Chapter **3**

Play Therapy, Its Types and Use in Early Childhood ᵃ

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Abstract

Play therapy, which constitutes one of the important areas of child therapy, is a field where a safe environment is provided for children to express their feelings and thoughts and to solve problems through play, and where the therapeutic power of play is used to help resolve issues. Play therapy, with a history of about a hundred years, has changed, developed, and diversified through the practices of researchers until today. The use of play for therapeutic purposes first began with Freud and has taken its current form through the work of many researchers such as Hug-Hellmuth, Winnicott, Rogers, and Axline on play therapy. Play therapy falls into two main categories: directive and non-directive play therapy. Play therapy can take different names and be applied differently depending on the theoretical framework on which the application is based, the application environment, the toys used in the application, and the practitioner's approach. The types of play therapy frequently studied in the literature are; psychoanalytic play therapy, release play therapy, experiential play therapy, Adlerian play therapy, Jungian analytic play therapy, structured play therapy, Gestalt play therapy, filial therapy, group play therapy, Theraplay, cognitive-behavioral play therapy, child-centered play therapy, Storyplay and sand therapy. Play therapy, mostly used in children between the ages of 3-12, can be applied in many areas such as ADHD, anxiety, developmental delays, behavioral problems, separation, and domestic violence. Literature reviews show that many types of play therapy are highly effective tools in solving various problems such as aggression, anxiety, and shyness in early childhood, especially covering the 0-8 age group.

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1. Introduction

Play therapy, a topic that has frequently come to the forefront in recent years and is extensively studied in the literature, constitutes one of the oldest and most popular areas of child therapy (Schaefer & Kaduson, 2006). The use of play for therapeutic purposes began and gained importance when mental health professionals recognized the role of play in child development (VanFleet, Sywulak & Caparosa Sniscak, 2018). The therapeutic power of play has been addressed under the headings of communication, emotional regulation, relationship development, moral judgment, coping with stress, strengthening the ego, preparing for life, and self-actualization, which has formed the basis for the therapeutic use of play (Blundon Nash & Schaefer, 2017).

The basic assumptions of therapists explaining the role of play in therapy about the therapeutic value of play are as follows (VanFleet, Sywulak & Caparosa Sniscak, 2018):

- Play contributes comprehensively to children's cognitive, emotional, social, motor, and moral development, and enhances their skills and competencies in these developmental areas.

- Play is a concept that expresses children's perceptions, emotions, inner worlds, wishes, and struggles.

- Play is a highly powerful source of motivation for children. Although play is an action seen in all age groups, it is more common in children.

- Play is a form of communication that children use to convey their emotions, thoughts, perceptions, and desires to their therapists, parents, and peers.

- Play, in addition to being effective in children's learning of traditions and social rules, also supports their ability to bond with their parents and peers.

- Play helps children express positive emotions like excitement and happiness while reducing negative emotions such as anxiety and distress.

- Play is a highly effective tool for children to overcome the problems they experience. In an environment where they feel emotionally safe without any punishment, it supports children's ability to reveal their inner worlds and find creative solutions to their problems.

- Play allows children to take risks, experience certain adversities, manage and regulate their impulses, providing them with opportunities to experience power and control.

The assumptions about the therapeutic value of play demonstrate the importance of using play for therapeutic purposes in children. Additionally, it shows that play therapy contributes to many areas such as children's development, ability to communicate, motivations, express their thoughts and feelings, bond with their peers and parents, and solve their problems.

2. Play Therapy

Play Therapy emerges as a concept defined in various ways by many researchers and organizations in the literature.

Axline (1981) defines play therapy as an opportunity for children to express their problems and emotions through play. According to Axline, just as adults can express themselves and their troubles through talking, children use play in play therapy as a natural way of expressing themselves.

According to another definition, play therapy is an approach that allows therapists to guide children using play, toys, art materials, and various play tools. Especially for children under twelve years old, their limited ability to come to counseling sessions in adult therapy, explain their problems to the therapist, and express themselves hinders the treatment they would receive. Play therapy, on the other hand, prevents this by enabling children to communicate comfortably with the therapist and express themselves (Kottman, 2011a).

According to Keppers (1981), play therapy is described as an important opportunity for children to express feelings such as loneliness, failure, inadequacy, fear, and hatred, and to solve their problems.

According to the Association for Play Therapy of America, play therapy can be described as the systematic use of the therapeutic power of play by trained play therapists to assist the client in promoting optimal development, preventing difficulties, and supporting problem-solving (United States Association for Play Therapy, n.d.).

