

# DRAMA AND PLAY THERAPY WITH YOUNG CHILDREN

Ann Cattanach

Tom tied a kettle to the tail of a cat;  
Jill put a stone in the blind man's hat;  
Bob threw his grandmother down the stairs-  
And they all grew up ugly and nobody cares.

Nobody loves me,  
Everybody hates me,  
Going in the garden  
To-eat-worms.



These rhymes are part of children's armory to cope with their world and perhaps tell us, the adults, what they really think and feel. What Iona Opie (1992) called 'a declaration of a child's brave defiance in the face of daunting odds.'

Play for children is the place where they can express their defiance and try to make sense of their own particular world and what it feels like to live there. They can play their world through making other worlds and in making sense of these created worlds come to terms with their own particular reality. This is the paradox of play: safe in the world of play we can declare:

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Nobody loves me,  
Everybody hates me,  
Going in the garden  
To eat worms.

And explore that loss of love in the safety of the playing space and the containment of the rhyme.

Donald, age 7, knew that feeling. He told me he was really pleased that he was going home to his mother who had been in the psychiatric hospital, but in his play and drawing he was able to tell this story:

This is a boy called Adam. He has got blood all over him because he was run down by a car.

A man called Raymond ran him down. It was an accident.

He is going to die from the accident. He goes into a coma in the hospital then he dies a day later.

Everybody says 'Hip-hip-hooray' because nobody likes him and was glad he killed him.

Everybody was putting knives into his dead body in the grave.

Even in the grave, Adam had blood all over him.

Adam was alone in the world.

Donald could explore himself and his mother in his story. He described his own helplessness and his mother's talk about killing herself but both were contained by the story. The pain of Donald's life was held safe by the story of a boy called Adam.

## **Play Therapy for healing the Hurt Child**

This article describes the importance of play in the life of children and how the therapeutic use of play can help troubled children to make some sense of their experience. The model of play therapy described is a drama and arts therapy model that emphasizes the centrality of play in children's lives and, furthermore, that play and playfulness are the ways we all begin to develop the whole of our cultural and creative life.

Huizinga (1949) suggested that in play there was something 'at play' that transcended the immediate needs of life and imparted meaning to the action. It was stepping out of 'real life' into a temporary sphere of activity. At the same time there was an intensity and absorption in play. Play was distinct from ordinary life both as to its locality and duration. There were limits on play; it began, then it was over. Play assumed a fixed form as a cultural phenomenon. Once played, it endured as a newfound creation of the mind retained by the memory. It was transmitted; it became tradition.

This repetition, which develops into tradition and ritual, is an important process in play therapy. As children make a relationship with their therapists and begin to explore the toys and objects offered in the playing space, the style of play begins to emerge and stories and play are repeated, sometimes remaining the same, becoming part of a ritual or expanded and changed as the play

gains in complexity. Then the play process has a cultural identity that becomes an important part of the relationship between children and therapists.

Sally used a drowning mermaid in all her play. Mary began each session by making food with Playdough that we shared together. Nancy made up many stories about a pirate called Mr Beating Bad who hit people and John always enacted a scene with Punch and Judy puppets. I have played Captain Hook to Peter Pan in a continuous ritual to affirm in play the children capacity to overcome the bullying Captain. The children knew the rituals and controlled the repetitions as part of the process of containment.

### **Four Concepts in the Use of Play Therapy**

When play is used as a healing process to help troubled children it is important to facilitate their play and contain it in a healing environment. Through a multi-dimensional model of play therapy we recognize four basic concepts that facilitate the play and contain the process to keep the children safe:

1. the centrality of play as the children's way of understanding their world;
2. that play is a developmental process and, in therapy, the children move back and forth along a developmental continuum as a way of discovering and exploring aspects of identity;
3. that play is a symbolic process through which the children can

experiment with imaginative choices aesthetically distanced by the creation of this other playing reality form the consequences of those choices in 'real' life;

4. that play happens in its own special place and time, and this playing space is a physical space and a therapeutic space. This is the transitional space between children and therapists, the space to define what is 'me' and 'not me,' the place where our creative life starts.

### **The Centrality of Play**

Play is a unique experience in our lives that has a reality of its own, an activity in which human beings explore their worlds and their identity in relation to other worlds and other identities. Play is the place where children first recognize the separateness of the self from others and begin to develop a relationship with the world beyond self.

Grainger (1990) wrote:

I select an object in the outside world and bestow an identity upon it, so that, despite being mine, it now belongs to itself, and this first and foremost is achieved by learning to play.

