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CHILD THERAPY AND NON-DIRECTIVE PLAY THERAPY

INTRODUCTION

This book provides an introduction to non-directive play therapy, which is an effective and non-intrusive approach to working therapeutically with troubled children and young people. It is intended for all those who, through their professional role, may be asked to work directly with emotionally damaged children, whether in statutory child care agencies, or in other mental health or voluntary and not for profit settings. Although we shall pay particular attention to the issues and dilemmas which face practitioners working with children within a statutory framework, what we describe is relevant to professionals in related settings such as psychologists and specialist health care professionals.

Professional interest in play as a therapeutic intervention has grown steadily over the past decade, driven in part by the recognition of the numbers of children and adolescents who require effective help. Practitioners are also increasingly aware of the seriousness of the emotional difficulties experienced by these children, who are likely to need more intensive treatment than is frequently readily available. Briefly expressed, the approach described in this book involves a special one-to-one relationship, where the therapist creates a safe and trusting climate in which individual children are free, if they choose to do so, to express and explore their feelings and thoughts. These may be communicated either directly, as Berry (1978) describes it, 'in words accurately or obliquely phrased', or indirectly through behaviour and play. The task of therapists is to listen, understand and respond to these communications in such a way as to help children towards a greater awareness of feelings, which when expressed and experienced in an accepting relationship lose much of their negative power. The emphasis in this work therefore is on enabling children to move from being at the mercy of hidden feelings to gaining some mastery over them.

This therapeutic approach is based on the principles of non-directive psychotherapy developed in North America by Carl Rogers and adapted to child therapy by Virginia Axline, most famously in *Dibs In Search of Self* (Axline 1946) and subsequently in *Play Therapy* (Axline 1947). (See also the chapter on play therapy by Elaine Dorfman in Rogers (1951)). The underlying philosophy of the approach is that there exists in all human beings a drive for self-realization, which motivates both children and adults. The assumption is that given the opportunity to express themselves freely, children will reach solutions and resolve their own

emotional difficulties themselves, using play experiences and their therapists to do so. It is with Axline's approach to play therapy, updated and modified to take account of both current child development theory and research and current child therapy practice, that we are concerned here.

When we originally wrote this book we argued that it was vital to pay greater attention to the needs of children for therapeutic help, rather than concentrating, almost exclusively as it sometimes seemed to us, on investigation and assessment. Policies and practice at the time of the first edition of the book (which was published in 1992) seemed almost entirely to be directed towards improving systems and procedures for the detection and assessment of children who had been abused, and in ensuring the proper and effective communication of information between professionals and to a lesser extent parents, about the children concerned. (See for example Hallett, in Wilson & James1995, for fuller discussion.)

Our thinking has to some extent moved on over the decade since the book was first published. There has been some shift, underlined by the Department of Health (DOH 1995), away from case identification and the determination of case status, towards supporting and working with families who come into, or might come into, the child protection system. The importance of including the voices of children and young people has been emphasized by central government, (e.g. DOH 1998). There has been an increasing recognition of the therapeutic needs of children and of the fact that practical action to protect children from future harm does not necessarily address the suffering and emotional difficulties which may result from their abuse. Other difficult life situations which children experience and may need help with, whether parental separation, difficulties at school, illness or bereavement, have also received greater prominence. Finally the value of play as a therapeutic tool has been more widely recognized and understood (Carroll 1998, Landreth 2001, Schaefer 1976, Schaefer & O'Connor 1983).

Our main purpose in first writing this book was to begin to address this imbalance in responses to children in need of therapeutic help. In the absence of any basic books on play therapy in a British context, we wanted to provide a detailed practice guide to an approach to therapeutic work which is both effective and ethically sound. We argued too that, because it ensures that children are respected, listened to, and not intruded upon, the method of non-directive play therapy is likely to be particularly acceptable to the courts. There have fortunately been important developments in the theory and practice of play therapy, both here and in North America, which we refer to later, and which we have been able to draw on in our more recent thinking and practice. However, there still seems to us (and happily to our publishers and

reviewers) a need for an introductory guide such as this. Hence this updated edition of our earlier book.

Not all writers on therapeutic work with children promote one approach to intervention. Schaefer and O'Connor (1983) and Schaefer (1993) for example advocate adapting play therapy approaches depending on a child's specific disorder, which Schaefer now has labelled 'prescriptive' play therapy (Schaefer, in press). In a somewhat similar way, Redgrave (2000) organizes his approach around the particular purpose which the counselling addresses, for example, insight, assessment or sensory work. Carroll states boldly that' all approaches to working with children are equally valid' (Carroll 1998:7). Such eclecticism does, however, have certain drawbacks: it is arguably easier to develop and modify a therapeutic approach when working within a clearly formulated and robust theoretical framework. It may also mean that such training and practice guides as exist are in fact difficult to learn from, just because they represent a collection of ideas and precepts about practice without any unifying theory. One further justification, if one is needed, for this book is that it is apparent from our involvement in training in child therapy and in social work practice that there is a good deal of confusion over the purpose and application of play therapy as opposed to play related interventions such as assessments or preparing children for a life change. Practitioners frequently use play as a means of assisting communication with children, and this play may well, if conducted with sensitivity, have therapeutic value. However, their purpose and method of intervention is very different from that of sustained therapeutic work, and needs to be distinguished from it (Carroll 1998).

In order to clarify the distinction between play therapy and play related interventions, and also to place non-directive play therapy in its historical context alongside other child psychotherapies, Section 1 of Chapter 1 examines the principal developments in the field of working therapeutically with children. We review the commonalities among several approaches, together with their distinguishing features. In the second section, we consider the background to developments in non-directive play therapy, its research base, and the broad principles and skills of the approach. After this chapter, the next two chapters are theoretical: setting our approach in a framework of mental development and describing how typical and a-typical developmental issues are reflected in therapeutic work. We follow this with an extended case study, to illustrate and analyse the therapeutic process. The final three chapters of the book focus on practice skills: Chapter 5 considers assessment and planning; Chapter 6 explores the core practice skills and focuses on specific features of children's play and how to understand and respond to these. The concluding chapter considers the use of the approach in working with children in statutory settings.

We expect that readers will approach this book differently. For some, the earlier more theoretical chapters will be of less immediate interest that those which give guidance on practice issues, while others, perhaps those at a different point in their practice, may be keen to explore the theoretical base for their work. We therefore have used frequent case illustrations and boxed summaries of the main points or diagrams are placed at intervals during the text.