According to the Canadian Association for Play Therapy, play therapy is a psychotherapeutic treatment developed to support children between the ages of three and twelve. This approach involves working with specially selected toys in an environment that encourages the child to express themselves safely and exhibit healthy behaviors. The therapist's goal is to use the therapeutic power of play to explore and solve the child's problems (Eugster, n.d.).

The British Association of Play Therapists defines play therapy as "A way of helping children express their feelings and cope with their emotional problems by using play as the primary means of communication." (British Association of Play Therapists, n.d.a).

The Australian Association of Play Therapists similarly defines play therapy as a way to help children express their feelings and cope with their emotional problems (Australian Play Therapists Association, 2021).

Based on all the aforementioned definitions, play therapy is an approach where the therapist and the child as the client work together, creating environments where children feel safe and are given the opportunity to freely express themselves through play, allowing children to safely reveal their emotions, aiming to solve various problems they experience, and utilizing the therapeutic aspect of play.

3. History of Play Therapy

Although play therapy is frequently used in recent therapeutic practices with children, it is not a new application. With a history of about a hundred years, play therapy has changed, developed, and diversified through the practices of researchers until today. When examining the entire historical flow of play therapy, we encounter the following names and their contributions to play therapy:

- **Sigmund Freud:** The use of play for therapeutic purposes first appears with Freud. Freud worked on the phobic symptoms shown by a child named Hans in his research titled "Analysis of a Phobia in a Five-Year-Old Boy" (Freud, 1909; Freud, 1955). Although Freud was primarily a psychoanalyst working with adults, he also worked with children in some exceptional cases, as in the mentioned book, to try to confirm the theory he developed. While this work is not exactly play therapy, it is considered the first application of using play during therapy (Winograd, 2016a).

- **Anna Freud:** She defined play as one of the ways for the therapist-child relationship to be positive and stated that it is an application that allows the therapist to access children's inner world and emotions (GoodTherapy, 2015).

- **Melanie Klein:** Klein, one of Freud's students, used play for therapeutic purposes by using various play materials and toys in her practices. In her work with children, she aimed to bring the unconscious feelings, thoughts, and desires of children to the level of

consciousness by using play instead of the free association technique (Pehrsson and Aguilera, 2007).

- **Hermine Hug-Hellmuth:** Considered the first psychoanalyst to specialize in the treatment of children, Hug-Hellmuth formally initiated the play therapy process by providing children with materials through which they could express themselves in her studies. She advocated the use of play in analyzing children (GoodTherapy, 2015).

- **Donald Winnicott:** He emphasized the role of play in the child's identity development and argued that the true self is discovered in play (Winograd, 2016b). He believed that the therapy process takes place in the play area created between the therapist and the client, and developed the "Squiggle Game". This game, which aims to allow children to freely express their feelings and thoughts, is also an ideal method for communicating with children who are too young to express their emotions and perceptions (Berger, 1980).

- **Joseph Solomon:** He developed a short and effective method by developing the "active play therapy" approach for solving children's emotional problems. In active play therapy, the therapist can obtain information about how the child reacts to their environment. The aim of this approach is to allow the child to experience emotions such as anger, fear, etc. during play, enabling them to move away from problematic behaviors in real life and acquire acceptable behaviors (Solomon, 1938).

- **David Levy:** He put forward a structured approach with the "release therapy" he developed in 1938. In this approach, the therapist follows these steps: encouraging the traumatized child to play freely, presenting materials related to the child's traumatic experience, and allowing the child to re-experience the event. The purpose of this application is to enable the child to re-experience their traumatic experience and thus release their unresolved emotions and actions (GoodTherapy, 2015).

- **Gove Hambridge:** He expanded David Levy's work and brought it together under the title of "structured play therapy". In Structured Play therapy, the therapist should follow a sequence of recreating the traumatic situation and then encouraging free play to solve problems related to the traumatic experiences children have had (Pehrsson and Aguilera, 2007).

- **Carl Rogers:** He created a new psychotherapy model called "Client-centered therapy" (Rogers, 1946; Rogers, 1951a; Rogers, 1951b;

Rogers, 1952). This model, which has reached today under the name of "person-centered therapy" or "non-directive therapy", drew attention to the need to establish a relationship based on acceptance and trust between the therapist and the client (British Association for Play Therapists, n.d.b).

