in such a manner that the child gains insight into his own behaviour.
5. The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's.
6. The therapist does not attempt to direct the child's action or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapist along. It is a gradual process.
8. The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child's aware of his responsibility in the relationship.

Play for Life

This paper does not challenge the authority of the guidelines. As a trainee play therapist, I adhere to the eight principles diligently in my work with my clients. However, I also explore the possibility of being directive with my client within the framework of being client centric and being principled non-directive. My approach to client centered play therapy is neither on maintaining a non-directive approach nor moving towards being directive for the sake of it but to be client centric based on the needs of the child. Thus, there have been cases where all I did was be non-directive in my approach and the child became better emotionally while for other cases, I took on a more directive approach after some sessions of non-directive work

Locus of evaluation

A child is ready for directive work when his or her locus of evaluation is internal rather than external. The child is said to have a good sense of internal locus of evaluation when that child is able to be aware of his/her feelings and thoughts as well as the feelings and thoughts of others and she/he is able to make decisions based on their thoughts and feelings with the consideration of others' thoughts and feelings. Usually, a child that comes in for therapy has a high external locus of evaluation and condition of worth. Thus, it is paramount to take note that non-directive play in the initial stage of therapy is essential and must be abided to if the therapist want to be client centric. As the child starts to be in the process of client centered play therapy, he/she comes to see himself/herself, his/her thoughts, feelings and actions in the light of conscious awareness (Cochran, Nordling and Cochran, 2010). The child in this process, comes to realise that his/her locus of evaluation lies within himself/herself. He/she becomes able to make his/her own decisions and choices without being afraid that he/she would be judged (Roger, 1961). When direction is given at this stage, the child would be less likely to take in the therapist's introjection without "chewing" on it. The child with internal locus of evaluation will disagree and correct the therapist if he feels that what the therapist says is not accurate about his phenomenal reality.

The Process of therapy

What does therapy look like in this approach? I propose a framework in a form of a map with 4 entry points to navigate the child's subjective reality during therapy together with the child. I use the word together because the child still plays a major role in mapping out his own territory. The 4 entry points that navigate the reality of the child are:

1. Exploring and looking for resolutions and resources in the story within individual session and across sessions.
2. Tracking themes and symbols within session and across sessions.

3. Focus trouble spot/amplifies solutions.
4. Helping the child to understand his/her play and relate them to current issues.

The 4 entry points are not linear but dynamic. Entry point one and two are non-directive and are used in the initial part of therapy. In fact, they are often used concurrently. I am usually non-directive and would only use entry point three or four when I see the need for it. However, in order to move to entry three or four, the child needs to have some level of internal locus of evaluation. Thus, I will not use all the entry points for all my clients.

Some will be purely non-directive (entry point one and two) because they are not suitable for directive work. For others, I don't even need to use entry point three and four because they become better after sessions of non-directive work. For a child with complicated issues I may use all 4 entry points, first one and two then three and four and back to one and two. However, as myself and the child explores his subjective reality during play, the themes change and the resolution becomes more concrete. As a guide, the first 12 sessions will be totally non-directive. It is not a magical figure but the 12 sessions will give ample time for the child to develop a sense of self and an internal locus of evaluation. Even though directive work can be used, it will only be used in a gentle and non-intrusive manner. The most important part of therapy will still be in accordance with the guidelines by Axline while directive work nudges the child to go deeper and wider into his phenomena reality.

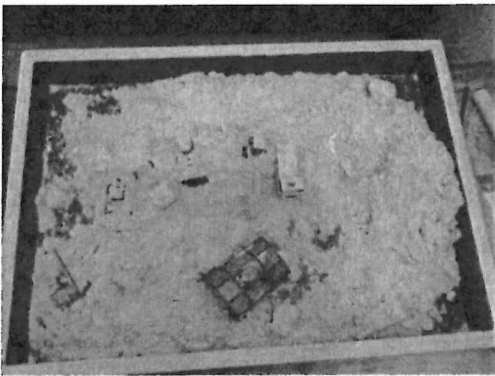
Exploring the story and looking for resolutions and resources.

The relationship between therapist and client is crucial in the initial stage of therapy. The warm, permissive environment created in the play room, allows the child to explore his story without pressure to perform or the fear to be judged. Play provides opportunity for the child to take on different roles. Sometimes he will play the role of the hero and sometimes the role of the villain. He is able to experience these roles and explore the consequences of the character through the play. He is learning to make decisions and choices during the play. He played out the roles and explored the different outcomes in a safe holding environment.