SECTION ONE
MAJOR APPROACHES TO PLAY THERAPY

Play therapy can be defined as a means of creating intense relationship experiences between therapists and children or young people, in which play is the principal medium of communication (Wilson 2000). In common with adult therapies, the aim of these experiences is to bring about changes in an individual's primary relationships, which have been distorted or impaired during development. The aim is to bring children to a level of emotional and social functioning on a par with their developmental stage, so that usual developmental progress is resumed (O'Connor & Schaefer 1994, Ryan & Wilson 1995). Play is used, in contrast to the commonly largely verbal approaches with adults, because, as we discuss in the next chapter, play is well known as a highly adaptive activity of childhood and has an organizing function in development. It makes use of largely non-verbal symbols, and is one of the principal ways in which children develop understandings, explore conflicts and rehearse emotional and social skills. Major approaches to play therapy, which developed following Anna Freud's and Melanie Klein's incorporation of play into their psychoanalytic sessions with children in the 1930s, include psychoanalytic play therapy, cognitive behavioural play therapy and structural play therapy, in addition to non-directive or child centred play therapy. There are also other approaches which are largely based on different schools of adult therapies, such as Jungian, Gestalt, and Adlerian play therapy, but cannot be adequately discussed here. (See Schaefer 2004 for a fuller account of these theories of play therapy.)

Any attempt at classifying therapeutic approaches must take into account the fact that some of these are distinctive; they have developed their own skills and techniques which are not readily interchangeable with those from other approaches. Others however have clearly developed by borrowing from other treatment approaches. Moreover, while some, such as psychoanalytic therapies, are based on clearly formulated theoretical principles with organized training and practice implementation, others, such as structured play therapy, are more loosely defined and in some respects appear to have developed in an ad hoc and pragmatic manner. There is a risk therefore that a classification may suggest that the distinctions between the approaches are more

clear-cut than in fact they are; this caveat should be borne in mind in what follows. Here we have tried to identify those features of each model which appear most significant, focusing particularly on the issue of the purpose and style of the interventions made by therapists and the principles on which they are based.

PSYCHOANALYTIC PLAY THERAPY

Although Freud himself worked predominantly with adults, his analysis of little Hans (with the father as therapist) and his observations on the meaning of children's play pointed the way to the later development by Klein and Anna Freud of child psychoanalysis. His writing on children's play reflects an intuitive grasp of its significance, and although he did not develop these ideas, they are worth quoting both for the observations themselves, and for their contribution to later thought:

> The child's best loved and most absorbing occupation is play. Perhaps we may say that every child at play behaves like an imaginative writer, in that he creates a world of his own or, more truly, he arranges the things of his world and orders it in a new way that pleases him better. It would be incorrect to say that he does not take his world seriously; on the contrary, he takes his play very seriously and expends a great deal of emotion on it. The opposite of play is not serious occupation, but reality. Notwithstanding the large affective cathexis of his play world, the child distinguishes it perfectly from reality; only he likes to borrow the objects and circumstances that he imagines from the tangible and real world. It is only this linking of it to reality that still distinguishes a child's 'play' from 'daydreaming'.
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> Freud 1974: 173–174

Klein and Anna Freud, working in Vienna and London in the 1920s and 1930s, made a lasting contribution to the development of play therapy. Both believed many childhood psychiatric disorders to be the result of unconscious conflicts, and held that these would be resolved, and children's egos strengthened, by bringing these unconscious elements to consciousness through the interpretation of children's play and dreams by their therapists. Both considered insight to be an essential part of resolution which does not occur without a process of 'working through'.

> As Wolff states, 'In interaction with the therapist, in play or words, the child repeatedly displays his basic conflicts … interpretation of his feelings, thoughts and motives fosters mastery of conflicts and maturation'.
>
> Wolff 1986: 225

Children's play was seen to take the place, in analysis, of the adult's free association; like the latter, it is free from the censorship of reality. The prime task of child analysts is therefore to

understand and interpret the symbolic content of children's play. To this end Klein in particular equipped the therapy room with a range of play materials, representational figures and non-mechanical toys designed to stimulate and foster children's imaginative play.

Although there are important differences between Klein and Anna Freud (principally concerning the nature of the relationship between therapist and child, and the extent of the interpretation of the child's verbal and non-verbal communications), their contribution to the development of understanding and working with children is undoubted, and others working with children have drawn on their methods and insights extensively. However, as with adult psychoanalysis, child psychoanalysis is highly specialized and time-consuming, demanding as it does a protracted period of training which includes intensive self analysis. It is therefore possible for writers such as Marvasti, in his discussion of different forms of play therapy, to state firmly that '[this] modality of therapy … is indicated only in some neurotic children and is not appropriate therapy for a child with sexual trauma but no long-standing neurotic conflicts' (Marvasti 1989: 21).

On both sides of the Atlantic, this approach has therefore largely given way to what Wolff terms 'psychoanalytically oriented psychotherapy', that is, approaches which draw on the same principles and techniques, but which are more focused, briefer, and whose aims are more circumscribed. These principals, for example, form the basis for one of the few training programmes for residential staff in therapeutic play work with children in the UK (McMahon, 1992). In addition, even when the therapeutic techniques themselves are not used, psychoanalytic theories of development contribute extensively to the thinking of others using different approaches (including non-directive play therapy.) In Chapter 3, for example, we use Erikson's theory in our discussion of emotional/social development, which he developed within a psycho-analytic framework. Psycho-analytic thinking also formed the basis of one of the major early child therapists, Donald Winnicott whose work we consider next.

OBJECT RELATIONS THERAPY

Winnicott, although trained as a Kleinian, worked within the British School of object-relations therapies — propounded, among others, by Fairbairn, Dicks and Bowlby — and developed his own influential, if idiosyncratic, approach to working with children. He saw play as central to the therapeutic experience, believing that children's play has direct continuity with what he described as an 'intermediate area' in adult experience, such as art and religion, where the strain of managing the transition between inner and outer reality is relatively unchallenged and

therefore anxiety free. Play was in his view therefore the means whereby children manage the transition between the inner world of the psyche and outer reality and thus 'always on the theoretical line between the subjective and that which is objectively perceived' (Winnicott 1988: 59).

Although working primarily with the material presented by children in play, his approach may be classified as directive and interpretive: directive because therapists may at times select the particular form of play as a means of communicating (for example, the famous squiggle game, in which therapist and child take turns to complete a picture from a line that the other has drawn, and then comment on what they have drawn); interpretive because therapists, in responding to children's play and dreams, articulate the link between the manifest behaviour and hidden, usually unconscious feelings. The systematic uncovering of unconscious material is thus the principal focus, but the material uncovered is circumscribed by limitations of the time available for therapy.

