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Models And Metaphors Of Play Therapy: The Role Of The Child Therapist

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MODELS AND METAPHORS OF PLAY THERAPY:
THE ROLE OF THE CHILD THERAPIST.

Agathe David-Weill

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ABSTRACT

What is the role of a therapist in play therapy? How does play therapy actually work? While the contribution of pretend play to mental development has been widely discussed in research, how could it possibly translate into therapy? Play becomes a medium through which children can start thinking about the complicated parts of their lives and therapists can look for clues about them. But is there a “proper” way of being in the playroom with a child and if so what is it? Which methods are to be used in play therapy? When and with what child? Paying attention to the way therapists use metaphors to explain their role, this thesis will look at some of the theories of child-centered play therapy. The second part will review three case studies based on process recordings in which I will try to analyze what worked and what did not, what helped the client and what only helped me, what was essential and what was superfluous. In the discussion, I will review these metaphors through the lens of my own experience.

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INTRODUCTION

What is the role of a therapist in play therapy? And how does play therapy work? While the contribution of pretend play to cognitive and emotional development has been widely discussed in research, how could it possibly translate into therapy? No sooner had I started my internship at my field placement – a mental health community center – than I found myself searching for an answer to this question: Is there a “proper” way of being in the playroom with a child and if so what is it?

Frankel (2009) defines play in therapy as follows: “play is a way of approaching a problematic part of ourselves. We can be something and say we are not. In play, we can approach a difficult part of ourselves, precisely because we can disavow it” (p.152).

With this in mind, play becomes a medium through which children can start thinking about the complicated parts of their lives and therapists can look for clues about them. But which methods are to be used in play therapy? When and with what child? Here are a few examples of the questions and doubts I have come across when reading therapists’ experiences of play therapy:

- “Must the therapist have a clear idea of what is happening in a particular therapy session?” (Kronengold, 2017, p.1),
- “Often this left me with the uneasy feeling that I somehow wasn’t acting like a therapist, nor was what I was doing really therapy” (Slade, 1994, p.81).
- “The child leads and the therapist follows. Can the therapist still be quite engaged and even active while still following the child’s lead?” (Kronengold, 2017, p.25)
- “I can’t say exactly why I responded as I did, when I did, but I did and do have the sense that my response was crucial to the evolution of the play” (Frankel, 1998, p.177).
- “I continue to wonder what makes some psychotherapists stay entirely inside the metaphor (...) whereas others (...) move out of the metaphor and talk directly to the youngster” (Terr, 2008, p.133).

The first part of this thesis will focus on reviewing the literature on psychoanalytic and non-directive play therapy that has had an influence on my training. I will look at how play therapy was developed and how psychologists have reflected on their role as play therapists. There are many kinds of play therapy such as Cognitive Behavioral Play Therapy, sand tray therapy or Gestalt for example, which I will not get into. I will concentrate on child-centered play therapy in which the therapist's role is to let the child find him or herself. Within non-directive play therapy, I have come across two broad ideas: the first one is derived from classical psychoanalysis and focused on understanding "the symbolic meaning of content and to then give it verbal interpretation" (Lieberman et al., 2015, p.101). This requires that the therapist help the child think about what is happening in the play and why. The second one is "simply playing" (Lieberman et al., 2015, p.101), which implies that the child will process her concerns or issues solely through play. Both ways emphasize the importance of following the child's lead, of building a therapeutic alliance and of creating a safe space for the child. I will attempt to examine the therapist's role within these two methods. I will then look at more recent theories of play therapy such as meaning making and co-creating the play, which build on these methods to understand play therapy as a moving entity in which different modalities can be used depending on each child's thought process and development. Within this framework, I will focus on the role of the therapist through use of metaphors found in my readings.

In the second part, I will reflect on my work as a social work intern at a community mental health center in a major city where I worked for two years. I will concentrate on three case studies: W, a ten year-old boy, was referred to the clinic for his unruly behavior at school; Z, a five year-old boy, had a very difficult time going to see his father despite a court order, and D, a nine year-old girl, was brought by her mother because she was overeating and lying. The three

cases are presented in this order because they reflect my evolution as a play therapist. None of these children seemed to come in to the playroom with the same pattern of play and there did not seem to be one way of playing with them that would fit them all. Complicating this further, their needs and my response to their needs evolved and shifted, making it impossible for me to settle on a “style” of play therapy. Through my reflection on our sessions based on my process recordings, as well as other therapists’ reflections, I will attempt to understand what happens in the play therapy space.

In the discussion, I will review these metaphors through the lens of my own experience.

LITERATURE REVIEW: Models and Metaphors of Play Therapy

Psychodynamic Play Therapy: The Therapist as “Ferryman”, “Interpreter” or “Translator”

“I often think of myself as a ferryman, making it possible to cross from one stage of life to another” (Kramer, 1997, p.10).

“Interpretation is vital in play therapy because it connects the way that children behave during therapy sessions to the way that they behave out of them” (Porter, Hernandez-Reif & Jessee, 2009, 1030).

“The therapist’s role is constructed as the translator of these hidden wishes into words” (Lieberman, Ghosh Ippen & Van Horn, 2015, p.101).

Being a ferryman, an interpreter or a translator signifies holding knowledge that others do not possess. Interpreting play follows in the footsteps of traditional analysis in which the therapist helps the patient understand his actions and thoughts through interpretation. The “psychodynamic understanding of play” (Lieberman Ghosh Ippen & Van Horn, 2015, p.101) uses play as material to understand what the child is trying to convey.

Sigmund Freud conceived of his theory of psychoanalysis for adults but soon looked at children’s play as an opening into the patient’s unconscious (Freud, 1955). In his analysis of Little Hans, he looked at his play as the symbolization of his feelings towards his family and his father in particular. Freud traced Hans’ phobia of horses to an “ambivalence of his feelings regarding his father” (Westerink, 2014, p.60). This is resolved when Hans redefined his feelings to this father through “a game invented by Hans, in which he is the ‘daddy’ of his mother’s children”(Westerink, 2014, p.60). Freud did not play directly with children; he only advised parents as to what to make of their children’s play.

Anna Freud and Melanie Klein are often described as the two founders of child psychoanalysis (Liekerman, 1995). Following Sigmund Freud’s footsteps, they relied “upon the

interpretation of imaginary play as one of the primary means of bringing about therapeutic change in children” (Slade, 1994, p.86). However, while they diverged on specific methods of working with children, they were in agreement that the analyst needed to treat children directly and not through their parents. Each woman theorized some of the most essential aspects of child psychotherapy, which combined, form many of our current views (Liekerman, 1995). Both used play as the link to the child’s unconscious but they disagreed among other things on whether play should be taken literally, if it always needed to be interpreted or could be useful in and of itself (Drucker, 1994). They also disagreed on whether to stay within the play or step out of the play: “moving out of a child’s play to talk directly to the youngster, [...] was favored by Anna Freud and her followers. [...] Remaining entirely inside the play is the technique recommended by Melanie Klein” (Terr, 2008, p.108). Freud also believed – in contrast to Klein – that outside events could play a significant part in children’s lives, which could translate into play. This link to the outside world is a core aspect of therapy today.

Play functions as a symbolization of the child’s conflicts. Thus, the role of the therapist is to bring to the fore the child’s unconscious by interpreting the symbols that the child offers when she plays. This process helps the child acknowledge and work on her issues as they are now out in the open and therefore easier to control and shift. It is “an act of recognition, [...] which provides a scaffolding that the child may use as she strives to symbolize her experience” (Frankel, 1998, p.174). In order to formulate and offer a valid interpretation, the therapist is required to remain outside of the play. The use of metaphors such as “ferryman”, “interpreter” and “translator” evoke the idea that the role of the therapist is to stay in the margins of the action, i.e., outside the play, without delving in or influencing it.

In this capacity, the therapist can point out to the child the connection between the play and the world outside. For example, Bromfield (2010) talks about Leroy, a boy on the autism spectrum, who drew two parallel subway lines at every session. These subway lines currently co-existed but Leroy was worried that one would be closed: “This moved him to decide that the public wanted both lines to remain open so that they could ride whichever one they felt. ‘Even when they’re on the new line’, he explained, ‘riders like knowing the good old Orange line is still there’” (p.75). In real life, Leroy had switched therapists not too long ago. Bromfield addresses this by linking the play to the real world: “Like you wish Martin was still here?” (p.75). Terr (2008) explains this mechanism with great economy of words: “The child ‘got’ the whole picture when confronted with it by her doctor. And then she changed” (p.62).

However, Frankel (1998) notes, there is an important element of timing in interpretation: “Using interpretive comments, even labels, too early may increase the child’s anxiety and get in the way of his ability to play” (p.174). Thus, one of the first tasks of the therapist is to build a therapeutic relationship with the child. By being open, by being real (Terr, 2008) and letting the child set the rhythm of the session, the therapist and the child get to know each other, which will serve as the basis for the rest of the treatment. As in all forms of non-directive play therapy, it is essential to follow the lead of the child (Porter, Hernandez-Reif & Jessee, 2009). The therapist does not impose a theme or a game and lets the child choose and direct the play. This gives the child an opportunity to communicate her concerns and helps the therapist understand the issues she is bringing to the table. It is important to adapt to the child’s developmental level rather than attempt to bring the child to whatever benchmark he or she has been supposed to achieve considering her age (Porter, Hernandez-Reif & Jessee, 2009). Thus the therapist gives the child a safe space to express herself. Once the child feels secure and the therapeutic alliance has been

established, it is possible to engage in some interpretation with the child. However, child therapists have been moving away from using interpretation as their sole intervention and have been incorporating other approaches in their play therapy sessions. (Lieberman, Ghosh Ippen & Van Horn, 2015). These theories have underlined the importance of play itself and have modified the place of the therapist from remaining an outsider to becoming more and more a full participant in the play.

Child Centered Play Therapy: The Therapist as “Precipitant” or as “Sounding Board”

“The counselor is not a passive agent in this experience. He is the precipitant, so to speak, that enables the client to separate out his emotionalized attitude and (...) either to discard or to accept them in the reorientation of his frame of reference” (Axline, 1974, p.27).