- **Virginia Axline:** Axline (1947, 1964, 1981) adapted Rogers' approach to make it more suitable for children and developed child-centered play therapy. In her book where she describes the process of working with a 5-year-old child named Dibs (Dibs in Search of Self, 1964), Axline presented the child-centered play therapy application by detailing how she worked with Dibs and the therapy process she applied in his journey to health.

  Child-centered play therapy, founded by Axline, has been developed through numerous studies conducted by many researchers such as Moustakas, Schaefer, Landreth, Kottman until today, and has also led to the design of many different models such as "relational play therapy", "Adlerian play therapy", "systemic family therapy", "narrative therapy" and "solution-focused therapy" (Kot, Landreth and Giordano, 1998; Kottman, 1999; Kottman, 2001; Kottman and Johnson, 1993; Kottman and Warlick, 1989; Landreth, 1993; Moustakas, 1951; Moustakas, 1953; Moustakas, 1955; Moustakas, 1997; Moustakas and Schalock, 1955; Phillips and Landreth, 1998; Schaefer, 1993; Schaefer and Cangelosi, 2002; Schaefer and Carey, 1994).

- **Louise Gurney and Bernard Gurney:** In the 1960s, they developed filial therapy, which is closely related to child-centered play therapy. In this therapy, while the therapist applies child-centered play therapy to children on one hand, they also train and supervise parents, involving them in the therapeutic process (VanFleet, 2004).

4. Types of Play Therapy

Play therapy, which is one of the therapeutic methods, is fundamentally divided into two main approaches. These are; non-directive play therapy and directive play therapy.

Non-directive play therapy utilizes a less controlled environment that allows the child to freely explore and manage their own play (Joy, 2021; Ohwovoriole, 2021). In this approach, the therapist creates an environment of unconditional acceptance and trust for the child, allows the child to

direct the play, uses reflective listening, and observes the child's behaviors (VandeCreek, Knapp and Jackson, 1992).

Directive play therapy, on the other hand, is a controlled approach where the therapist actively participates in the play therapy process. In this type of therapy, the therapist structures the child's activities by providing play materials and encouraging the child to use them (American Psychological Association, 2022).

Both methods begin with the therapist suggesting a general topic or activity, and both can be used to treat various conditions. However, directive play therapy is generally used with trauma victims, while non-directive play therapy is more often used to help those with behavioral problems. Still, there is no strict rule regarding this, and there are studies in the literature showing that both therapies are effective in many areas (Gierok, 2022).

Play therapy can take different names and be applied differently depending on the theoretical framework on which the application is based; the application environment, the toys used in the application, and the practitioner's approach. The types of play therapy frequently studied in the literature are; psychoanalytic play therapy, Jungian analytic play therapy, release play therapy, experiential play therapy, Adlerian play therapy, structured play therapy, Gestalt play therapy, filial therapy, group play therapy, Theraplay, cognitive behavioral play therapy, StoryPlay, sand therapy, and child-centered play therapy.

4.1. Psychoanalytic Play Therapy

Psychoanalytic play therapy accepts play as a reflection of the child's subconscious and takes into account the symbols present in the play. The main aim of this therapy is to explore the subconscious. In psychoanalytic play therapy, the therapist does not apply a specific technique. Instead, they maintain a professional stance by giving full attention to the child's play, anxieties, defenses, and verbal expressions (Punnett and Green, 2019).

4.2. Jungian Analytic Play Therapy

Jungian analytic play therapy argues that a person's healing and transformation come from within themselves rather than from any technique or person. In this therapy, the source of the healing and transformation experienced by the person is their own subconscious. In Jungian analytic play therapy, the emotions and problems that children cannot express verbally become noticeable and audible during the play process. Thus, the child is enabled to achieve a healthy transformation (Paul and Heiko, 2019).

4.3. Release Play Therapy

Release play therapy was developed by David Levy, adopting a structured approach. The process of this therapy begins with children playing freely. This process continues until the children feel comfortable in the playroom. After this, the therapist uses play to reenact the stressful situation or situations experienced by the child (Levy, 1938). The therapist's purpose in doing this is to allow children to release emotions (such as anxiety, grief, anger, etc.) that they cannot express due to the intensity of the trauma they experienced or due to their age and developmental skills. As this release process brings about a feeling of relaxation, it allows children to express their emotions freely (Gerard Kaduson, 2006).