It is clear however from his writings and case examples, that Winnicott adopted a variety of approaches in working with children: sometimes seeing children's play as mirroring the experience being described by their carers, usually their mothers, and sometimes interpreting this to children, sometimes not; sometimes responding to their communication within children's own terms and metaphor, without exploring underlying symbolic meanings; sometimes interpreting and linking them to historical material; and so on. Winnicott's approach has at times much in common with non-directive play therapy, and indeed, in acknowledging that 'psychotherapy of a deep-going kind may be done without interpretive work', he quotes Axline with approval (Winnicott 1988: 59). Moreover, the ideas which he developed about the place of play in helping children communicate and achieve mastery over their inner and outer reality provide insight into the therapeutic processes more generally.

Fascinating and often inspiring though his work is, however, the very invention and creativity which is its hallmark also make his methods sometimes seem elusive and difficult to follow or practise. We must therefore concur with Wolff's comment, when pointing out that Winnicott did not establish a 'school' or training programme of his own, that 'Whether other less intuitive therapists can use his methods as effectively remains in doubt' (Wolff 1986: 227).

COGNITIVE-BEHAVIOURAL APPROACHES (CBT)

These are derived from a view of the personality which sees virtually all behaviour as learned and purposive: therapy is based on cognitive-behavioural understandings and is directive, in that

it is therapists in conjunction with individuals who agree the goals of intervention and set up a programme of activity and response designed to give positive reinforcement to desirable behaviours and to extinguish those which are identified as undesirable. In traditional behavioural intervention play-based activities are seldom used, helping techniques are often undertaken by the child's parents or teachers and may focus on the children's interaction with their environment.

CBT is widely practised in child and adolescent mental health teams, and the method has a strong tradition of outcome research into its effectiveness (e.g. Compton et al 2004, Grave & Blissett 2004, McLellan & Werry 2003). Although CBT therapists' focus and style of response are clearly different, it is possible to find common ground among CBT, psychodynamic and person-centred therapists in their view of the therapeutic experience. Thus Truax and Carkhuff (1967) writing about the therapeutic relationship from a Rogerian perspective, consider that at least some aspects of the interactions between individuals and their therapists can be conceptualized from a perspective of learning theory. They argue that programmes of activities are principally designed to:

(1)   Reinforce positive aspects of the patient's self-concept.

(2)   Reinforce self-exploratory behaviour.

(3)   Extinguish anxiety or fear responses associated with specific cues.

(4)   Reinforce human relating, encountering or interacting, and to extinguish fear or avoidance learning associated with human relating (quoted in Sutton 1979: 52).

From a cognitive perspective, Sutton suggests a further function:

(5)   They allow inconsistencies of feeling, attitude and behaviour to be unravelled, and a fuller integration to emerge (Sutton 1979: 52).

Other practitioners, too, have emphasized the importance of therapeutic goals being identified collaboratively by therapists and individuals together, arguing that it is difficult to engage adolescents in particular if goals have been decided upon by adults alone (Friedberg & McClure 2002). However, despite these features in common with non-directive play therapy, cognitive-behavioural approaches to work with children are distinctive in that the principles underlying these treatments are largely the same for children as for adults. More recently, Knell (Handbook Vol 2) has developed cognitive-behavioural play therapy, adapting adult principles of CBT to younger children's developmental requirements. In addition, CBT or EMDR (Eye Movement Desensitisation and Reprocessing) (see Shapiro 1995) may be used alongside non-directive, psychodynamic or other forms of play therapy to relieve specific symptoms (e.g. Singer 1993).

RELEASE THERAPY/WORLD TECHNIQUE

This form of play therapy is directed towards helping a child who has experienced a particular painful or traumatic event to work through and gain mastery over the feelings engendered by it. The therapy is based on the psychoanalytic idea of repetition compulsion, whereby, through re-enacting and re-experiencing a particular event, pent-up or blocked-off feelings are released and eventually extinguished. Although children are free to choose how they want to play, the play materials themselves are limited and selected in order to encourage children to play out their traumas.

This approach was developed in America by Levy (1938). It does however bear similarities, in the careful selection of specific play materials, to the 'World Technique' introduced by Lowenfeld at the London Institute of Child Psychology in the 1920s and currently used, in a modified version, by many practitioners in Europe, North America and worldwide. Children are presented with designated trays filled with sand and shelves of miniature but realistic objects (people, houses, cars, trees, farm equipment and so on). They are encouraged to create a three-dimensional picture — 'a world' in the sand. Lowenfeld explained to children that the way in which they played had a meaning which they would discover and explore together. Lowenfeld considered that the worlds created by children frequently reflected facets of their problems, and that by commenting on the play, children could become aware of and clarify their confused emotions, experiences and sensations. She called this process 'non-verbal thinking'. When a child finished making their 'World,' the therapist needed then to explore sensitively the meaning for that child of what was made in the sand tray, both as a whole and in its component parts. Interpretations were withheld until children reached 'emotional readiness'; at which point — if the interpretation was correct — their play would change and new themes would appear (Lowenfeld 1979). In summary Lowenfeld came to believe that thinking and the need to make sense of experience were present from the beginning of life, but because words were not available yet as tools for thought, infants think in images, as we discuss more fully in the next chapter. 'The most important characteristic of pre-verbal thought is the way it groups elements together … In pre-verbal thought, groupings are made on the basis of only one shared property, often in terms of sensation, feelings and perceptions as they are experienced subjectively … the basis for the grouping may be: "how do these things make me feel?"' (Lowenfeld 1979: 33).

There are elements in Lowenfeld's work which correspond to the non-directive approach; for example, for much of the time sand tray therapists' comments are descriptive and not interpretive. However, this method is clearly based on psychoanalytic principles. The definite

structure given to the therapy session and the encouragement to play in a particular way suggest that it has much in common with the therapeutic approach developed by Levy, and the interpretation of symbolic contents is a strongly Jungian technique, showing that it derives from this tradition, rather than from Rogers.