“She [the therapist] is the sounding board against which he can try out his personality” (Axline, 1974, p.120).

Following Carl Rogers’s client-centered approach to psychology, Virginia Axline (1974) developed what is now called child centered play therapy, which “offers the individual the opportunity to be himself”(p.16) with no prompting from the adult. She argues that children have “a powerful force within each individual which strives continuously for self-realization” (p.10). If given the chance, the child will work on his concerns and solve them for himself. As play is the way in which a child freely expresses himself, it is through this medium that he will “play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, confusion” (Axline, 1974, p.16). She was the first to argue that the therapist is not there to explain his play to the child but to provide a space in which the child can grow through the use of eight basic principles (see appendix A), which the therapist needs to follow. In this model, the therapist accepts the child unquestioningly, with kindness and respect (Axline, 1974). She allows

the child to lead the play and does not interrupt with comments or questions. She does however reflect back what the child says, while highlighting the feeling behind the play. The fourth principle tells us that “the therapist is alert to recognize the *feelings* the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior” (Axline, 1947, p. 73). This technique is the very basis of non-directive play therapy and requires the therapist to be on the look out at all times for what the child expresses in his play. Axline cautions her readers that, “there is no severer discipline than to maintain the completely accepting attitude and to refrain at all times from injecting any directive suggestions or insinuations into the play of the child” (Axline, 1974, p.64). This method differs from interpretation, as the therapist does not step out of the play nor does she connect her remarks to the outside world. For example, Axline (1974) relays a therapy session with a child as follows: “‘And sky! So lots of sky – away up there. And a bird. And airplane. And smoke’. Another long pause – then ‘And Dibs standing by a little window – looking out – at bigness.’ ‘It looks like a big, big world to you from here’, said the therapist very quietly” (p.24). In this example, Axline does not express to Dibs that he feels small in a world of grownups nor does she link it directly to his life. She takes his words and helps him to notice the feelings he was expressing. This helps the child to grow: “when the therapist catches the feeling that is expressed and recognizes that feeling, the child goes on from there and the therapist can actually see the child gain insight” (Axline, 1974, p.99).

Another role for the therapist is to make the child feel safe, accepted and understood within the therapy space. The role of the therapist is to allow the child to express himself fully without limits as to what is proper or expected so that the child can understand his own thoughts and emotions and work through them in his daily life. In this space of freedom, the child

“suddenly feels that he can unfold his wings, he can look squarely at himself for he is accepted completely” (Axline, 1974, p.16). Axline (1974) posits, however, that there should be rules within the playroom to “make the child aware of his responsibility in the relationship” (p.74). In their lives, children have very few places – if any – where they are free to do whatever they wish or express whatever they want. Adults routinely overlook and dismiss children, as they do not believe in their ability to notice or understand events around them. For these children who often feel deprived of freedom, of choice but also of sense of responsibility, this is an amazing space to walk into. Axline (1974) describes a child trying to understand the role of the therapist: “She doesn’t seem to do anything. Only all of a sudden I am free” (p.18). This defines the role of the good therapist: the work is unseen but the client is set free.

Winnicott (2005) compares classical psychoanalytic play therapy with Axline’s child-centered play therapy: “I suggest that in her writings, Klein, in so far as she was concerned with play, was concerned almost entirely with the use of play” (p.53) which, in his view, has the potential to give the therapist an all too important role. A few pages later, he discusses Axline’s method: “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 interpretation that is significant” (p.68). Winnicott comes to the conclusion that being able to play is the most important aspect of therapy. But he argues that children are not the only ones who need to play, therapists also need to do so: “psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together” (p.51). Thus, Winnicott shifts the role of the therapist from an all-knowing seer or - on the opposite end of the spectrum - a benevolent recipient to an active participant in play.

Co-creating a Narrative: The Therapist as “Co-Author”, “Co-Explorers”

“The analyst as ‘co-author’ in the creation of a meaningful, synthetic, and ultimately healing narrative” (Slade, 1994, p.105)

“We are curious co-explorers who have a little more experience at how best to dig” (Slade, 1994, p.103).

“The presence of the therapist as audience, but also in significant ways as co creator of the metaphoric world constructed, undoubtedly plays a significant role in the evolving capacity of the patient to express herself symbolically” (Drucker, 1994, p.79).

Rather than adhering to a specific theory, modern therapists have modulated their practices to adapt them to the child’s development. The patient does not come in a vacuum and therapists have come to realize that children’s families and environment play a major part in their development and their mental life. Thus, play therapy will look very different depending on the whole context of the child’s life.

Attachment, mentalization and the importance of the child’s interpersonal environment

In order to understand the possibilities and goals of play therapy in this way, it is important to discuss attachment and mentalization, which have emphasized the relationship between children and their caregivers in constructing a child’s mental state. John Bowlby (1973, 1979, 1988) formulated the attachment theory, which recognized that an infant created an immediate bond with his caregiver. By observing children, he noticed that their behavior changed considerably when they were separated from their parents for a long time and that they became withdrawn and bereft. He theorized that the relationship between parent and child - which had been overlooked until then – determined the mental state of a child. He also developed the idea of internal working model (Bowlby, 1973, 1979, 1988): children construct a mental representation of themselves by internalizing the way in which their caregivers saw them.

If the caregiver had a positive view of the child, the child grew up to develop with a confident view of her ability to be in the world. If the caregiver had a negative view or was dismissive of the child, the child grew up seeing herself as less than adequate and unlovable.

Mary Ainsworth (1970) developed the theory of attachment further by exploring attachment styles through her Strange Situation Procedure. In this experiment, she asked the caregiver to step out from the room for a few minutes. During that time, another person came in the room. Ainsworth (1970) wanted to analyze the way babies behaved when the caregiver returned in the room. From these observations, she defined three different styles of attachment. A secure attachment style in which babies saw their caregivers as a safe base to which to return and were able to be consoled quickly upon their caregiver's return. An avoidant style in which babies tried to stay away from their mothers because they learned that their mothers were not a comforting presence and an anxious-resistant style in which babies did not react consistently because of their caregivers' inconsistent behaviors (Ainsworth, 1970). Ainsworth's graduate student, Mary Main added a fourth category, the disorganized attachment style in which babies hesitated between approaching their caregivers or avoiding them, which gave the researchers the impression that these babies were unsure about what to expect and were afraid of their caregivers (Holmes & Slade, 2018). Children with insecure attachments - especially those classified as disorganized - seem to play very differently than those who are securely attached: "they are living in a chaotic emotional universe that, by virtue of its very disorganization, precluded disguise because it precludes symbolization" (Slade, 1994, p.89). Thus, these children do not know how to play.

In addition, the parents' ability to mentalize is critical in order to develop children's cognitive and emotional capacities. Mentalization is defined as "the effort that an individual

makes to understand other people in terms of their thoughts, their wishes, their desires”. (Fonagy, 2016, 0:52) Peter Fonagy (2016) applied this concept to parent/child relationships. The way parents understand and interpret their child’s behavior will color their own reaction: If a parent thinks his toddler throws a tantrum because he wants to embarrass him, he will not react in the same way as if he understands that the child is hungry and tired. Simultaneously, the child “is trying to understand the meaning of their actions in [the parents’] reaction” (Fonagy, 2016, 3:20) and, with this information, will start developing a sense of self.

Therapists are not blank slates either and their mere presence modifies the content of therapy. Thus, creating a therapeutic alliance becomes key and contemporary play therapists become full participants. Building a therapeutic alliance is really about building a secure attachment between the client and the therapist, thus mirroring the caregiver/child relationship. Slade (1994) likens the kind of play therapy she does to a mother playing with her child. In this kind of play, the therapist mirrors the role of the mother to help the child understand the world around her. Attachment –based psychotherapy “helps reorient derailed developmental processes arising out of disrupted parent-child relationship” (Slade & Holmes, 2018 p.159). In some cases, building a secure attachment between therapist and child can also serve to loosen the too tight bonds that sometimes exist between a parent and a child. Thus, Broomfield (2010) noted that his relationship with a 13 year-old boy in a one-parent family, served to help him separate from his mother: “As Bram learned to relate to me and others, his life was no longer so delicately dependent upon her as his only resource” (p.117).

Therapeutic goals of play therapy

In play therapy, being a co-creator or a co-explorer requires that the therapist actively participate without overstepping the line into controlling the play. Both Winnicott and Slade address the difficulty of such a stance because the therapist often feels that she is most useful when she is interpreting: “I still find myself uneasy and guilty when a child and I have been “simply playing” for a long time and I often begin wondering how I can bring us back to what we’re *really* supposed to be working on” (Slade, 1994, p.104). However, all children are not able to play: obstacles in their development such as trauma and attachment issues play a major role in their ability to play. Moreover, it is important to be aware of the age of the child. A child younger than 6 years old, Slade (1994) argues, doesn’t have the organizational mental structure to make sense of an interpretation. In her experience, most young children reject any attempt at an explanation and express – sometimes quite forcefully – their need to play. The first step then, as Winnicott (2005) famously wrote: “is directed towards bringing the patient from a place of not being able to play into a state of being able to play” (p.51).

The first goal of play therapy is to help children reach a state of being able to play. Slade (1994) describes how Jimmy, a 3 and a half year old boy played for a number of months: “He put on the large duck hand puppets and manipulated his fingers so that the beaks opened and closed rapidly. As he opened and shut the duck’s beak, he emitted loud, raucous eating/growling noises and grinned mischievously. But it had little of the feel of play: there were no story, no characters, no words, and no feelings” (p.82-83). Whatever attempts she made to enter her play failed. By helping the child build a narrative within the play, the therapist can pave the way for the child to structure her own thoughts and feelings, first in play and then more broadly in her world. This is

done very concretely by helping the child expand the play: “I gradually introduced the notion of telling a story with his play, asking him to name the characters and inquiring about their motivations” (Slade, 1994, p.84). With Slade’s gentle questioning (within the play), the child starts imagining stories in which characters have emotions. For example, asking why the ducks are acting in this way and offering up a suggestion. She then expands the narrative by adding some new details in the play and making it more complex. Naming and linking emotions to events and structuring a narrative within the play help the child to “make meaning, to make sense of things both consciously and unconsciously” (Slade, 1994, p.91).