4.4. Experiential Play Therapy

Experiential play therapy was developed by Byron Norton and Carol Norton and is among the non-directive play therapy types. In the therapy process developed by Norton and Norton (2015), there is a strong belief in children's perceptions of the challenges in their own lives. Therefore, in experiential play therapy, the child is allowed to manage their own play process. Throughout the play process, the aim is for children to regain their strength by using toys and their creativity. Throughout this therapy process, the role of therapists is to take on the roles that children want and participate in their quests.

4.5. Adlerian Play Therapy

Adlerian play therapy is a play therapy approach where Adlerian principles are applied through active and directive play interventions. At the same time, this play therapy uses the play process, which includes various toys, stories, puppets, art, drama, and role-playing, as a communication tool. Adlerian play therapy combines the theoretical structure of Alfred Adler's individual psychology and some therapeutic intervention strategies on the basis of play therapy. In this type of therapy, which argues that children are goal-oriented, subjective, and creative beings, the aim is to create positive change in children using fun ways for play therapists and children (Kottman, 2011b; Kottman and Ashby, 2019).

4.6. Structured Play Therapy

Structured play therapy is a play therapy approach that uses planned and structured activities in almost all sessions of the therapy process (Jones, Casado and Robinson, 2003). Structured play therapy, which is among the

directive play therapy types, focuses on the developmental issues that children struggle with. In the therapy process, the therapist's task is to advance the planned process with their directions and provide a facilitating environment for children (Stone and Stark, 2013).

4.7. Gestalt Play Therapy

Gestalt play therapy, which is a humanistic, dynamic, present-centered, and process-oriented form of therapy, is an effective approach in treating most childhood disorders and disorders in the process of healthy emotional development (Carroll, 2009; Oaklander, 2001). The aim of Gestalt play therapy is to help children gain the missing aspects of their selves. In this process, while the therapist's task is to provide various experiences for the child, the child's responsibility is to develop by using the experiences offered to them (Oaklander, 2001).

4.8. Filial Therapy

Filial therapy, developed by Louise Gurney and Bernard Gurney in the 1960s, is a type of play therapy that adopts an integrative approach combining cognitive, behavioral, psychodynamic, humanistic, family systems, and social learning theories (Glazer, 2010; VanFleet, 2004). In filial play therapy, the therapist works with both children and parents. During the therapy, while child-centered play therapy is applied to children, parents are also trained and supervised and included in the therapy process. This therapy aims for parents to establish a relationship with their children through a non-directive play process. The goals of filial therapy are; to provide opportunities for children to experience new things, to allow them to express themselves freely, to support their learning of social rules, to strengthen family bonds, and to create a safe environment that supports their sicil skill development (VanFleet, 2009).

4.9. Group Play Therapy

Group play therapy is an application that can be applied in situations where children make passive observations or actively participate, and in every situation, it provides the child with the opportunity to establish relationships with the group. Group play therapy can be used in many areas such as treating behavioral problems in children, correcting wrong habits, or treating behavioral disorders (Gibbs, 1945). In this technique, the therapist's task is to provide opportunities to support children's social and emotional development, communication skills, self-awareness, and coping skills when working with groups of children (Wonders, n.d.).

4.10. Theraplay

Theraplay, a child-family therapy, is defined by the Play Therapy Association as one of the innovative psychotherapies for children. Healthy attachment plays a crucial role in the development of children's good mental health, the development of their self-esteem and ability to establish secure relationships with others, and increasing their resilience in the face of difficulties. Therefore, Theraplay aims to support healthy attachment between the caregiver and the child (The Theraplay Institute, 2022). During the therapy process, the development of a healthy and natural interaction process between the child and the parent is supported. Theraplay is effective in solving various behavioral problems in children stemming from depressive behaviors, introversion, difficulty in socializing, temper tantrums, aggressive behaviors, phobias, developmental delays, learning difficulties, and pervasive developmental disorders (Jones and Gillogly, 2022).

4.11. Cognitive Behavioral Play Therapy

Cognitive behavioral play therapy, which includes structured and goal-oriented activities, is a type of play therapy that supports children in developing more appropriate and adaptive behaviors. In this type of therapy, the therapist focuses on children's emotions, perceptions, thoughts, and environment. In cognitive behavioral play therapy, puppets for role-playing and exposure, books containing bibliotherapy approaches, and traditional play therapy materials are used. Additionally, children are allowed to bring materials to the sessions. Cognitive behavioral play therapy is used to teach certain skills, create alternative behaviors, change cognitions, support coping skills, and generalize positive behaviors in specific environments. This type of therapy can be used for children with disorders such as anxiety and phobias, selective mutism, enuresis, encopresis, or those with traumatic experiences (Drewes and Cavett, 2019; Knell, 2009).