NARRATIVE PLAY THERAPY

This approach has been adapted to working with children from the narrative approach of David Epston and Michael White (1992). It can either be used in a one-to-one relationship with children, or as part of systemic family therapy. The underlying principle is that people's lives are constituted by stories which they tell themselves, and which provide the frame of reference through which they interpret their lives. With troubled individuals, the varied stories often become one, problematic, story, or identity, which comes to dominate both their own view of themselves, and also how others see them, so that they and the problem become conflated. The aim of therapy is to separate the person from the problem, and externalize it so that it becomes something which the individual can gain control over, rather than being subsumed by it. Marner (2000), for example, gives a number of illustrations of how children suffering from a range of usually quite identifiable and specific problems, such as encopresis or night fears, are encouraged to see these problems as things outside themselves, such as monsters or trolls, who are trying to take control. By in some way banishing them (perhaps by shutting them up in a box which is then thrown away) or outwitting them, the child ceases to be at the mercy of the problem, and can begin to construct an alternative and preferred personal story or way of being. Therapists are trained to relinquish the role of expert to the children themselves, but are influential in suggesting possible strategies, and may (as Marner describes himself doing) write letters to the children between sessions to encourage them in their struggles. The links between narrative play therapy and other therapeutic processes are clear: for example, the idea of the therapeutic value of emotional release is common to most approaches, including that of non-directive play therapy. However, the means of addressing these 'monsters' is largely suggested by narrative therapists, following consultation with the children and, usually their parent(s).

An approach which also uses narrative, but in a slightly different way and from a different theoretical base, is one which uses story telling as a way of helping children process their feelings with an empathic adult. A therapeutic story uses the realm of the imagination and metaphor rather than cognition or literal speech. Stories are used because they can communicate with children on a deeper and more immediate level than literal, every day language, and also because for many children, common 'feeling' words are too cognitive or reductionist to

communicate with them effectively, and can 'flatten' what the child is experiencing. (Sunderland 2000).

The play therapy approach of Ann Cattanach and her students in the UK draws on narrative therapy, social constructionist theory, non-directive play therapy and life story work (discussed below) for children and young people who have experienced multiple difficult life events. As she writes:

> The child plays, and tells stories about the play and the therapist listens, perhaps asks questions to clarify meaning, and contextualises the story around the social circumstances which exist for that child in their world. Some children and young people need explanations from the therapist about their social circumstances and these are often incorporated into the narratives and play … the stories are not often direct narrations of life events but concern imaginary lives.
> Ann Cattanach 2002: 7–8

STRUCTURED PLAY THERAPY

This approach was developed by Oaklander (1978) working within a Gestalt framework. In it therapists use a variety of techniques to guide children directly or indirectly into areas of play which will enable children and therapists to work on particular areas of children's experiences. Usually these areas are ones which have previously been identified as problematic by other adults or by therapists in assessment interviews. Techniques and play materials are varied, depending on the assessment of the problem, but may include such things as mutual story-telling — where children are asked to tell a story, and their therapists then create a responding story with the same characters and events but with healthier adaptations and conflict resolution; guided fantasy; the empty chair technique, to name a few. Oaklander's work is clearly imaginative and inventive, and her ideas have been used and adapted by practitioners both here and in America (see, for example, Aldgate and Simmonds 1988).

In the UK, Redgrave among others has developed an approach which he calls 'care-therapy'. He sees this as using therapist techniques which he calls 'directive', and which he distinguishes from 'free- or non-focused play' (Redgrave 1987: 25). From the available literature it seems that much of the play therapy undertaken in British settings shares many of the characteristics of Redgrave's structured, focused-play approach. Life-story work or the techniques used to help children identify and express feelings (e.g. James 1989, Carroll 1998) seem to fall into this category of structured play. Life-story work has proved one of the most frequently used approaches in working with looked after children, (see for example, Ryan and Walker 1993)

partly no doubt because it is seen as addressing specific needs of these children as they move into new families. It was developed out of recognition of how such children struggled to make sense of what had happened to them previously in the context of their new families and the importance in forming a secure sense of self of knowing about early experiences. Children and their adult care givers (usually social workers or family workers and occasionally foster carers) prepare together a book in which the children's early histories are described in ways which make sense to them, and which include illustrations or mementoes of the past, to promote memories of both happy and unhappy events.

Redgrave describes, as an example of structured work, how he helps children who have bottled up anger to see that there are 'helpful and unhelpful ways of expressing anger' by drawing, activities or graphic illustrations using a steam engine to illustrate bottled up anger. In working with another child, Alexander:

> I was interested in helping him to develop a conscience about kind and unkind behaviour in himself. So I used the idea of a pair of old fashioned scales … Again I had a number of small cards, some with kind or helpful actions written on them, others with unhelpful or unkind actions and some left blank …Alexander recognised an ongoing aim to bring the scales down on the right hand, 'positive', side over the weeks of using the scales. We had a score scale on this side but not on the negative side.
>
> Redgrave 1987: 93

Many of these devices for helping children understand feelings and make sense of what has happened or is happening to them, can appropriately be incorporated into a non-directive approach, and we discuss their use in a later chapter (Chapter 6). Redgrave also makes it clear that the many examples which he gives of direct work using games and equipment, are only effective in the context of relationships between practitioners and children, and must be adapted to the needs of individual children (Redgrave 2000). However, partly because the basis on which each technique is adopted is often unclear, particularly in Oaklander's writing, there is a risk that using them can encourage a 'shopping basket' approach to working with children, selecting exercises or other devices haphazardly. Sometimes this can be more in response to practitioners' uncertainties about how to 'deal with' particular problems than in response to identified feelings or emotional needs of the children themselves. Moreover, some cognitive devices are, as we discuss in Chapter 6, inappropriate for some, especially young, children.

PLAY-RELATED INTERVENTIONS

We consider here, finally, a whole range of play-related activities which have been developed in order to enable children and practitioners to communicate more effectively with each other about critical events. Of course, interviews conducted for the purpose of making assessments, or in order to prepare children for critical life events such as a move to foster care, may provide a therapeutic experience for them. However, we want to make a distinction here between play therapies of the kind we have been considering, where the intervention is sustained and the aim is to bring about some change in children's emotional and social functioning, and those interventions where the aim relates to a particular task identified by a practitioner. In the latter the aim is circumscribed, and by and large directed towards improving planning and decision-making and the impact of these interventions on children involved.

Although a hard and fast distinction may in practice be difficult to sustain, some acknowledgement should be made of the differences between those interventions where play activities are used because they are seen as a medium in which children may be more comfortable and can communicate more easily; and those where children are encouraged to play with certain carefully selected play materials. In the latter, through the interpretation of the symbolic meanings of children's play, assessments are made of children's principal emotional conflicts, the existence of traumas and their impact on children's and young people's personality and subsequent development.

Play-related communications

A number of practitioners (for example, Redgrave 1987, 2000, Williamson 1990) describe interventions where play materials are used to facilitate communication between adults and children and to help children's understanding of events. Thus, for example, many practitioners investigating allegations of abuse may use a puppet animal, a telephone or play figures in a doll's house in interviews with children. The underlying assumptions are that children can displace their emotions on to play materials, and may have less anxiety in communicating for example with a puppet than directly with an adult. Children are less verbal than adults, and particularly before middle childhood, find non-verbal means of communicating more accessible. By playing, it is easier for adults to assess children's levels of understanding of a given situation.