For children who experience chaos in their daily lives, in which there are no rules or structure, finding structure in play is a novel and very important experience. It is only once the child is able to build a narrative within the play that she can start using words to label emotions and feelings. Vygotsky called this “playing at reality” (p.94). He believed that children develop rules about the world through their play, which help them build mental structure and understand the world around them. Pretend play helps the child enter “an imaginary, illusory world in which the unrealizable desires can be realized” (Vygotsky, 1978, p.93). When a child plays a character, he needs to put himself in that character’s shoes and thoughts. He gives the example of two sisters pretending to be sisters: “the child in playing tries to be what she thinks a sister should be” (p.95).

With the therapist’s help, the child starts noticing these moments within the play and starts putting words on a behavior or a feeling to expand the play. In families where emotions and feelings are not discussed, children have no experience with observing and naming their own. By labeling emotions, even using oneself as an example, the therapist can help the child start understanding how one thinks and reacts, which in turn will increase her capacity for self-

reflection: “work takes place strictly in the analyst-patient relationship and focuses on the mental states of patient and analyst” (Fonagy & Target, 1998, p.109).

Pretend play, or transitional space, as Fonagy and Target (1998) call it in reference to Winnicott’s transitional experience (1953), offers children the possibility of naming and experiencing feelings and emotions in “a safe context in which to play with ideas and come to experience them as ideas”(p.107). When Drucker (1994) pointed out to her client Lizzie that her character was sad because her parents were dead, they discussed “how ‘someone’ with so many sad feelings would have trouble with friends” (p.75). Had Drucker asked point blank whether Lizzie was sad, it would have been overwhelming, but, through play, Lizzie was able to start thinking about what it meant to be sad. Fonagy and Target (1998) note that children with little mentalizing abilities tend to be very impulsive with rigid responses. By naming emotions, and playing with possible other ways of thinking, difficult and controlling behaviors can be changed, because the cause behind them has been understood.

Once children are able to play symbolically, the role of the therapist can expand. While pretend play continues to be the preferred way in which children can make sense of the world around them, Slade notes that the therapist can be both in and out of play. She is in the play as a co-creator of the play but also out of the play as she structures and expands the play in order for the child to grow (Slade, 1994). Kronengold (2017) agrees with this view: “it is critical to genuinely play, to join a child and sometimes get lost as a co-player with that child in his or her world” (p.3) but he notes that it is also our job to “jump in, so that like any good playmate or partner, we co-create narratives, develop an engaged relationship, and hold onto affective experiences that help a child move forward developmentally” (p.3). Thus, the therapist is not there to uncover unconscious thoughts or desires but to discover together the meaning of the play

(Slade, 1994). She is also there as a willing “audience” (Drucker, 1994, p.79) who will understand and support the importance of play. Drucker (1994) discusses the case of two girls who used pretend play in her office, even though the outside world might think they would be too old. In doing so, they were able to “articulate their own experience in various forms so as to better know and master it” (Drucker, 1994, p.66). In the following case, Bromfield (2010) helped a child move from reality into play in order to help her make sense of her fears. Cassie felt terrible anxiety at the idea of her mother leaving and when Bromfield requested it, she refused to answer any questions. Finally she told him: “You’re a mean, mean man. You’re the meanest doctor I’ve ever met. [...] I’m never going to play with you or your dumb puppets.” (p.174). Bromfield picked up a dog puppet and directed the puppet at his own face: “Yeah! That’s just what you deserve! You took away her mommy. You don’t deserve anything better” (p.174). Without pause, Cassie picked up a cow puppet and started playing and talking about her worries. By creating a play narrative, Bromfield was able to lessen the anxiety and start building a relationship. In this case, Bromfield was the director of the play but Cassie readily became involved and made it hers.

It is only when pretend play and the capacity for identifying feelings and emotions have been well established, that interpretation can be considered: “There are times when stepping out of metaphor can deepen the child’s capacity to reflect on experience and to allow the metaphor to take on a fuller shape” (Kronengold, 2017,p.94). Slade cautions that putting words on feelings can be very threatening for traumatized children. By putting very difficult emotions into words, the therapist runs the risk of overwhelming the child with thoughts she cannot process and having her withdraw. Once these elements have been consolidated, interpretation outside of play has its place and “become meaningful” (Slade, 1994, p.97). But this can only happen if both

therapist and client can “step outside of the play together” (Slade, 1994,p.97). If the child is not willing to meet the therapist in her interpretation, it will fail.

REFLECTIONS ON CLINICAL CASE STUDIES

When presented with a number of different methods, it felt quite overwhelming to enter for the first time into a room with a child to play with him or her. How does one approach this? It became very clear to me that there was no one size fits all play therapy method. Through my process recordings on three of my clients, I will try to analyze what seemed to work and what failed, what helped the client and what only helped me, what was essential and what was superfluous. As I will try to show, each child came in with his or her own style, his or her own issues. However, one common thread stood out: through my work with these children, it became clear that each of them lived in a world controlled by adults who either did not want to talk about issues or did not think about explaining things to children. All three felt overlooked and confused by events outside of their control and coming to therapy gave them an outlet – each in his/her own way to express their confusion, sadness and anger.

First Case Study: W

Background information.

W was 9 years old when I started working with him. He was referred to the clinic by his school for inappropriate and disruptive behavior: he had been caught masturbating in class and generally got in trouble at school by disturbing the class and getting into fights with classmates. He had been seeing another therapist at the clinic but was transferred to me because his mother did not like the way he spoke to W. She felt he treated him too much like a teenager and not as a boy. At the time, I did not think about this much, but it turned out that W's mother seemed to worry about W growing up, even expressing to me at one point that she wanted him to continue

being a child and she rejected my suggestion of sending him to summer camp because she wanted to keep him close to her. Therefore, when I saw W for the first time, he knew the agency and the playroom, which put him at ease right away.

His parents separated when he was very young. W had a brother who was two years younger. He spent the first year and a half of his life without seeing his father and when he was 4, he spent a whole year without his mother because of a pending ACS case. W's parents accused each other of being violent towards each other and toward the children. He now spent alternating weeks with his father and his mother. The rules in each house seemed very different and the relationship between the parents was acrimonious. W's mother worked as a school aide and had some health issues that often prevented her from being out and about. She struggled financially and she and her sons shared a bunk bed. W's father was more secure financially, worked in marketing in the city, and lived in a house in New Jersey with his wife and two teenage daughters from a previous relationship. W spoke of the many electronics they had in the house, including cameras in every room.

Beginning of treatment

W was my first client and during the course of the year and a half I saw him, our relationship – and the treatment - changed considerably. I saw him consistently from October to May but only once or twice during the school holidays. While we mostly played during this time, I did not pay enough attention to the play itself, trying to concentrate on asking questions. Because he was older, I felt conflicted about just playing and used it as a way to engage him in conversation. While I had been told that I needed to build a therapeutic alliance, I could not stop myself from asking questions in order to feel useful, exemplifying the worry that Slade (1994)

discussed in her own work. Thankfully, children are so used to having grownups ask them annoying questions that W took it in stride and deflected the questions:

A: Is there something you would like to talk about? Anything bothering you?

W: No. Lets build another ship.

I finally stopped asking so many questions and he willingly opened up about his parents' divorce arrangement:

W: We used to live together but now we don't. I don't know why mom won't tell me. I wish she would. I tell her everything even an embarrassing moment at school that I don't want to talk about. But you can ask my mom.

Later, I understood that he and his brother had been separated from their parents in their early childhood. At the time, I didn't know how to answer him and just responded, "You don't have to tell me". One of the difficult aspects of being a therapist for me has been to understand that going deeper into a subject matter was not about being nosy but about co-exploring, as Slade (1994) called it. It took me a long time to feel that I wasn't prying, which is why my response is very typical of me but not at all helpful to W. Terr (2008) wrote about the therapist as an "investigating detective" (p.53). She discussed the importance of speaking with parents and other important people in the child's life such as school counselor or even religious figures as soon as possible: "the more we learn –early- the more intelligent planning we can put into a young person's quick and complete recovery" (Terr, 2008, p.56). While I had been in constant contact with W's mother, I had not spoken to W's father, out of a fear of prying once again. Once I spoke to him, many things fell into place for me. While it was clear that both parents were at odds with one another and took pleasure in blaming the other, W's father gave me a lot of background on W's childhood that I had not thought to ask his mother and that she did not volunteer. Moreover, experiencing his father's forbidding personality was very important to understand W's reactions. When he was at his mother's house, he was trying to protect and help

her; when he was at his father's house, he had to conform to his father's very strict rules but at the same time was allowed to watch scary movies and play videogames late into the night.

W's early play sessions all presented in much the same way: he and I built ships made of bristle blocks and structures to protect the ships we used in a final battle, which he always won. It is worth noting that his structures would always be destroyed by the end of the session. He consistently remarked on my ill-conceived ships and fortifications and often ordered me to do better:

W: I have to go to the bathroom. You better keep building! When I come back, I want to see what you built.
W: [When he comes back](#): That's not a very good robot!

While we played, I still had trouble finding how to comment meaningfully on his play. In this example, I could have remarked that he was the boss in this room or I could have reacted markedly when he chided me, verbalizing for him what my feelings were at being scolded. He treated me as a not too efficient child but he always ended up offering his help to make my structures better. Even during the battle, he would help me salvage some pieces to continue the game. In the end however, I would be sorely defeated. Thus, he was expressing his need to be competent and powerful but also compassionate. For a number of weeks, he built houses made out of Legos, which were destroyed in a number of different ways, by other ships, by zombies entering the house, by a wave coming down on the structure and pushing all the pieces in the box. The most striking one was the house that was flooded by a wave of poop. Nobody escaped from this wave of poop and the structure was irremediably destroyed. We always built fortifications but they ultimately did not prevent the attacks from being successful. This connected in many ways to his life: the anger that overpowered him, which could only be expressed in destructive ways, the negative feelings that overwhelmed him, the way in which his life was not in his control despite his best efforts at building walls around himself. In one of our later sessions, he

played with two houses, (a regular house and a scary looking castle) as well as with animal figurines. In this case, the attack was ultimately unsuccessful and the elephant was able to save the day.

