

Discussion of the methods used by the Play Therapist to encourage a silent child to share his traumatic experiences.

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Introduction

Play therapy is a method of effective communication with a child in a play setting and it can help the child who is under stress. It allows the child to express his feelings, communicate his anxieties and frustrations. Moreover it helps the child adapt to certain situations in life e.g. bereavement. Non Directive Play Therapy is probably the most common form of play therapy used. It was devised by Virginia Axline from the therapeutic work of Carl Rogers. Axline's work is based on her theory that the child's innate drive to achieve maturity must be given the optimum-facilitating environment to achieve that goal. She highlights that "*the therapeutic value of non-directive play therapy is based upon the child experiencing himself as a capable, responsible person in a relationship that tries to*

communicate to him two basic truths: that no one ever really knows as much about any human being's inner world as does the individual himself, and that the responsible freedom grows and develops from inside the person" (Axline 1964a:57-58).

The Therapeutic Use of Play

Play in itself is a method which the therapist uses to help the silent child to express feelings. During play therapy sessions and through an artificial and enhanced play environment, the child learns the role of mastery and release from emotional experiences and feelings. Play is also satisfying and joyful helping the child develop himself, thus finding acceptable expression for his unique personal experiences. The type of play, which is used by the young child, is symbolic play. The silent child often uses puppets, animals and dolls to facilitate expression of certain emotions. The actions of these toys are often used as adjuncts to his thought processes. If the child opts to use these toys the therapist must comment on an affective level and use the symbols used by the child.

Another method a therapist might adopt to help the young child is by reflecting on feelings that the child is expressing during the session. Reflecting on feelings, might be used during story telling or whilst playing a doll scene, amongst others.

Among the needs of children that toys fulfill are the needs "to explore, to invent, to create, to try out their skills, to show off, to stretch their physical limits, to fantasize, to role-play and to act protectively to something less powerful than themselves" (Newson & Newson, 1979). The therapist might facilitate the child's non-verbal expression of feelings by providing adequate activities for this expression. Examples of such equipment are sand baths where the child might bury dolls to express his anger, cars, balls, animals, playdough and blocks. A baby's bottle might also help the child relive early experiences. A doll's house might help the child relive through current traumatic situations at home.

According to a study carried out by Pynoos and Eth (1984), the authors demonstrate that, it is by giving personal

images, overt symbolic representation, that a child can gain mastery over some repressed emotions. When dealing with a silent child one way that this can be done is by playing through the scene or drawing. According to Wilson et al (1996) representation of thoughts by mental images seems to be the mode preferred by the child even after he can use language to communicate with others. In play therapy, the young child will use mostly mental images to bring about change in his/her personal schemas. When this is being done the therapist must attempt to understand these mental images and play out, sometimes even verbalizing with the child the affective and personal content of these schemas. To be able to do this the therapist must be flexible and adapt to the child's thought patterns in order to offer the young troubled child a non-threatening environment, so that the child be able to re-experience and re-order his perceptions to gain emotional insight.

The therapist must also create a private environment without interruptions from the outside world. In this way she can

gain the child's trust, thus allowing the child to express emotions more freely. By creating this environment the therapist will also respond to the child's non-verbal cues, thus generating empathy and non-possessive warmth.

Use of Role Play

In the case of a silent child, role-play often involves the therapist having to play the child's own role in the traumatic scene. Thus the child would find it easier to control his negative feelings and in so doing he will also be controlling the therapist's actions, which, in real life, are his actions. Moreover, he would be keeping control and obscuring his own feelings and actions. Often a child would feel powerless in an anxiety situation; thus the control offered during the therapy sessions will help him resolve some of these conflicts. The therapist should also be aware of the native country's culture, which will help in the following of role-play with the child giving minimal cues.

During role play the therapist must not be taken aback at being corrected or talked to without respect especially if

she is role-playing the child, while the young troubled child will be acting as the parent. This will show the child that the therapist has accepted her role and the child will be able to observe the situation in a more objective manner. This will help the child resolve some of his conflicts. The therapist also has to be aware and bear with the young child that role reversal might be hard, and the child may also go from one character to another.

When a silent child is referred to non-directive play therapy sessions, it is essential for the therapist to be aware of the child's experiences, especially a normal child's developmental stages. This would aid the therapist in understanding better the child's thoughts and emotions thus allowing her to adopt roles without the child giving too much instructions. This will help the therapy process flow as the child would be directed and the therapist following the child's leads.

Conclusion

The therapist presents a concerned, consistent approach, aware of all that the

child is communicating in his play and ensuring that the child realises that he is accepted, whatever feelings he displays. She allows the child to be himself. This increases his confidence and self esteem. The child is completely free to realise his potentials and so he matures. By learning to understand and accept himself, he learns to understand and accept others.

References

Axline V. (1989) **Play Therapy**. U.K. Longram Group.

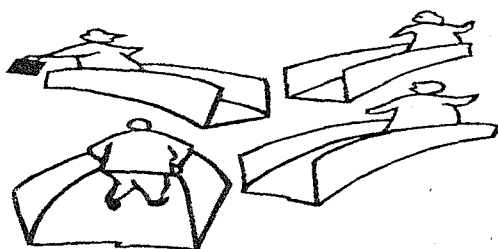
Engler B. (1995) **Personality Theories An Introduction**. 4th edition Houghton Mifflin Boston U.S.A.

McMahon L. (1992) **The Handbook of Play Therapy**. London Routledge

Gerow J.R. (1995) **Psychology: An Introduction**. Harper Collins College Publications

Wilson K., Kendrick P. & Ryan V. (1996) **Play Therapy A non-directive approach for children and adolescents**. London: Bailliere Tindall.

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