Redgrave, for example, describes using a range of play-related activities when undertaking work with children where:

> … in connection with the social and psychosocial situations involving the child we are … exploring or trying to explain how things are. Many devices … may be used for the purpose of helping the child to deal with social and psychosocial aspects of his life and present

> situation. The ecomap or sociogram is an obvious example. Sliders may also be used for this purpose … It is quite easy to design 'special' devices or games for a particular child and then to find that these have a general use since many other children can be helped with the same device.
>
> Redgrave 1987: 91

In another example, in order to prepare a child for a long term placement, he describes a process of 'bridging', where:

> … the child starts out with a few bricks (or stones) in place on each side of the bridge. On one side of the bridge we put a representation of the child, and on the other representations of future carers. Apart from the few bricks actually drawn in, however, the rest of the bridge is done in dots or dotted lines.
>
> The idea given is that the child will be going to live with the carers, and that there are things to talk about before this happens … by using the bricks to discuss all the things that need to be discussed, it will be helping the child and carers to build the bridge and eventually come together (as a foster-or adoptive family, etc.)
>
> Redgrave 2000: 163

This approach to communicating with children will, we judge, be familiar to many practitioners. We have quoted the example above in some detail because we consider it important to stress the difference between the use of play in play therapy and play in activities where adults have identified specific concerns.

Play diagnosis and assessment

Play diagnosis has been defined by Marvasti as 'a technique to enable a child to reveal internal conflicts, fantasies, wishes and perceptions of the world …' (Marvasti 1989: 1). Play materials are carefully selected in order to enable practitioners to focus on significant events in children's lives, and to assess their impact on children's personalities and subsequent development. The use of play in diagnostic assessments is based on the idea that in play, children may act out their true feelings with the help of certain ego defence mechanisms, most commonly projection, displacement and symbolization (see Chapter 2 for our views on the roles of symbolization and mental defence mechanisms). The usual anxieties and constraints (for example about expressing anger towards a new sibling, or revealing the disturbing and frightening actions of an adult) do not operate because these feelings are projected or displaced on to the play materials. Thus the activities are 'done' for example by dolls rather than children themselves and can be safely expressed. For example:

> During the second play session, Jimmy arranged the family dolls inside the dollhouse. Then the mother doll brought a new puppy, which became the center of attention. Later a monster from outside came and kidnapped the new puppy.
>
> Marvasti 1989: 2

This child's play can be seen to reflect his resentment at the arrival of a baby sister, and the anger which he feels; his destructive impulses towards her are assumed to be displaced on to the monster. Jimmy also uses symbolization; it is assumed that he is substituting a puppy for his baby sister.

What is also clear from this example is that children at play are preoccupied generally with psychic reality, that is, with their own perception of events, rather than objective reality. Children's psychic reality may, through their needs or fears, for example, be a distortion of objective reality. In this instance the practitioner could comment with some confidence on at least one facet of Jimmy's psychic reality and perception of events. From the balance of probabilities and referral information, combined with clinical and research evidence of common themes in children's play, the practitioner might make a distinction between Jimmy's play and what was actually occurring in his environment. One of the practitioner's tasks therefore is to interpret children's play, understand its symbolic meaning and try and establish what in children's perception of events has objective rather than subjective reality. (See Chapter 2 for a fuller discussion of this, and the value of the non-directive approach as evidence of children's own perceptions.) When play sessions are used as part of assessing children's therapeutic needs, a primary concern is identifying children's psychic reality and perception of important life events and relationships. Therefore establishing the basis in reality of children's play is less central than play work with children when the primary remit is the need to protect and to plan for them.

It seems likely that assumptions about play, and therefore the reasons for its use, are similar in play diagnosis and in the play-related interventions we describe above. Thus practitioners who use animal puppets with children in investigations of abuse do so partly because it will be less intimidating for children to 'talk' through animals — that is, the constraints involved in a direct verbal exchange are lifted, and children can displace feelings and actions on to puppets. Play is also a means of addressing the limitations imposed by younger children's and disabled children's and adults' limited verbal capacity and cognitive awareness. Therefore before children become capable of more abstract thought and fluent in using language to represent their experiences, it will be easier to use physical representations of things which are familiar (a tree to represent the past history of a family, for example) than words. This use of play, then, is based on an

assumption that play is an area of children's thinking relatively free from constraints, and suited to their intellectual, emotional and cognitive development.

We have retained a distinction between the two approaches in the above discussion, since play diagnosis as we have described it here makes greater use of the child's capacity for free play, and depends to a greater extent on practitioners' observations, assessments and interpretations of children's activities. To this extent, it is likely that, although play materials are carefully selected, the techniques used are less directive than in the play-related communications described earlier.

WHAT THESE APPROACHES HAVE IN COMMON

This section has highlighted the distinctions between different approaches to working directly with children. We have tried to demonstrate that these distinctions may arise partly out of a difference in the underlying purpose of the work. This is clearly the case in interviews undertaken for reasons of assessment, but also in those situations where practitioners rather than children have an identified purpose in conducting the interview. Some of the differences between approaches reflect a difference in assumptions about how change occurs (as with release therapy), and there are evident differences in the extent to which therapists consider it necessary to acknowledge to children links between past and present, or to interpret to them the symbolic meanings of their play. The role of insight for children into their psychic reality in these approaches may be unspecified or variable. Even more traditional psychoanalytic approaches are beginning to take into account developmental and life issues in distinguishing between those children who are able to make use of conscious insights and those who have lives that have been too chaotic and need to work intensively on establishing joint narratives with their therapists in order to make use of therapeutic help (e.g. Slade & Wolf 1994: 81–107). However, in those therapies which involve working with individual children in individual therapy sessions, some similarities of principles and goals of treatment can be found (see also Marvasti 1989). (We exclude here first those approaches whose purposes are not primarily therapeutic, that is, play-related communications, diagnostic interviews and assessments; and second, cognitive-behavioural approaches that involve work focusing on the relationship between child and environment by training adults, usually children's carers, to implement behavioural programmes.)

1. Therapy is conducted in the context of a therapeutic relationship which allows the expression of the child's feelings.

2. Therapy is based on a common recognition of the function and symbolic meaning of children's play, and the way in which children use play to express their wishes, fantasies, internal conflicts and perceptions of the world.