W: They just moved into this nice mansion, it's very safe.

W gives me the animal figurines and tells me that they are trying to break in.

W: Say: we're going to kill you.

A: We're going to kill you!

The animals break through but are pushed back.

A: The bad animals are really trying to break in but the people are not letting them!

W: Oh no, the house is hit by an asteroid.

The animals invade the castle but the kids and adults in there fight back. The elephants are nice but the velociraptor turns on them.

W: He was nice but was paid off with food.

It fights with elephants and an elephant is about to fall off but the baby elephant arrives and pushes the dinosaur off the table but now the elephant and baby elephant are hanging out of the table ready to fall.

A: The bad things are so strong; it's hard to keep them out.

The elephant falls on the dinosaur and kills it. It gets back up. The house, which was hit by the asteroid, crashes onto the elephants but the elephant holds it with its trunk.

A: Sometimes bad things come but they are not going in this safe house.

By this time, I had started paying attention to his play and remarking on it. So many things were happening: wild animals were attacking the house, an asteroid fell and an animal betrayed the others. This is a good example of the way he used play to show the many uncontrollable things that happened to him and that he was powerless to do anything about. Time and time again, he spoke about not having good grades as if he had no control about them, about being accused of things that were not his doing, about not understanding why things happened, about being kept in the dark. While I tried to speak to the feelings behind the attacks, I don't know whether I succeeded in helping him get "insight" (p.73) as Axline (1974) recommended. While I did comment on how hard it was to keep bad things out, it might have been more useful to speak to the powerlessness of the people inside the house.

Another subject that kept coming up was not being hurt or scared. W seemed to have decided that being hurt or scared was not for him and he made many references to this:

W: My mom spent the money we were supposed to use to go on a whale-watching trip.

A: That must have been sad for you.

W: I don't get sad.

A: never?

W: I used to be sad when I was 4 but now never.

Saying that he must have been sad deprived W of the chance to think about how he truly felt about his mother spending the money. I missed the chance to help him think for himself about his emotions. However, once I brought up the concept of sadness, I missed another opportunity to find out why he could not be sad now and what happened when he was 4. His early history of being shuttled between parents must have been very traumatizing for him. When I spoke to his father much later, I understood that he must have been around that time that he spent a year without his mother. Had I probed a little more about what he meant by this remark, it might have given me a better understanding of his early childhood. In the same way that he was not sad anymore, he expressed that he was never hurt:

W: I banged my head against the wall.

A: Ouch! That must have hurt!

W: No. Nothing hurts me.

A: No?

W: No. I don't want to talk about it.

His shying away from the conversation definitely spoke to his discomfort around the topic. Did he not want to talk about the fact that he had been in the principal's office or did he not want to talk about feeling hurt? The important element in this conversation should have been whether his head banging was on purpose or not. Once again, I labeled the feeling for him instead of giving him the opportunity to think about the head banging. However, I could have stayed with the idea of hurt by reflecting back that he was hurt and that he did not want to talk about it. Surprisingly, reflecting back, "you don't want to talk about it" often help people expand on the topic. In general, W was very reluctant to engage in talking about feelings. If he did, there might have been a chance for the floodgates to open and - as with the Legos - to be swept in his enormous wave of feelings that had been held in check for so long. In one of our early sessions, I missed an opportunity to help him verbalize his anger:

A: How do you react when someone says something like that?

W. *makes a punching gesture.*

Organizing his complicated thoughts in words was a skill that he lacked and he could only express his anger through his behavior, which frequently got him in trouble at school.

In our third session he complained:

W: I don't know why I let you win. I'm too nice.

Being nice was something he strove to be. For all the anger and the sadness he felt, the world around him – his mother and school- valued niceness above all. In a later session, as we were playing basketball, he explained that the lunch lady had sent him to the principal's office for being too rough with the ball at recess. Suddenly, he decided to give me more points as I was trailing behind:

A: You're being so nice to me. How come?

W: You have to be nice

W: I'm just being nice to you but I would not be nice to the lunch lady

A: Oh?

W: Because you're nice to me, and she's not.

His division of the world between nice people and mean people was difficult for him as he felt an overwhelming sense that he was a bad kid and that there was nothing to be done about it. As much as he tried being nice, something would trigger his feeling of anger or of injustice, the floodgates would open, if only briefly, and the only way he knew how to express it was through behavior that was labeled as wrong in school and at home. W saw himself as “the worst kid” and thought that everything was his fault. He often called himself “stupid and bad”, hit himself or banged his head on the wall.

Bowlby (1973) speaks of internal working models, by which he means that a child internalizes the way in which his parents perceive him. This view of self then gets carried into adult relationships. The first time I saw W's mother, she told me he was lazy because he did not

do his schoolwork, a liar, a thief and a manipulator. She wanted the best for him but did not know how to approach him. She tried to enforce rules that he kept breaking, which reinforced his sense of failure. She also reported that his father said he did not want to see him again after he got into trouble and threatened to send him to boarding school. Because he believed this about himself, he worked hard to construct a shield, which would protect the vulnerable part of himself, while showing to the world his tough guy demeanor. One of the ways in which he tried to protect himself was to accuse everyone else. His mother explained it this way:

Mother: He manipulates people. When we went to meet with the school, we only talked about something someone else did to him and not what he did. His dad still falls for it.

This is something that came up often in our sessions. He would tell me that he was punished wrongly and this added to his sense that things kept happening to him that were out of his control.

W: At my after school, they won't let me take a basketball anymore.

A: How come?

W: Some kids bounced the ball while I was in the bathroom and now I can't bring it.

It is no wonder that he would try to divert the blame onto someone else, as acknowledging that this was his fault would confirm all the negative attributions his parents laid onto him.

He often spoke about not understanding events in his life:

“My dad used to be married before. Then he met my mom. I'm not sure how they got together because they were never boyfriend and girlfriend.”

He also wondered about things he should have been able to understand:

W: I have to go to summer school. My mom says I'm failing but I'm good at math. I don't know why.

Everything felt so overwhelming that he lost the instinct that Axline (1974) calls “self-realization” (p.10). This comment, among others, slowly helped me understand my role as someone who could remind him that he did have agency and power over certain things, although not over everything in his life, as a child of divorced parents. When things became too much, W would just shut down, as I experienced twice over the course of our treatment. In both cases, he came in

refusing to look at me, sat head down with his hood up mostly covering his face, and did not answer any of my questions or comments. This was a very powerful statement: I had no idea what had brought this on, nor did his mother who told me “maybe you can work your magic”. I tried different approaches, including offering to bring his mother in the room, but nothing seemed to work. Not only did he refuse to talk to me but when I suggested going back to the waiting room, he leaned on the wall in the hallway and stayed there for quite a while before deciding to leave, as if there were no safe place to which to go back.

A transition in the treatment

After a summer during which I rarely saw him, W’s mother called to ask that he come only every other week. It was unclear to me whether this was because he was unwilling to come or whether this was because his mother found it difficult to bring him. She was responsible for bringing him even on weeks that he was with his dad, which was complicated for her. Despite my repeated entreaties that she needed to bring him in order to do the work, there were many sessions missed. Therefore, I suggested that it might be better for him to try group therapy since he needed to find ways to control his temper around other children. The plan was for him to have an individual session once a month. When I saw W next, he seemed upset that I would not be seeing him, pointing to the fact that it was more of a scheduling decision than something he decided (another element of his life he could not control). A few weeks later, however, his mother called me in a panic to tell me that there had been another masturbating incident at school and that W had been transferred to a different class with a teacher who was deemed to be better equipped to handle him. When I spoke to the school counselor, she told me that there had been repeated incidents of masturbation, which I had not been aware of: I thought that it had been a

one-time incident when he was in 3rd grade. This again reminded me of the importance of understanding the client's history as early and as fully as possible. Had I spoken to the school counselor earlier, I would have had a clearer picture of what was happening.

When I saw him next, I decided that waiting for him to bring up difficult subjects was not what was needed during this time and felt it was essential to address the issue head on. He asked me whether his mother had told me about the incident and I said that I knew about it. I then worked on normalizing the behavior. I told him – without saying the word masturbating because he had not wanted to name it – that this was a completely normal behavior and that everybody did this. He said with a smile: “even my teacher?” I said yes. I asked him to tell me more about why he masturbated at school and he said that he had been bored and that other kids were watching porn on their phones. After speaking more about changing bodies, I suggested thinking about places where he could have privacy, as masturbating at school was not appropriate. However, he told me that he had promised his mother he would never do it again. I asked about his father's house and he told me that there were cameras in every room, which his father confirmed. While I don't think there were cameras in the bathroom, it gave him a feeling of being watched all the time. And he could not possibly do this at his mother's house, considering her feelings around this topic. So, he was left to do this at school. In the same way, that he tried to be nice because of the importance his mother gave to such a behavior, only to feel like a failure every time he acted out, his mother was setting him up for failure again by asking him to refrain from this. This also spoke of her refusal to have him grow up. He spoke about being bored as the reason why he masturbated but one could look at it as a self-soothing behavior when he was feeling overwhelmed, like a toddler holding his penis in stressful situations. The very

punitive reaction of the school and of his parents reinforced the need for self-soothing and his repeating this behavior became more likely.

Changing bodies and sex were definitely on his mind as one can see through this exchange:

W: Can I make something bad with blocks?

A: yes.

W: Are you sure?

A: yes, in here you can do whatever you want.

W builds a penis with blocks

A: It's a penis.

By saying the word penis and allowing W to build it, I was giving him the space to discuss something he was not allowed to talk about anywhere else. As time went on, I was able to address his issues more openly and try to help him think about his actions. I became more comfortable addressing difficult subject matters and he responded readily, which showed that he was able and willing to think about them.

A: Your dad was telling me that when you were little you lived with him for a while without your mom?

W: Yes.