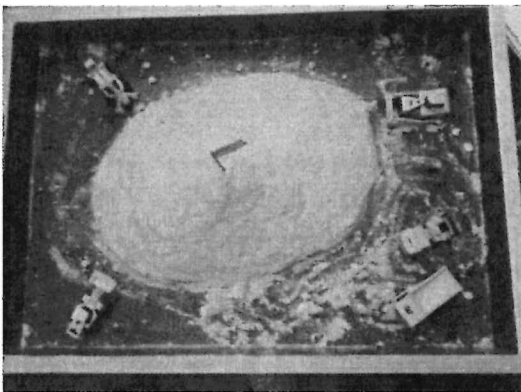
The non- directive stance provides a safe and healthy way for the child to let down his guards in a caring and permissive environment. He is able to let himself to be known to the therapist. Facing part of himself that once was hidden because of shame. The child finds his own voice or his own way of self-expression.

Play for Life

Through the process, the client may at some point of time invite the therapist into the play in the form of hide and seek or competitive play. Co-operation play develops where the child invites the therapist to co- resolve in the play. Competitive and cooperation play are an indication that the child's locus of evaluation is internal and therapist can be directive in the intervention if being directive can advance the process further. However, I may choose to continue to be non- directive allowing the process to heal the child.



J placed the treasure chest in the middle of the tray. J and I build a mountain together with the treasure chest below it. We dug out the treasure together. The building of the mountain and the digging of the treasure chest together indicated a sense of strong cooperation. This is an important step in having the child build a relationship with another significant male role model. It symbolized a stage of therapeutic work where the child sees me as a partner or a helper working together to resolve issues that disturb him. I successfully closed the case after 21 sessions taking a non-directive stance. I could have involved the child with some directive work but chose not to because the child was responding to non-directive work effectively and I saw no need to change the process.



Tracking themes and symbols

While exploring their stories, common themes develop within sessions and broad themes surface across sessions. Broad themes on death, helplessness, hopelessness, anger, shame are common themes when the child uses the tool kit to create stories in their play. The therapist, taking a non-directive stance actively tracks and reflects the different themes and the feelings to the client. The reflection can be verbal or non- verbal.

The therapist continues to hold the space for the client so that the client can continue to explore his story in a safe environment. It is a joy to witness the child overcoming his struggle within the play as the broad changes become more positive; the theme of hope, victory and finally resolutions of problems in the tray.



The child, as he created this tray, told me that he is creating a tray that represents his dream. He told me that he is like the miner that found the treasure and became very rich. His dream is to be rich. There are a lot of visitors. (Entry point 1). In reality, the family is in a dire state. They do not have a house and are living with his grandmother. He sees his father without a proper job and not willing to look for one. He may have this shame in him. In his dream, he wants others to notice him and his strength. (There is this theme of security. Entry Point 2) His second dream is to have super- power. He placed Jack Frost to represent himself. He told me that Jack



Play for Life

Frost can control all the sand and has power to control others. In reality, he gets into trouble frequently in school and at home. Again the theme of security surfaced. To go deeper, I research on the character Jack Frost.

Jack was neither good nor evil. He was just playful, disruptive and unconcerned about what was going on around him. It is a way he protects himself so that he does not need to confront his own fear. The child who chose Jack Frost chooses to be disruptive because of the fear of rejection. The story of Jack Frost gave me a glimpse into the child's subjective reality and the way forward. As the tray was created in the initial stage of therapy, I did not move into entry point three and four.

Focus trouble spot/amplifies solutions and helping the child to understand his/her play and relate them to current issues.

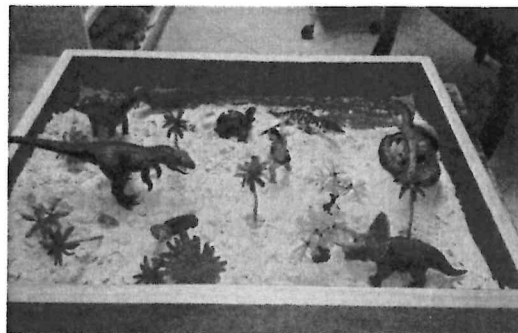
The 2 entry points can be combined in a session or they can be used individually. As a child explores his story, I can either amplify his solution or I can help the child to relate his play with his current issue. The child created a



volcano that was about to explode. As he spoke about the volcano and how vulnerable the volcano was, he started talking about his anger. He went from entry 1 to entry 4. As he continued the story, the volcano that was about to explode was helped by the construction vehicles and the person throwing water into the opening of the volcano. This is entry point 2 where the child explores the resources. He started to relate the help given to the volcano to the people helping him currently. We went into entry point 4. I could have amplified his tray but I choose to stay with the child and with his story and his interpretation of what all the different parts of the tray meant to him.

What is amplification? This entry point allow the child to elaborate on one issue, usually the trouble spot or the solution in the sand tray, clay work, puppet stories and even art work. This method is introduced by De

Domenico (1986) and adopted by Bolk and Goodwin (2000) in their book "Sand play Therapy". I have expanded the concept into other tool kits in the play room.