3. Therapy provides the opportunity for the reworking of trauma, or problematic experiences or events.

4. During therapy, a corrective emotional experience is provided for the child in the context of the child's play.

5. During therapy, the opportunity for the release and ventilation of pent-up or blocked-off feelings is offered, and the release of these feelings is seen as therapeutic.

6. Therapy provides the opportunity for the child to develop mastery over feelings, and to a varying extent to develop an awareness of them. Mastery over feelings in turn produces an improvement generally in the child's coping skills.

7. Through therapy, the child's self-esteem, self-confidence, self-image and trust in others is improved.

It is not surprising that common goals and principles can be found within the different forms of play therapy (Box 1.1). However, we should, especially in a context which seeks to introduce one particular form of play therapy, note that considerable differences remain between them. It may therefore be helpful to think of the therapeutic techniques along a continuum reflecting the degree of therapist structure and direction, with those geared to diagnosis and assessment at one end, through the kinds of focused play described by Redgrave or Oaklander, through psychoanalytic therapy to non-directive therapy at the other. This acknowledges the different degree of therapist control of the interview, which in turn may reflect either the purpose of the encounter or the method being used. (Table 1.1)

SECTION TWO
NON-DIRECTIVE PLAY THERAPY

BACKGROUND

The non-directive approach to play therapy was developed most fully by Axline in two books (Axline 1946, 1987) and a series of shorter articles and contributions to edited works on play therapy; the books have continued to receive a world-wide readership nearly a half-century after they were written. Although others writing in the same period (notably Allen 1942, Dorfman 1976, Moustakas 1953) also describe this approach, Axline is widely regarded and cited as its chief exponent. Her first book (Axline 1946) is devoted entirely to a case study of play therapy undertaken with a six-year-old boy, Dibs. As an account of the therapeutic relationship, and an

illustration of the way in which an individual can through play achieve the resolution of and mastery over inner conflicts it has clearly inspired many readers. In her second book (Axline 1987) she develops eight principles of practice for the non-directive play therapist, and links these to a discussion of the therapeutic process which includes numerous practical examples of how to deal with common problems in therapy — for example, the child who is reluctant to leave his mother in the waiting-room; the child who wants to take toys home; aggressive behaviour; and so on.

It is clear from the regularity with which her work is cited (Carroll 1998, Cattenach 2002, Clayden 1986, Dockar-Drysdale 1970, Jennings 1993, Marvasti 1989, Mearns & Thorne 1990, Wolff 1986 to name but a few) that Axline's work continues to be influential in the practice of play therapy, and that her ideas are seen as forming a distinctive approach to its practice. Many writers, even when they do not themselves adopt a non-directive approach, acknowledge the relevance of Axline's thinking to their own work. Winnicott, for example, in discussing the 'intensely real' experience of play for the child, comments:

> Also, this observation helps us to understand how it is that psychotherapy of a deep-going kind may be done without interpretative work. A good example of this is the work of Axline (1987) of New York … I appreciate Axline's work in a special way because it joins up with the point that I make in reporting what I call 'therapeutic consultations' that the significant moment is that at which *the child surprises himself or herself*. It is not the moment of my clever interpretations that is significant.
> Winnicott 1988: 59

A review of the play therapy literature, however, also shows that although widely read and frequently quoted, Axline's model until recently, failed to develop into a school of thought, with a fuller and more rigorous methodology … Why was this the case? The publication of Axline's work in the late forties, closely followed by Rogers' major work on client-centred (non-directive) psychotherapy (1951) which included a chapter on play therapy, clearly created widespread interest, and the ensuing years were followed by a flurry of articles in the professional journals (Bixler 1949, Moustakas & Schalock 1955). Since this period of activity, however, very little of note appears to have been written, until the method began to be further developed most notably by Landreth (1991) and Guerney (1984) in North America and the present writers and West 1996 in Britain.

There are, we suggest, a number of reasons for this long hiatus.

First, the approach appears to have spawned a number of what must frankly be described as rather cranky accounts which make uneasy reading and may have brought the method into

disrepute. The case quoted in Axline's article, for example, first published in 1955 and included in Schaefer's volume (1976), would to a sceptical reader appear to border on the reckless:

'Now you've given me a knife and I'll cut your wrists. He suddenly reached out, grabbed the therapist's hand and placed the open blade against the vein. 'Now what are you going to do?' he demanded.

'It seems to me that is my question,' the therapist replied. 'You're the one with the knife. What are you going to do?'

'You wonder what?' John asked.

'I certainly do,' the therapist said.

Schaefer 1976: 217

Second, although Axline's exposition of her eight principles of play therapy, and subsequent discussion of the enactment of these in practice is clear and rigorous enough, the view of the development of personality and the place of play in the therapeutic process on which they are based is incompletely realized. As Wolff, a psychoanalyst herself, comments: 'the exposition of her theories of personality, of its development, and of childhood psychopathology are frankly anti-Freudian and are also unclear … 'and she criticizes Axline's writing for being 'entirely unself-critical and at times quixotic' (Wolff 1986: 227–228).

Furthermore, the links with Rogerian psychotherapy, although discernible throughout, are incompletely explored, and the function of play in the therapeutic process and its relationship to mental and emotional development is barely analysed:

Play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' his feelings and problems just as, in certain types of adult therapy, an individual 'talks out' his difficulties.

Axline 1987: 9

As we shall demonstrate in the next chapter, the place of play in child development and its function therapeutically is a good deal more complex than this suggests and our discussion will highlight why non-directive play therapy can be powerful and effective without direct interpretations as psychoanalysts might use. Rogers himself was aware of these complexities and touches on them briefly in a discussion of what he terms unsolved issues in working with children:

Is the crucial element in the counsellor's attitude his complete willingness for the client to express any attitude? Is permissiveness thus the most significant factor? In counselling this scarcely seems to be an adequate explanation, yet in play therapy there often appears to be some basis for this formulation. The therapist may at times be quite unsuccessful in

> achieving the child's internal frame of reference, since the symbolic expression may be so complex or unique that the therapist is at a loss to understand. Yet therapy moves forward, largely, it would seem, on the basis of permissiveness, since acceptance can hardly be complete unless the counsellor is first able to understand.

He adds in a footnote:

> Since writing the above, a different explanation has been pointed out to the author. It is quite possible that the child assumes that the therapist perceives the situation as he does. The child, much more than the adult, assumes that everyone shares with him the same perceptual reality. Therefore when there is permissiveness and acceptance, this is experienced by the child as understanding and acceptance, since he takes it for granted that the therapist perceives as he does.

> If this description is accurate, then the situation in play therapy differs in no essential way from the description of the relationship which has been given throughout the chapter.