A: That's so hard when you're a little kid because things happen to you and kids don't understand what's going on and it's so confusing. Do you remember some of it?

W: yes, I was not thinking about it and now I am.

A: You wish you did not remember this?

W: Yes but now I am remembering W is on the floor lying down. This is emotional, he's not crying but he's hiding his face.

A: I see that it's really hard to think about this.

While this felt very relevant and important to discuss, I was still reflecting his feelings immediately after he spoke instead of deepening the topic by asking him further questions. For example, as my supervisor suggested, I could have asked how it had been living without his mom or what he remembered instead of jumping to a consoling statement right away. Once again, digging deep into one issue felt too nosy to me and I missed an opportunity for him to reflect on his early childhood. Another instance when I could have helped him think about his behavior came up in this previous example:

W: At my after school, they won't let me take a basketball anymore.

A: How come?

W: Some kids bounced the ball while I was in the bathroom and now I can't bring it.

A: uh, that sucks.

I might have asked whether that seemed fair or what he thought about the punishment as a way to make him think for himself and to help him understand that things did not happen to him by chance but that he had a part of responsibility, rather than buying his explanation.

W: Ok. I failed my test, which counts for ½ my grade so I have under 60 which basically means I'm failing.

A: Oh. What do you think happened?

W: Studying is boring.

A: Uh, kids use the word boring a lot and it can mean a lot of things. So can you give me a little more about boring?

W: No kid ever said that videogames are boring.

A: I would imagine not. So what happens at home when you get a grade like this?

Children often use the word boring as a blanket term that can mean many things. While I was on the right track with my first two questions, I changed the subject instead of sticking to the topic at hand, not giving him an opportunity to really think through what this meant for him. One of my last sessions with him, I fell into the trap of over interpreting and applying my own thoughts to his behavior:

A: So I wonder whether it might be that having good grades would make your parents too happy.

W: They would be so happy.

A: And that would be annoying because they are so irritating.

W: Yes, they are so irritating but I would never say that to their faces.

A: Well, that why we're here so we can say these things.

W: Yes I know.

A: So basically, you're saying I'm happy with my bad grades because it bothers my parents. But the question is what is it you want?

W: Actually, let's build an army.

While in the session I felt that I was really being helpful, it was only once I wrote the process recording that I understood had been directing the session in the same way that Kronengold (2017) suddenly understood that he was the only one playing with Ethan. While my statement reflecting that parents can be annoying seemed to be relevant, I lost him when I spoke

about getting bad grades because otherwise it would please his parents too much. He let me know quite clearly this when he changed the subject entirely.

Second Case Study: Z

Background information

Z, a 5 year-old Hispanic boy, was very small and looked younger than his age. He had big glasses, which covered a lot of his face. Z was brought in by his mother because he refused to go to his father's house despite being court-ordered to do so every other weekend as part of their divorce agreement. This had been going on for the past two years. Z presented with separation anxiety when he had to leave his mother and was very disregulated when he came back from his visits with his father. He lived with his mother and her boyfriend as well as his maternal grandmother and sometimes his maternal grandfather who was homeless. His father was remarried and had a 1 year old daughter. Z was my client for about a year but he came only sporadically during that time, coming twice or three times in a row and then not coming for a few weeks. When he did come, he always ran ahead of me to the playroom and was always excited to start playing. The last time I saw him, he said "I love therapy". During the year that I saw him, his father and stepmother reported that he tried to strangle his half-sister. His stepmother called ACS to report his mother and boyfriend for smoking pot in the house and although the case was dismissed quickly, the caseworker interviewed Z, which scared him. His grandmother had an alcohol substance use disorder, which led to serious violent episodes within the home. His mother was hospitalized for a week for a medical procedure and then went back to work with a 4pm-9 pm shift which meant that Z barely saw her. His grandfather, despite being at

home only sporadically, seemed to be a calming presence within the house and Z spoke of him as a secure base when his mother was angry.

Beginning of treatment

I first met Z about three months into my internship. Z instinctively knew that in this space, he was in charge: he entered the playroom and immediately took control of the play. He went directly to the play kitchen and started reorganizing the shelves, putting food in one drawer, pots and pans in the second and piling up plates, glasses and cutlery in a third. He was very focused, naming the items he was moving, verbalizing his actions with sentences such as “that doesn’t belong here”, “this needs to go there”. During this time, he never asked for my input or interacted with me. In this instance my role was to reflect back his actions i.e. “you’re putting the glasses on the same shelf”, “the plates go in this drawer”. Organizing the playroom before playing turned out to be something he did consistently for most of our sessions together. I reflected back that he really needed things to be organized and that he didn’t like when things were messy, thus broadening the reflection to include his likes and dislikes. In an early session, I tried to use this time in the kitchen to ask about his life:

A: You know a lot about what happens in the kitchen. Do you help your mom or your dad?

As Slade (1994) discussed after being told to shut up by children who did not want to answer her questions, when a child doesn’t answer, the comment or the timing is not appropriate. Although Z was not one to tell me something so forceful, he made me understand that this was not what he wanted to discuss. He then invited me to his “restaurant” to have dinner. He told me where to sit, set the table for me, asked what I wanted to eat and spent time cooking it. He gave me a toy to keep me entertained while I was waiting for dinner to be ready. In short, I was given the role of the child and he was the grownup who was in charge. It is also possible to imagine that he was

used to doing all he could to keep grownups happy because the consequences of making them upset might be very scary and overwhelming. By cleaning, organizing and feeding me, he was making sure that I would stay calm.

For a number of these first sessions, his play followed the same pattern: He started taking out figurines from a box and used the two houses that were in the playroom. One was a regular two-story house, the other one a castle in which there was a prison with bars. As with the kitchen, he spent a long time organizing the house asking me to help him move the furniture into the right place, introducing the characters. Z always gave me directions me about what to do and what to say.

Z: The cat needs to take a bath. *He makes one of the men speak (very loud):* “ Get in! You need to take a bath!”.
Cat runs around.

A: Wow, that cat does not want to take a bath!

Z: The cat took a bath. He wants to play hide and seek. You count.

I take the Olaf figurine (the baby) and count.

Z: Ask the dad where the cat is.

A: *as Olaf:* Where is the cat?

Z: *As the father:* I will show you. *Goes to the chest where he hid the cat and opens it.*

A: Wow! There you are!

In this second excerpt, I stepped out of the play:

Z: Let’s play house but first I will get some people. *Looks into the house:* How are you going to live without furniture? *He hands me a figurine:* This is the daddy. This will be the kid (*a smaller figurine*). Mommy. That’s it but first we need horses because how are they going to get around? This is the kid’s horse. *He also takes a baby rhino.*
Goes to the carpet where there are 2 houses.

Z: This is our new home. We just moved and this is the house where we’ll live all days.

A: How do you feel about moving to a new house?

By asking him how he felt about this new house, I wanted to determine what his mindset was and whether he might be recreating his moves from his mother’s house to his father’s house. This question, however, took me out of the play, whereas – as my supervisor suggested – a stage whisper question such as “Do we like this house?” would have been more playful and stayed within the play.

Another pattern emerged very quickly: once he had sufficiently organized the people and the furniture, Z's play became chaotic and violent, in complete contrast to his previous demeanor. It seemed that once things were to his liking, he could start connecting to his stronger feelings. Animals became violent and out of control creating havoc in their paths, people and animals were in mortal danger and sometimes died and people (myself included) were being tricked into danger. And very importantly, stories lost their cohesiveness. The contrast between his highly organized self at the beginning of sessions and the wildness that emerged from his play was truly astonishing. This play, however, typically started only a few minutes before the end of each session. It felt to me that the violent disorganized play was more productive. I thought about letting him know ahead of time that we were at halfway point in a session in order for the violent play to emerge more rapidly. However, this would have been a reflection on what I thought was most important. The fact that he organized his session with both aspects of the play indicated to me that he needed the organizational component as much as he needed to express his disorganization and violent impulses. I decided not to bring up the time and let him organize his sessions as he wished. As time went on, sessions evolved and he did spend less time organizing and moving on with the theme of the play quicker. Hopefully, this evolution showed that he trusted me enough to hold his violent impulses without consequences for him.

Z: Let's get the baby rhino. I go get the baby rhino and it drinks too. The big horse crosses the water. Look I can swim. He says something like follow me or you can do it. So, we cross to the table where the cash register is.

Z: It's a trap! The kid figurine is stuck on one side and the horse keeps banging on the other side trying to get to him. The big horse gets hurt while trying to save the boy.

A: Oh no! He's trapped! What can we do?

Z: We have to go back. Leaves the boy figurine trapped and the friend and two horses go back to the houses. You have to go to the castle to get the boy back. There's a code.

I type a code on the door and the jail door opens.

Z: You have to go in to help the horse!

I walk in.

Z: It's a trap! He closes the door.

A: Oh no! I'm stuck!

Z: You have to go in the castle (to the friend)

A: But it might be a trap!

Z: Go! I go in.

Somehow the big horse is cured and everybody gets out of the castle.

Z: We have to go back to save the boy! Oh no! We have to cross lava!

The big horse figures out how to cross and we can all cross but then as we get back to the table the small pink horse starts falling off the table and despite trying to get back on top of the table falls to his death in the lava.

Z: He's dead!

A: No!

Z: We have to save the boy!

The horse saves the boy but is about to fall too! I offer the friend's hand and Z makes the horse hold on to it and doesn't fall.

A: Whew! He didn't fall!

During this excerpt, as usual with him, I followed his directions and we found ourselves in a very dangerous place with traps laying in wait, obstacles appearing out of thin air to stop us from reaching our goal. Traps were a recurring element in his play and he consistently set up traps for me to fall into. He was elated each time to let me know that I had indeed fallen into a trap.

The end of this excerpt, which corresponded to the end of the session, ended on a positive note: I offered a hand to save the horse and Z took it. This was not a planned intervention but it showed that Z was willing to accept help and that his play could finish well. One of the interventions that Slade (1994) discussed was helping the child make sense of the play. However, Kronengold (2017) warns that this impulse to make the story linear might derive from the need of the adult to understand what is going on to the detriment of what the child needs. It is possible that the child needs for the therapist to feel what he or she feels all the time: bewildered by decisions made without their knowledge or input. This was certainly what I was feeling: I was in a treacherous, opaque world in which rules kept changing. I could imagine that Z, being shuttled from one house to another by complicated adults, might very well feel something similar.