4.12. StoryPlay

StoryPlay is a multicultural, flexibility-based, and indirect play therapy model that utilizes each child's, adolescent's, or adult's own internal resources, skills, and strengths to create healing, problem-solving, self-improvement, professional development, growth, and change (Domsch, 2013; Mills, 2011). This approach fundamentally focuses on the power of play and therapeutic storytelling. The StoryPlay approach is a model that provides creative tools for working with difficult and/or traumatized clients while using the treatment methods or philosophy preferred by the clients (Courtney, 2017).

4.13. Sand Therapy

Sand therapy, also called sand play therapy or sandtray therapy, is based on the work of Carl Jung and Dora Kalff. Sand therapy is a method used to create significant changes in the subconscious of the person being worked with. The foundation of this type of therapy is the idea that when the right conditions are provided, the client can perform their own healing process. The therapist is the person who encourages the client's healing process and ensures that the therapy is safe and effective. While sand play therapy is largely used with children who have experienced various traumatic experiences, it can also be beneficial for young people and adults in some cases (Cunningham, 2013; Morin, 2021).

4.14. Child-Centered Play Therapy

Virginia Axline developed the technique she initially referred to as non-directive play therapy and which is now known as child-centered play therapy (Axline, 1947). The basis of this approach is formed by the idea that children are capable of solving their own problems and the assumption that they can show mature behaviors based on their inner desire to grow (Axline, 2019). Child-centered play therapy accepts play as the most natural way for a child to express themselves. In this way, the child can reveal many emotions such as tension, fear, aggression, insecurity, confusion, disappointment, and bewilderment, and learn to control these emotions by confronting them. As a result, experiencing emotional relief, the child progresses towards maturation, being themselves, thinking for themselves, and making their own decisions, thus structuring their personality.

After Axline, many researchers (Bratton, Ray, Edwards and Landreth, 2009; Moss and Hamlet, 2020; Glover and Landreth, 2016; Petruk, 2009; Ray and Landreth, 2015, Ray and Landreth, 2019) have also defined child-centered play therapy, conducted studies, and attempted to explain its scope.

5. Areas of Use for Play Therapy and Its Application in Early Childhood

While play therapy is generally an application that can benefit people of all age groups, it is mostly used with children between the ages of 3-12. Play therapy can be used in many areas such as attention deficit hyperactivity disorders in children, anxiety, fear, post-traumatic stress disorder, learning difficulties, problematic behaviors seen at school, anger control issues, developmental delays, adjustment and behavioral problems, autism spectrum disorder, issues like thumb sucking, nail biting, tics, eating, sleeping and

toilet disorders, divorce, introversion, death of a close person, separation, attachment problems, domestic violence, neglect, and abuse (Pietrangelo, 2019; VanFleet, Sywulak and Caparosa Sniscak, 2018).

When conducting play therapy applications, the choice of therapy type (psychoanalytic play therapy, Jungian analytic play therapy, release play therapy, experiential play therapy, Adlerian play therapy, structured play therapy, Gestalt play therapy, filial therapy, group play therapy, Theraplay, cognitive behavioral play therapy, Storyplay, sand therapy, child-centered play therapy, etc.) can vary depending on the problem situation observed in the child, the child's age group, and the practitioner's approach.

Literature reviews show that many types of play therapy are highly effective tools in solving various problems of children in early childhood, covering the 0-8 age group. When examining the studies conducted; it is seen that child-centered play therapy is effective in reducing behavioral problems and increasing social skills of aggressive, anxious, inattentive, and hyperactive children in the 4-6 age group (Semerci, 2022), filial therapy is effective in improving parents' relationships with their 4-8 year old children and learning basic skills related to play therapy (Jang, 2020), play therapy has a significant effect on the shy behavior of a 6-year-old child showing shy behavior (Koçkaya and Siyez, 2017), Gestalt group play therapy is effective in treating behavioral problems of preschool children (Kafaki, Akerdi and Rezaei, 2014), Theraplay play therapy is effective in reducing emotional and behavioral problems of children aged 6-14 (Uysal, 2020), cognitive behavioral play therapy significantly reduces behavioral problems of children aged 7-10 with externalizing behavior problems (Ghodousi, Sajedi, Mirzaie and Rezasoltani, 2017), and Storyplay therapy is an effective approach in reducing anxiety in children aged 3-5 (Finarti, 2023).

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