> Rogers 1951: 49–50

Axline's atheoretical stance and to a lesser extent that of other practitioners (e.g. Ginott 1961, Moustakas 1953, 1959) was deliberate; they consciously eschewed an attempt to embed their work in a more fully realized framework. They considered that an atheoretical approach was necessary in order that children should not be proscribed, and to counteract what they saw as the rigid and convoluted theorizing of the psychoanalytically trained child analysts and the simplistic and prescriptive stance of the behaviourists. They relied heavily instead on clinical examples. This too probably contributed to the failure of the approach to evolve into a major recognized school of therapy with closely specified techniques.

Third, the principles of Rogerian psychotherapy on which non-directive play therapy is based do seem themselves to have been vulnerable to misinterpretation and frequently to have been imprecisely practised. As Mearns and Thorne point out: 'Rogers became somewhat exasperated with those ill-informed critics who took pleasure in depicting him and his associates as passive nodders wedded to a policy of inactivity' (Mearns & Thorne 1990: 1), and go on to state their own disquiet at the recent proliferation of counselling practitioners, both in America and Britain, who seem to believe that by sticking the label person-centred on themselves they have licence to follow the most bizarre promptings of their own intuition or to create a veritable smörgåsbord of therapeutic approaches which smack of eclecticism at its most irresponsible (Mearns & Thorne 1990: 2).

Why this situation should have developed in relation to Rogerian psychotherapy must again be a matter for speculation, since those who have trained in and practise it would argue that as a method it demands as rigorous a discipline as any other form of psychotherapy.

It seems likely, however, that from its first inception the language and terminology of the approach lent themselves to misinterpretation. In particular, the use of the term 'non-directive' to describe the central essential reflective style of therapist response has been taken to mean that the therapist did very little but mirror, or parrot, the statements of the client.

The use of the word 'non-directive' has been frequently criticized as suggesting that therapists offered, or thought they offered, clients a completely free rein: whereas again Rogers was certain that the therapeutic session *is* directed, that certain activities (for example, a conversational exchange or 'chat' between therapist and client) are discouraged, and that therapists help clients to focus on certain feelings and behaviours to the exclusion of others. In other words, the term 'non-directive' is used to describe one essential part of the process, the encouragement to clients to identify and bring to the session what they wish. The term was an attempt to distinguish this therapeutic style from other approaches where therapists may direct clients to the subject-matter, and, through interpretive comment, to a particular understanding of its meaning., Rogers soon began to refer to his approach as 'person-centred', in order to correct misunderstandings and as a truer label for his approach; however the term 'non-directive' has remained attached to his method. (We have retained the term 'non-directive' in order to distinguish this approach from the other play therapy approaches recognized by the British Association of Play Therapsits, all of which are labelled 'child-centred'.) Furthermore, the ideas embodied in person-centred, non-directive counselling appear to have been taken to mean that no boundaries were set, either in the therapeutic relationship or on the behaviour sanctioned; in fact both Axline and Rogers grappled with how much permissiveness was conducive or detrimental to their method of therapy. And other writers in turn identified these difficulties. For example, Marvasti, in an otherwise accurate and certainly neutral exposition of non-directive play therapy, comments: 'In this modality of therapy, an extension of Rogerian psychotherapy, there is total permissiveness' (Marvasti 1989: 19).

In North American, one of Landreth's and Guerney's notable achievements was the working out of the appropriate limits in play within therapeutic sessions and training therapists to work with limits therapeutically. (See for example, the excellent discussion on limits by Landreth, 1991.) As we shall discuss in a later chapter, an important feature of work with many children is using limits therapeutically and in a developmentally sensitive manner. The notion of limited permissiveness has been clarified and added credibility and good sense to non-directive play therapy with children and young people, by trained non-directive play therapists both in North American and Britain.

Finally, Rogerian psychotherapy largely failed to insist on rigorous training for those practising it. Since non-directive play therapy has its roots in Rogerian psychotherapy, it seems likely that the rather loose way in which the latter has developed and been practised has in its turn affected the development of this method, and has led in the past to a similar lack of rigour in the way it has been practised; an absence of proper training and validation; and a lack of a coherent body of evaluative research which would support its practice and enable it to modify and grow as a result of the evaluation of different aspects of its methodology in the way that, for example, cognitive behavioural therapy has done. We turn now to a general overview of research on non-directive play therapy.

The developing research base

More recently, the practice of non-directive play therapy has been reviewed and updated, and its theoretical foundations and procedures have been more rigorously specified. Most of the research in the field of play therapy to date is American led (for example, Giltin-Weiner et al 2000.) A recent meta-analysis of 94 play therapy and filial therapy (an off-shoot of individual play therapy) studies on efficacy found positive outcomes across modalities, ages and other variables. It was most effective when parents [sic] were involved in play therapy and where there was an optimal number of sessions. (Ray et al 2001) Although process and outcome research is still scanty, Guerney (1984) has conducted research into filial therapy and European psychologists have conducted outcome research on a combined method of directive and non-directive play therapy. There are a number of conceptualizations of the therapeutic process in play therapy, such as Nordling's and Guerney's (1999) which are based on clinical observations and specific theoretical models. We ourselves have conducted a small process and outcomes study involving the work of trainees on the play therapy training programme at the University of York, which found that the approach was effective on a range of measures, including having a positive impact on parental behaviour (Wilson & Ryan 2001). Other, as yet unpublished, research into the effectiveness of non-directive play therapy in addressing specific problems, such as difficulty in reading, as well as more global problems such as identity problems, have been reported in the States (e.g. Boehm-Morellis 1999, Kaplewicz 1999, cited by Cerio 2001). These studies, which reportedly incorporate designs which address shortcomings of earlier research (for example by using placebo and control groups) suggest that play therapy does have a positive effect on self-concept, but has no effect on specific problems such as reading achievement. A number of other studies have been undertaken which show the effectiveness of the method (for example, in reducing physical and verbal aggression (Sloan 1997); improvement

in self-esteem, academic performance, social relationships and impulse control (Mann & McDermott 1983)). These findings are by and large encouraging for practitioners. However, there remains an urgent need for research which uses larger samples, control groups, and specified procedures in order to assess the effectiveness of the non-directive method, and develop knowledge about when, in what circumstances and with what particular problems it is likely to be most successful.

NON-DIRECTIVE THERAPY/PERSON-CENTRED THERAPY: PRINCIPLES AND PRACTICE

We now explore briefly the main tenets of Rogerian psychotherapy, and consider how these are developed in Axline's basic principles of play therapy, which we summarize and update. (The reader is referred to Rogers (1951), Truax and Carkhuff (1967), Mearns and Thorne (1990) for a fuller account and discussion of person-centred counselling.)