However one has to consider that therapy is a lot about timing. There might be a time when organizing narrative would have made sense for him but unfortunately, I did not see him consistently enough to get to that point, his sessions seemed like an opportunity for him to express his confusion and his anger as well as to assert his power within our play. His play with animals, in this case with an alligator figure, was very telling in this regard:

He shows me the alligator, which he makes a little threatening.

A: Oh no! he's scary!

Z: (as the male figure) Don't worry. I will protect you.

Axline would have said something along the lines of "this alligator seems mad" but I was a participant in the play. Thus, being frightened was one of the options I had: I could have decided that my character was not scared of the alligator and was able to tame him. This would have changed the way Z. answered me. So, was my decision to show him that I was scared the right one? It gave him an opportunity to protect me which he did quite a lot of during this session. This turning passive into active defense mechanism was a way for him to feel in control and powerful in this moment because in his real life he was powerless.

A transition in the treatment

Only during one session, did he come in and engage in this "mad" play right away. I had not seen him in a long time, maybe a few months, as his mother needed a back operation and was not able to leave the house, relying on other people (his aunt or her boyfriend) to bring him to therapy. His mother called me to let me know that he had been in trouble in school where he became violent with other children. During that time, Z's stepmother opened an Administration for Children's Services (ACS) case against his mother while Z's mother was at the hospital for her operation. Because of these events, I was able to see him three times in a row. The first of these sessions struck me as very important. He bypassed all his organization to go directly to the figurines:

He then goes directly to the box with the animals and people and takes out the crocodile.

Z (makes menacing growling noises): He escaped from a zoo!

During his play with the animals, Z. kept making animal noises, rarely breaking out of character to speak. Z makes the crocodile look around menacingly.

A: Wow. He's so mad. He was stuck in this zoo! And now he's out! What is he looking for?

Z: people to eat.

A: wow!

Z brings the horse and the rhino and with the alligator they try to break into the house by pushing on the doors and windows.

A: Wow, they're really trying to get in the house.

Z. makes the house topple by pushing on it with the animals. It lies on its side.

This was a very different play than what he had been doing in the past. There were no people in this version, only animals looking for revenge. He usually always narrated the play but in this instance he practically became these growling animals. Their rage was so intense that it made the house fall. By commenting on the crocodile's feeling place, I tried to voice the anger that he was showing me. I also moved the narrative forward slightly by asking what the alligator wanted.

Interestingly, he interrupted his play quite suddenly after I made the following comment:

Z: The zoo that he escaped from is next door. (As alligator): come! Everyone can get his own room. Animals go the castle that stands in for the zoo and start piling in. Z pushes the house upside down. The butterfly is underneath.

A: Wow. The animals were so mad! They destroyed the house. And now the butterfly is underneath.

Suddenly Z gets the ball to play basketball.

What caused him to do this? Did I express something that he did not want to hear? Was I on the wrong track? It is hard to know but something made him switch activities.

In some sessions, I chose to interpret his play and express what I thought was going on. Shortly after his mother let me know that he had tried to choke his little sister and that he refused to talk about it, he put himself directly in the play by using his fingers as puppets, which represented a giant living in the castle. The dad character knocked on the neighbor's house (the giant) and the giant slammed the door on him. Z repeated this at least ten times and the giant slammed the door each time. Then Z organized a war between the good animals defending the dad's house and the bad animals defending the giant's house. At first the good animals seemed to be winning but Z put himself in the castle and started throwing good animals across the room and putting them in the castle's jail. I gave voice to the giant:

A: You're bothering me. I am so furious that you keep attacking me. I was alone in my house, I just wanted to be left alone.

I saw this as a symbolization of his anger at his little sister who destroyed his peace. He was being painted as the bad guy when all he wanted was to be left alone. This example of an interpretation seemed to work as he continued playing in the same vein. In another session, however my interpretation did not work. There, I decided that Z. was making things safe and decided to underline this to him.

Z: It's a microphone. You can hear and see what's going on.

A: You're making it safer and safer. It's important to feel safe.

Z: I 'm trying to get the sword.

A: What's the sword going to do?

Z: It's going to destroy the other buildings.

A: Your building is important. You're making sure that the people inside are safe.

I had imposed my own view that he was making the house safe. It would have been much more productive to reflect what he was doing and wait for him to elaborate. Alternatively, I could have expressed that the outside world seemed to be a scary place. This might have enabled him to discuss his view of what was going on rather than what I assumed he was doing. For example, had I said to his comment on microphones, "oh, so you can hear and see?" I might have gleaned more information about what he might have been hoping to see, and what he felt was being hidden from him. This next example shows that interpretations can work quite well:

A: You have a lot of booboos.

Z: That's okay. I'm a big boy.

A: You know, grown-ups always say you have to be a big boy but sometimes kids don't feel like being a big boy. Sometimes kids want to do this. *I bang on the table and make a unhappy face. Z. bangs on the table after me.*

By imitating my gesture, he was showing me that I had connected to something important.

During our last few meetings, secrets became a topic of conversation and I wish I had had more time with him to delve into this topic more.

Z (*picks up a transparent block*): look! A secret block. You can see through it and it looks red.

Z: *looks at my structure*. It looks like a robot and this looks like a gun. You put your finger there and the bullet goes from there.

A: Wow. You know a lot about guns! How do you know all that?

Z: I'm not telling you

A: You don't want to tell me.

Z: I'll tell you later.
 Z: I'm taking cover (when I shoot the basketball).
 A: You don't want to be hurt.
 Z: I got hurt a lot.
 A: You did? What happened?
 Z: I saw a lot of things and you don't want to know.
 A: I do want to know. Would you tell me one thing?
 Silence. We play basketball for a few more balls.
 Z: Let's play kitchen.

These are excerpts of two different sessions but both made me wonder what was going on with him that I was not aware of. I tried to ask point blank but that was not how our relationship worked. He and I rarely discussed his life outside the playroom and the work within it was mainly symbolic play. It was interesting that he was the one who stepped out of the play to tell that he got hurt a lot but I pressed too much and should have stuck with reflecting his statement, which might have allowed him the space to go further. As it is, I asked a very direct question, which stopped him from sharing, as this was a very sensitive topic. I continued to push, which made him switch activities, a sure sign that he did not want to discuss this further. Similarly, my question about how he knew so much about guns was too direct.

Third Case Study: D

Background information

D was 9 years old when her mother brought her to therapy because she was overweight, hiding food at home and lying at school consistently, especially about what she was allowed to eat. She tearfully reported that D told her classmates her mother beheaded the teddy bear her father had given her. She also reported that D did not have many friends in school where she had been bullied in the past.

D lived with her mother, grandmother and younger sister in a studio apartment. Her mother worked six days a week and she and her sister spent most of their time with their very

strict Dominican grandmother who spoke no English. As the oldest, D was expected to be responsible and was often reprimanded for acting like a child. While D never argued with her mother or grandmother and always acquiesced to their requests, her younger sister was very thin, very energetic and was not worried about voicing her opinions and desires. D was very jealous of her sister whom she perceived as getting what she wanted all the time. D spent most of her days, when she was not in school or after school, watching videos on her computer. Her home life was both very constraining: there seemed to be no room for discussion with the rules her grandmother set, such as taking a shower as soon as you get home but also very permissive, as she could watch videos on her computer late at night with no supervision. She was doing okay at school although she had an IEP because of a learning disability in math.

D's father left them when she was 2. Her mother reported that D waited for him by the door for months. Even now, she missed him terribly but only saw him a few times a year: she and her sister spent a few weeks with him in New Jersey during the summer. Their father had remarried a woman who had two older children and -according to D's mother – did not want to spend much time with his children and refused to pay for child support.

Beginning of treatment

I started seeing D at the end of my first year of internship. I had started to incorporate some mentalization into the treatment and was better able to stay focused on a topic. However, her transference was very strong and it was challenging for me to navigate how to respond to her strong reactions, which were often directed at me. With W and Z, play had been the most important aspect of therapy and while they felt comfortable with me, I did not have the sense that they felt any ownership of the playroom or to me.

D came consistently and over the next few months, we played with the kitchen, with Legos and finally settled on painting. Her play was less pretend play than arts and crafts. Even with the Legos, she tended to think about composition and colors over what she was building. With painting, she loved adding coats of color over a drawing and mixing colors together, mentioning a number of times how satisfying it was to see the colors being mixed together. We also played Uno occasionally where she made sure to win by giving me all the regular cards and keeping the special ones. She also wrote some poetry and was always singing. She had a beautiful voice and often sang for me.

When I went to get D from the waiting room for the first time, she ran ahead of me to the playroom, starting a tradition, which always left me yelling “no running”, with no result whatsoever. By the time I got there, she had taken off her shoes and was settling in. She had met with another therapist for her intake and already knew the playroom, in which she immediately felt comfortable. In future sessions, she would often hide behind the door to “surprise” me when I walked in and let me know how slow I was, immediately asserting her superiority over me. I asked her about why she thought she was there:

D: No idea.

A: Well, here kids can talk about difficulties they might have.

D: I have so many difficulties.

A: For example?

D: Bullying at school. At school and at day care, all the kids make fun of me because the same bully is there. But don't tell my mom. She would make a big deal out of it.

While I introduced the purpose of therapy, I did not know how to bring up the presenting problem as I worried that I could make it sound like she was coming to therapy because she was overweight. Explaining to children why they are coming needs to be framed correctly to avoid giving the child the idea that they need to be “fixed”. However, she was quick to bring up the topic herself:

D: Another reason they tease me is, look at me? What do you notice?

When we went out to the playroom, she pointed to her sister:

D: See the differences in our bellies? She's skinny.

I did not know how to react to this and made a generic answer but should have remarked that she wanted me to notice the differences in her and her sister's bodies. This would have brought the subject of weight out in the open right away.