Sometimes when the child has created a tray and started talking about the tray, I may explore the tray with the child at a deeper level through amplification. However, I am aware that the area that interest me in the tray and wish to amplify may not be the same one that moves the child. Being principled non- directive, I will always allow the child to choose which area of the tray the child wants to amplified. The instruction may sound like this: "If you are willing to try something different, I would like you to choose a figurine or an area of the tray and put them in another tray creating a new world using the figurines. You can add other figurines to complete the story." The same methods can be used on other tool kits.



The child told me that the caveman was trying to hunt for food. He felt that the caveman could defeat the dinosaur and bring back more food since size does not matter. I reflected to him that the caveman chose the strongest animals in the tray. The bird was able to protect her eggs from the sea monster. He revealed that the birds and the sea monster resemble his struggle with



Amplification

school work. He was encouraged to do another tray to continue the story. The sea monster and the shark (threat) are gone. The caveman continues to hunt for other animals. However, this time he has food and another person to help him. There are resolutions and resources within the tray.

What I propose is a map with 4 entry points to map out the territory of the child. It is a flexible and dynamic model where the therapist and the child can freely explore the child's subjective reality through play therapy.

Conclusion

I end my paper with the story of Jack Frost. Jack was neither good nor evil in the beginning. He was just playful, disruptive and unconcerned about what was going on around him. It is a way in which he protects himself so that he does not need to confront his own fear. Nobody could see him or knew about his existence except for the guardian although he was powerful. Many of our children we work with have no identity. They are neglected, left out with no voice of their own. They lack a sense of self and with the little control they have, they try shows other their existence and sometime in very negative ways.

Jack remains an unconcerned character until he found out that he does have a past. He used to have a life. He found something to hold on to, so that he can start his journey of transformation; a transformation from an unconcerned, disruptive character to a guardian. In Pinocchio, it is about the transformation to become a real boy. In frozen it is about acceptance oneself and in the story of Jack Frost, it is about believing and having faith in ones own destiny. When a child enters into play therapy, he enters into a possibility of transformation. These stories resonate very much to my orientation of Person-Centered work. Transformation may start from understanding our past but does not end there. It is a journey of self-discovery. Helping the child to explore himself through the 4 entry points is the key to person centered work I am proposing.

In the journey, Jack has to choose between good or evil. He was tempted many times but because he knows who he wants to be, he chooses good over evil. He started off looking for his memory; he ended up fulfilling his destiny. The therapy room is a place of transformation. It is a place where the child sees his own existence; it is a place where the child makes many decisions. It is a place where the child find his/her destiny and the strength to live it. The play room is a place where transformation can take place.

References

- Barbara Labovitz Boik, E. Anna Goodwin, 2000. Sand Play Therapy: A Step by Step Manual for Psychotherapists of Diverse Orientations. W.W. Norton and Company.
- Carl Rogers, 2004. A Therapist View of Psychotherapy: On Becoming a Person. Constable and Robinson Ltd.
- Dave Mearns, Brians Thorne, John Mcleod, 2013. Person-Centred Counselling in Action. Sage Publication.
- Grant B, 1990. Principled and Instrumental Non Directiveness in Person- Centered and Client- Centered therapy. Ross-on -Wye: PCCS Books.
- Mark A. Barnes, 1996. Healing Path With Children: An Exploration for Parents & Professionals. 1st Edition. Viktoria Fermoyce & Berrigan Pub.
- Nancy H Cochran, William J Nordling and Jeff L. Cochran, 2010. A Practical Guide to Developing Therapeutic Relationships with Children : Child Centered Play Therapy. John Wiley and Sons, inc.
- Richard Worsely, 2012. The Tribes of the Person – Centered Nation: Integrating with Integrity. Ross-on-Wye: PCCS Books.
- Virginia Mae Axline, 1979. Play Therapy. Reprint Edition. Random House.
- Yasenik L, Gardner, 2003. Play Therapy Dimension Model. Jessicla Kingley Publishers

Bubble Fun

I always have a small bottle of bubbles in my play kit and it often gets used. I'm actually quite surprised by how rarely it gets spilled! I have found bubbles to be so versatile in a therapeutic play space and have seen them used in many contexts: as a calming technique, for bereavement; to explore anger... the list is endless.

Many times I have contemplated purchasing the particular style of bubbles which are harder to burst. They would certainly bring a new dimension to bubble play within the therapeutic space. Unfortunately they do not seem to be quite so readily available in larger quantities as standard bubble mix.

I have recently come across a home made recipe for creating longer lasting bubbles. If you add glycerine or cooking oil to the water and washing up liquid mix, the bubble is likely to last for longer. This is definitely a recipe I will be experimenting with and comparing to the shop bought versions.

Have you used these bubbles in your own sessions? Have you made your own? What has been your experience of them? Do get in touch.