The central tenet of Rogerian psychotherapy, as we have said, is that individuals have within themselves a basic drive towards health and better functioning, and that they possess the ability to solve their problems satisfactorily if offered the opportunity and the right climate in which to do so. Given this drive and inherent ability, Rogers saw the therapist's role as being the creation of the right conditions in which this 'self-actualization' can take place. He believed these to be characterized by three elements, or 'core conditions' as they are frequently described in the literature, and much of his writing explores how they are worked out in practice. These characteristics of the therapist may be described as:

Genuineness and authenticity: that is, the capacity to be real, to be themselves as distinct from adopting a role or defensive posture with the client.

Non-possessive warmth: an attitude of caring and engaged and friendly concern, without becoming overly emotionally involved or offering help for self-serving reasons. (This is similar to Rogers's unconditional positive regard, with the amendment of 'non-possessive' to draw attention to the need for a measure of detachment on the part of the counsellor.)

Accurate empathy: the ability to feel with those who are seeking help, and articulate these feelings, so that the client feels understood, and is helped in turn to a greater understanding of these feelings.

It is undoubtedly not only Rogerian psychotherapists whose approach incorporates these qualities : indeed, as Truax and Carkhuff (1967) among others have demonstrated, although the research evidence suggests that therapists who possessed or had learned these three core traits or attitudes produced beneficial effects beyond those observed in equivalent control groups, the

theoretical approach adopted by the therapists was relatively insignificant in terms of outcomes measured.

For our purposes therefore, in addition to these core conditions which arguably exist in any effective relationship (although they receive most emphasis in Rogerian psychotherapy), the essential characteristics of non-directive counselling are that therapists are responsive to what their clients are saying, and reflect back to clients an understanding of what clients are experiencing. Through this process of accurate reflection clients are helped to greater recognition of feelings, and the beginnings of mastery over them.

Reflection is in a strict sense non-interpretive, in that it remains in the present, uses on the whole the material that clients have used and avoids what has been described as the 'now and then' kind of interpretation that links current material to past events. Thus Axline defines reflection as the 'mirroring of feeling and affect'; as such it is communicated by therapists within the metaphors used by clients. Reflection therefore is dissimilar to the practice of psychoanalysis where what clients say or do may be interpreted and the metaphor transposed into what it appears, to therapists to be representing. In working with adult clients the 'content' is likely to be verbal: with children the metaphor is frequently, although not necessarily, play.

Axline's eight guidelines

Axline, in developing non-directive play therapy, incorporates these Rogerian principles into eight guidelines for practice. In her writings she develops them largely through accounts of working with children's play, but they are in essence a reformulation of Rogerian principles. They emphasise the development of trusting relationships between practitioners and children; an acceptance that children choose the direction sessions are to go in; reflection rather than interpretation; non-intrusiveness; and respect for children's mental defences; and the setting of appropriate, therapeutic boundaries to therapeutic relationships: To quote Axline:

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 recognize the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her 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 actions or conversation in any manner. The child leads the way; the therapist follows.

7. The therapist does not attempt to hurry the therapy along. It is a gradual process, recognized as such by the therapist.

8. The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship.

Axline 1987: 73–74

Axline also makes the point (Axline 1987: 89) that the process of non-directive therapy is so interwoven that each principle overlaps and is interdependent on the others. Thus a belief in the power of individuals to resolve problems also carries with it the acceptance of people essentially as they are, the readiness to allow choice as to whether, how, when and at what pace to work on issues which may be troubling, and a willingness to respect an individual's decision about this. This acceptance, giving individuals the freedom and right to choose and respecting the decision, does not however mean that practitioners are merely passive observers in therapy sessions. Far from it: creating the climate in which they are enabled to work things out and helping them to discover the capacity to do so, involves the active participation and intense involvement of practitioners throughout sessions, which we shall explore more fully throughout this book.

The distinctive feature, then, of non-directive play therapy, and one which distinguishes it from other play interventions and play therapies, is its non-directive nature. The choice of issues and the focus of play and actions in the play room are determined by children and young people rather than therapists, within carefully delineated boundaries. The therapist's role is to develop a close and trusting relationship with the children, and to reflect and respond to their thoughts, feelings and activities in such a way as to facilitate the resolution of children's emotional difficulties at their own pace and through the means they have chosen. Unlike some other therapeutic methods with children, the reflection process does not include praise, interpretation of underlying motives, problem-solving or challenging children's mental defences. Basic limits to behaviour in the playroom are set, and therapists always have adult responsibility for children's physical and emotional safety, for care of the materials and the room, and for setting time limits. Within these clear and consistent boundaries, the atmosphere in the play room is intended to be relaxed. Therapists' behaviour and communications are designed to promote a sense of trust and safety in which children feel free if they wish to express and explore issues of emotional saliency.

The practice of non-directive play therapy therefore can be characterized as follows: (Box 1.2)

Boxes

Box 1.1

What these approaches have in common

- The therapeutic relationship provides a context which allows the expression of feelings.
- Recognize the function and symbolic meaning of play, and the way in which play is used to express wishes, fantasies, internal conflicts and perceptions of the world.
- Provide the opportunity for the reworking of trauma, or problematic experiences or events.
- Provide a corrective emotional experience in the context of play.
- Offer the opportunity for the release and ventilation of pent-up or blocked off feelings which is in itself therapeutic.
- Provide the opportunity to develop mastery over feelings, and to a varying extent to develop an awareness of them.
- Mastery over feelings in turn produces an improvement generally in coping skills.
- Therapy seen to improve self-esteem, self-confidence, self-image and trust in others.

Box 1.2

Characteristics of non-directive play therapy

- Careful preparation and planning to promote confidence in trusting to therapy.
- The development of an intensive, trusting, accepting relationship.
- Enabling the choice of focus of activities and topics of interest rather than these being chosen by therapists.
- Empathy and the reflection of feelings and thoughts by therapists in a non-threatening manner.
- The use of their own thoughts and feelings congruently by therapists to reflect back appropriate responses to expressed behaviour and feelings.
- The establishment of developmentally and emotionally sensitive therapeutic boundaries to behaviour.

These principles are embodied in a number of practice skills, which we discuss in Chapter 6. We turn in the next two chapters first, to a discussion of a general framework of mental processes and child development principles on which the non-directive approach is based and next, to an overview of emotional and social development, paying particular attention to children and young people who have had difficult experiences as they develop.