She had no trouble talking about her life and issues and shared readily some very difficult events in her life. But even more than what she said, her tone was of particular interest. It was resolutely cheerful and she usually laughed even when she was telling me difficult things. This dichotomy was not the only one: she wanted to be protected but refused to let her mother know of any issues she might have; she described herself as the smartest kid in her class but also stupid, she presented herself as really good at sports/singing/gym but was also very awkward in her movements. She spoke about farting and not being able to control it, her nose was often runny and her clothes hung awkwardly on her body. She often spoke with funny accents or voices. D's affect was rarely congruent with her mood:

D: Kids always make fun of me. They don't make fun of the second smartest kid in the class. (*fakes cries*).

A: Kids can be very stupid... It looks like you fake cry to avoid really crying...

D: Yeah, I'm so stupid

A: Not stupid but the thing is when we don't say things, we can feel it in our belly, or eat too much or feel nauseous...

It was as if she had no right to complicated emotions. While it was important to underline her fake crying, it was done too bluntly because she immediately crumbled and started berating herself. She had built herself up as the first smartest kid in the class but as soon as I challenged some part of her story, she became vulnerable and "stupid". Reading this now, I see that I should have stopped at stating that she was fake crying without assigning a reason for it, letting her make the connection.

In her family, she was expected to behave properly and not be a baby. As D was not allowed to express her feelings verbally, she ended up expressing them through overeating. Even as she craved being a baby, she was also very protective of her mother and worried that she might find out her real feelings. So, in order to hide her true self, her affect remained upbeat no matter what. She spent a great deal of time worrying about her mother hearing us from the waiting room and warning me not say anything:

D: I miss my old after school. I had been there since I was 3. I called the owner my mom because she knew me since I was a baby.

A: You knew everybody there.

D: You can't write that.

A: What part do you not want me to write?

D: The part about me crying. My mom says I am too big to cry.

Later in the same session, I said in passing that she was 10 but she sharply corrected me:

D: No, not 10 yet!

A: It feels too early to say you're 10

D: yes

A: What is it about 10?

D: It's double digits

A: Yes, that's a big deal. It sounds like you don't want to be that big. Your mom tells you you're too big to do some things.

D: She doesn't let me sleep next to her. It's tough to be the big one. My little sister, she gets to do all those things and she can cry and my mom won't get mad at her.

While she was able to express that being the older one was complicated, I did not wonder with her about why her mother should not be made aware of her difficulties. This would need to be explored more deeply in future sessions. Why would her mother need to be protected from D's emotions?

D loved to sing and was quick to remind me how good a singer she was. It was very important for her to let me know that she was very good at doing things: sports, singing, dancing:

D: I was born to sing! I always knew how to sing!

She greatly admired Instagram tween stars that became famous by lip-synching and showed me some videos of young girls singing Disney songs. These girls were – in many respects – her

opposite: thin, White, with plenty of money. Her comparing herself to them felt a little dangerous to me as I worried that she would think of herself as less than they were but she found in these songs a connection to her wishes, a great need for power for example:

A: What is it about the song that you like?

D: Powerful! There's nobody getting close to me ! (singing): " They're gonna bow to the evil queen ! You're not marring my dreams!"

By identifying with powerful characters, she was trying to counterbalance the powerlessness she felt in her own life. I remarked that she was a much better singer than they were. She had a very strong need to be noticed, admired and applauded, which was most likely not something she received often. In therapy, she found an audience in me.

As with W and Z, this was a child of divorced parents who was abandoned by a parent with no explanation and left to wonder what she did wrong. Her mother worked very long hours and she wanted the best for her children. She was often tearful when she came for collateral visits as she explained how worried she was about D and that she might not be happy. This might explain to a certain extent why D felt she needed to hide her negative feelings. D had a very intense relationship with her father, although this relationship seemed to be played out mostly in her mind, as her father was largely absent from her life. D held onto the belief that her dad loved her most, more certainly than her sister who was possibly responsible for him leaving. When I asked her about her parents, she readily disclosed her dilemma:

D: My mom says my dad left with another woman. My dad says she broke his heart. I don't know who to trust. If I trust one, the other one is lying.

She waited impatiently for the few weeks when she saw him during the summer and felt that they had a very strong connection:

A: tell me something about your dad?

D: He loves me! He's in love with me!

A: He loves you very much.

D: Yes, because I am his favorite daughter, He used to take care of me when my mom was at work before they got divorced and he never took care of my sister because he left when she was born.

Her use of romantic language really underlines the intensity of her feelings. When speaking about her father, she always described all the wonderful things they did together and all the things he bought her:

D: My dad got me a Jacuzzi! It is so big and fat! So big and fat! He got it for free at work just for me!

Her description of the gift as “so big and fat” speaks to her need for big gestures. After the summer, I asked her how was her break:

D makes a happy face and a thumbs up.

A: It looks like you had a great time.

D: Yes, but don't make me talk about it because I'm going to cry.

A: Ok. What is that makes you cry?

D: Well, I saw my dad and it was sad to leave him.

D's mother later told me that her father had sent them back after only a few days that summer and that D had been devastated, telling her mother she didn't want to be with her. Her mother felt crushed as she felt that was doing everything she could to provide for her daughters. But D chose not to talk about this part of it, letting me think that all had gone well during her visit with her dad.

A transition in the treatment

D tried to fill the void she felt with food but also with possessions. In our treatment, D became quite possessive of the toys in the playroom and of myself. She often remarked on the fact that the Legos were not how she had left them. I tried to keep what she built in a drawer away from the rest but it happened that some of the other children using the Legos also wanted to use the same pieces. Thus, she had to share the playroom, which she hated. It felt clear that she had to share everything already with her sister – her toys, her computer and most importantly her

father whom she loved above all - and having to share this space that was supposed to be her own, was too much to bear:

D: I want to play with the Legos. Did someone play with the Legos since I was here?

A: Well I'm not sure because I was away but all the children who come can play with the Legos.

D: Well make sure that they don't play with it.

A: Unfortunately, there is only one Lego box for everybody and I can't promise that.

D: So you're going to betray me?

A: you think this is a betrayal?

D: yes

A: Well I wish I could promise that but I can't.

Having to share provoked such an intense response that she used the word "betrayal". I was letting her down, another person who was not keeping their promises. In this instance, I answered honestly but I addressed the content of what she was talking about and not on the affect. While I did note the word, I did not link this powerful emotion to anything else. As time went on, she was able to verbalize her feelings of anger and jealousy. Therapy became a space where she felt comfortable being as bossy as she wanted:

A: That makes you really mad if things don't go your way?

D: Yes! So mad!

A: What happens when you get mad?

D: Off with your head!

A: Oh that's scary! I better watch out then! Are there other things that don't go your way?

D: Yeah, my grandmother always makes me do things I don't want to do.

My marked reaction to her "off with your head" showed her that I acknowledged her as a powerful scary person but also assured her that I could handle her display of emotion and would not crumble. It helped her understand that she could be as mad as she wanted and that I would be able to hold these feelings for her without her having to worry about my reactions like she worried about her mother's. Being upset in the playroom was a safe way for her to access these complicated and overwhelming feelings making it the "transitional space" (p.108) that Fonagy and Target (1998) discussed.

Eventually, I was able to link the world of the playroom to the outside world by underlining the use of the word betrayal and making an interpretation. D's willingness to continue the conversation showed that she accepted this interpretation:

D: I like making my sister jealous. I told her I could use your phone when we watch videos.

A: It sounds like this is a place just for you. Sometimes it's hard to share here or with your sister. Like last time, you said that having some people using your Legos was a betrayal.

D: Yeah. Do other people use the paints? This paintbrush is all dried up.

A: It sounds like you don't like that idea.

D: No.

D also reacted to seeing me write down things in my notebook needing my full attention on her.

D: You're still writing?

A: You don't like it when I write? It's okay to tell me you don't like it and I will stop.

D: Are you sure?

A: Yes, see? I put it away.

D: Now we can have fun!

She became very curious about my life. As I left one evening after our session, I saw them on the sidewalk outside the office. The next time I saw her, she told me that she knew where I lived because she had seen me enter a building next to the office. A little taken aback by this, I just reflected that she thought she had seen me walk into a building and she replied that she did not think this, she knew. Her certainty spoke of the importance she was giving to understanding my life and making me hers.

She also demanded that I buy art supplies, especially different colors of paint. I had some difficulty drawing the line at whether to get her the things she asked for. I started out feeling that it made sense for her to have more colors so when she asked me for some, I bought them but it turned out to be a slippery slope as she started expecting me to get more and more things:

D: Yeah you got new colors! Red and blue and gold! But not turquoise?

A: Some colors are still being delivered.

D: Are you going to get them for next week?

A: Yes, they should be there.

D: I would be so mad if you don't get those paints!

I was unsure about how to go about her requests: my countertransference wanted her to have all the things that she did not get elsewhere but I knew that this would not be enough and, more importantly, that this was not the goal of therapy. My supervisor and I discussed this and she suggested speaking to this void and this need to fill it with things. It turned out that D made it easier for me:

D: Maybe you could put one of these kiddie pools and put them in the room! And we could put a table next to it and get some food.

A: That's a really cool idea! It sounds like you really feel comfortable here and you want to make it even more so.

D: And we could have a slide!

Her imagination at turning the playroom into a spa made it clear to me that her requests were not about anybody granting them but about her need to feel seen and appreciated.

In the same vein, I had a great deal of trouble setting a limit on her taking things home. She asked me if she could take a few pieces of paper, a marker and some black scratch paper to work on during the week. I agreed to all of them but again understood belatedly that nothing was going to be enough and that I needed to talk about the feeling behind the request. Finally, I was able to comment that I understood that she wanted to take a little bit of the playroom with her at home but that things needed to stay in the playroom.

DISCUSSION

All three of these children had some common characteristics that they exhibited in the playroom. For example, they felt great satisfaction at thwarting my every move, which comes back frequently in other play therapy accounts. This speaks to the freedom children feel in therapy to be in control, in stark contrast to the rest of their lives. They wanted to upstage me in order to feel powerful. Therapy served as a space to express overwhelming feelings, which had no place in their daily lives including feelings of rage, abandonment and fear. This thesis has helped me to understand the role of the therapist as another secure base for the child especially if the child's home life is complicated. My role was to show them that I was able to tolerate these feelings and let them know that they were, in fact, legitimate.

When I entered the playroom, I was armed with three tenets: build a therapeutic alliance, start where the client is and be curious. Although all of these make a lot of sense intellectually, it was difficult for me to put them in practice and, in this section, I will attempt to explain how I now understand them. Through play, one can help the child develop her emotional skills and start making sense of his world, first his inner world then his surroundings. In order for children to be willing to think about complicated subject matters, playfulness is often the way in. I have included here an example of a case study that has been a guiding hand for me in writing this thesis. I have found in Kronengold's book (2017) a willingness to recognize that he did not always know what to do or why he did what he did. His descriptions helped me become aware that there was a large part of instinct that went into playing with a child but this instinct comes from experience and from the understanding of what the child is ready to hear. Being genuine, having fun and retaining a sense of playfulness, he remarks, will often save the day.

An Example of an Interpersonal Relationship Between Therapist and Child

“To what extent do we follow a child’s lead?” (Kronengold, 2017, p.1).

“How much does the therapist show of his or her own personality?” (Kronengold, 2017, p.27)

“To what extent does the therapist’s own presence play a critical role in the work?” (Kronengold, 2017, p.1).

In a very detailed account of his work with Ethan, a 10 year-old boy, Kronengold (2017) poses a great many questions as shown above to illustrate some of the hesitations and worries that one can feel in therapy sessions. When Ethan walks into Kronengold’s office, he starts by building perfect Lego buildings with no people inside. He does not ask for any input from the therapist who acknowledges that he “felt cut off” (p.29). The therapist decides to break into the play by touching Ethan on his shoulder and asking to play with him. Reluctantly, Ethan lets him play. The next session, Ethan returns to build the same structure. Kronengold (2017) notes: “I was trying to use an active approach to help expand Ethan’s ability to tell stories, understand feelings and allow me into his world – to help Ethan develop an internal space in which he could begin to deal with both feelings and other people” (p.31). He decides to introduce a human element through a puppet, which decides to move into Ethan’s structure to Ethan’s horror. Little by little, Ethan relaxes and lets the puppet in. Kronengold’s decision to introduce a character definitely falls into the therapist as actor and director category but seems to help Ethan as he starts accepting change and some chaos into his very orderly, controlling world. Ethan moves on to build a spaceship, which will protect the earth and Kronengold introduces an enemy, Captain Pineapple, who wants to rule the earth. Kronengold intends this character to be a way for Ethan to work on his aggressive feelings without having to be the bad guy himself and to expose him to conflict in a controlled manner. He does however worry about this move: “Would Pineapple actually help Ethan with his aggressive feelings, or would he instead set off Ethan’s aggression and rigidity, leading Ethan to become aggressive and disorganized?” (p.35). He underlines the

importance of humor, which helps the client find levity in a situation, which could trigger his anger otherwise. Ethan and the therapist continue their intergalactic play until Ethan's mother tells Kronengold that her son has been aggressive again. Kronengold is taken aback but soon realizes that he has been the one directing the play entirely: "In trying to push the therapy, I was drifting further and further away from Ethan. Difficult as it was to admit, I was playing alone" (p.39). Once the therapist starts to listen to him again, Ethan takes ownership of the game once more and is back on track. With this case study, Kronengold illustrates the balancing act that is play therapy. It is impossible to say that one should interpret all the time or only follow the child's lead; the most important task of the therapist is to be curious, to be available "as a listening and participating other" (Slade, 1994, p.103) and to be attuned to the child's world: "it is our job to enter into it, without preconceived notions of what or how that world should be" (Kronengold, 2017, p.3).

Constructing an understanding of my role as a therapist through metaphors

Building a therapeutic alliance: therapist as interpreter

One of the things I wish I had learned right away was that children often have no idea why they are coming to see a therapist. They might think they have done something wrong or that something is wrong with them. While my clients rarely appeared anything other than enthusiastic when they entered the playroom, - most likely because of the many toys there - I would have liked to know that being direct with children in the first session is often a relief for them. They know that something is wrong and playing with no acknowledgment that they are here for a reason could be anxiety provoking. It is important however to frame the reason without making them the wrong doer. All too often, a parent brings a child because he is acting

out or behaving poorly and it is important to make clear to the child – and to the parent- that the behavior is only a reflection of a deeper issue. For example, I wish I could have made this clear to D when she came in. I was uncomfortable discussing her weight because I did not want to make her feel that this was the problem but by not doing so, I was not able to dispel this belief either. Lieberman, Ghosh Ippen and Van Horn (2015) developed a dyadic therapy technique for children exposed to domestic violence and they discuss the way in which to greet the child the first time they meet. This is an example of a first session with a child “ Hello Jaylen, my name is Martin. Your mom and dad have been telling me that you’ve been having trouble sleeping and also listening to them. This is a place where we can talk and play about how you are feeling. You can talk about if you are happy, mad or scared.” (p.89). The authors rely on what they call “the triangle of explanations” (p.85) based on three topics: experience (you saw, you heard...), behavior/feelings (and now you hit/ worry...) and treatment (this is a place where...). This provides a very simple method for introducing the idea that this is not just a place where the child can play but also a place where work will be done and things will be discussed. In my work with W, I also spent too many months not focusing on his feelings because I did not know how to approach the subject of why he was in therapy in the first place.

Start where the client is: Therapist as precipitant

While the temptation is great to do something, as Slade (1994) and Kronengold (2017) discussed, the most important thing is to follow the child’s lead. Often this means concentrating on play. Under the umbrella of play however, there are techniques that can be used to help the child become more aware of her feelings and thoughts. By expressing her reactions, her own emotions during play, the therapist is helping the child who often lives in a family where feelings

are never discussed or even mentioned: “Analysts often need to create a context in which an attitude of pretense is possible. For example, they may exaggerate their intonations to mark for children the pretend nature of interactions” (Fonagy & Target, 1998, p.108). This can be done when reacting to losing in a game as I did with W for example. Showing the child that losing is upsetting for everybody but not earth-shattering is very valuable. It can also be done with humor, which can be used to defuse tension as Kronengold (2017) details in his work with Ethan. Ethan is getting very frustrated because he wants Kronengold to get the Legos for him. The therapist offers that they get the Legos together. The confrontation escalates until Kronengold changes tack: “I decide to add a little humor to our exchange and begin to speak in an exaggerated tone: ‘Yelling at me about Lego! C’mon! (I start to walk with Ethan to the closet) I mean I like Lego, you like Lego. They’re interconnecting blocks – what’s not to like, right?’” (p.30). He does not let Ethan completely off the hook but instead of acting like a grownup and getting upset at Ethan for being disrespectful, he shows him through humor that he does not have to be so rigid in his reactions and that if Ethan can meet Kronengold half-way, they can start having fun.

Remarking on the feeling behind the play or the conversation and not on the content of the play is another way for the therapist to help the child while still following the child’s lead. I found this to be quite difficult as I often became very involved with the topic at hand, forgetting that my job was not to fix things or to help find a solution but to help the child find it for herself. For example, in my work with D, I had a strong impulse to buy all that she wanted for the playroom before realizing that I needed to focus on her need to accumulate things and start to help her understand the reason behind it. I used this quote from Axline before but it is worth repeating: “there is no severer discipline than to maintain the completely accepting attitude and to refrain at all times from injecting any directive suggestions or insinuations into the play of the

child” (Axline, 1974, p.64) This I have found to be true. It takes great discipline to refrain from introducing one’s own judgment and this is something that I struggle with most of the time.

Being curious: Therapist as co-explorer

Being curious encompasses many different topics that I have found challenging. First of all, being curious does not mean prying. As previously mentioned, this particular issue has been a real hurdle for me. I have a strong tendency to stop the conversation if it feels too weighty. This is not actually for the therapist to decide. As I have found out, when a child wants to end the conversation, it will become very clear but until then, it is your job to follow the idea through. In my work with W especially, I often changed the conversation without really intending to. My natural tendency to focus on what happened next took over and I asked questions about content and forgot what the focus should have been. Rather than allowing the child to think for herself through open-ended questions, I focused on details of her daily life. Staying with a topic may mean waiting longer than may feel comfortable for an answer or possibly not get an answer. Even when there is no answer, the question will have been posed and will stay in the child’s mind. This is true for play as well. It is easy to get caught up in the action of the play and forget to think about what feeling is being expressed. It is also quite complicated to find the right feeling. For example, I decided that Z was making his structure safe but missed that this also meant that the world outside must have been a very dangerous one.

Being curious does not mean asking direct questions as I have also found out from both W and Z. Instead of asking questions upfront, I have noticed that repeating someone’s statement is enough to start the conversation going without any push from me. This is also true when

someone says: "I don't want to talk about it". Repeating this statement usually is enough to start the client elaborating on the topic.

CONCLUSION

Along the way, I have found many metaphors to describe the role of the play therapist. The important question, as I have come to see it, is when is the right time to be a co-explorer, a precipitant, a spectator, an investigator, a ferryman or a translator. All of these roles serve a purpose and have a space in the playroom, but depending on each child and sometimes on each session, one will need to adapt and change techniques accordingly.

Writing this thesis has made me value the use of process recordings although I often dreaded having to write them. Thinking about the arc of the treatment through a number of process recordings has helped me understand Terr's description of therapists as investigators: it is only after a certain amount of time that one has enough information about the child to start focusing on a specific issue. In the meantime, as Axline suggests, the child needs to be given a space where she can be accepted, heard and respected for who she is, in this moment.

Being able to think deeply about a client: what happened, what I said, how I said it, what I should or could have said and how the child reacted, has helped me to focus on each case and think about how best to approach each child. It has given me insight into my strengths and weaknesses as a play therapist and a framework with which to think about my evolution.

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APPENDIX A:
Axline's 8 basic principles (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 is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the *feelings* the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute changes 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 and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.