It is important that play therapists recognize the seriousness of play and enable children to feel free enough to play without feeling judged. Play is the children's world and therapists enter that world respectfully. The willingness of therapists to play as equal participants, entering into the world of the children while keeping the play safe, is the beginning of a trusting relationship and an expression of mutuality in the relationship.

There should be no sense that the adults are patronizing the children or that the adults re-constitute the play to give some adult meaning to the play. The solutions to problems presented by the children should be made within the play and imagery presented in play not connected to that other reality outside the play.

## **Play as a Developmental Process**

The paradigm through which children develop creative expression in play consists of three stages: embodiment play, projective play and dramatic play.

### **Embodiment play.**

This includes the pre-verbal explorations the young baby makes of the immediate sensory world – all that pleasure in touching, sniffing, tasting, looking and hearing – all the wonder of sensation as the immediate world enlarges as the baby begins to crawl and walk. These initial experiences of the sensory world lay the foundation of our sense of self and our pleasure in the physical world. One of the processes explored in sensory play is that of hunger, eating, digesting, eliminating. Higgins (1993) called this pattern falling apart and reforming and one of several forms that the creative cycle may assume.

Jason, age four, used sensory play to make sense of his fears after his mother has been stabbed to death. He played with slime, using it to represent body fluids. He was afraid that he had no control of his body

and, once these fluids left him, he also would die like his mother. A small scratch and he would bleed to death.

He played with slime, sniffing, touching, looking, then using the material as ear wax, 'snot' saliva, 'shit' tears to express the physicality of the body the frailty of the body, the loss of those parts of him as they left his body and, in the same way, the physical loss of his mother – the fragility of the body and its space in the world.

### **Projective play.**

The world expands for children who begin to explore objects on their environment. Winnicott (1971) described the first special possession adopted by the infant as having a particular importance as the first 'not me' possession. This first object, perhaps that smelly piece of blanket, is taken everywhere. It is special because it is not 'not me' and not 'me' but exists in the area of illusion as the transitional object.

There is a direct development from the transitional object into play activities. Children begin to explore toys and object outside of themselves and start to play out experiences through the use of this external media. This is the beginning of symbolic play for children when for the first time they realize that one object can represent another.

Piaget's (1962) description of symbolic play stated that for children it is indispensable to their affective and intellectual equilibrium that they have available to them an area of

activity whose motive is not adaptation to reality but assimilation of reality to the self without coercion or sanctions. Such an area is play. Which transforms reality by assimilation to the needs of the self.

### **Dramatic play.**

As children develop skill in symbolic interaction with external media, dramatic play develops through family play, the re-structuring of events, and the making of and listening to stories. Children begin make-believe play with activities in which the role taken is one of self-representation, then gradually, through playing with other children and with toys and other objects, they learn to pretend to be someone else. This role taking of young children is not just imitation because, while still being themselves, they identify completely with those whose roles they are taking. They then develop more sophisticated role-playing and, by four years of age, one child can combine role-play with the make-believe play of other children.

### **The playing continuum.**

All these ways of playing are employed by therapists and the children in play and perhaps some of the most satisfying play for the children contains elements of sensory play, projective play and dramatic play. It is interesting to note that many children have particular preferences for either object play or dramatic play, which seems to be a fixed preference.

## **Choices in Playing**

### **Objects-versus-People and Play Patterns and Play Dramatists**

Young children have preferences in ways of playing and this is often described in terms of objects-versus-people play. Emmerich (1964) observed that some children are more attracted to activities where there is a lot of interaction with people whereas others prefer solitary activities where the focus of attention is on objects. Wolf and Gardner (1979) described two styles of symbolic, imaginative play: object-independent fantasy play in which children create imaginary worlds by invoking non-existent events, roles and props; and object-dependent transformational play in which children create an imaginary world by transforming existing objects and arrangements in the environment. These individual styles seem to be stable across time and are not instances of particular periods within developmental levels.

Object-dependent play is characterized by children constructing arrangements or patterns with objects and substituting items where actions require props. Object-independent children create stories and play form non-existent elements and can incorporate objects and actual events changed to be part of their imaginative play. The two styles can be described as play patterners versus play dramatists. Patterners show considerable skill and interest in making patterns, structures and order with objects and materials.

Dramatists show a strong interest in human surroundings, what others did, felt and how they could be known. They enjoyed games, dramatic play and storymaking.

*Imaginative Play Styles Continua*

*Patterners – Dramatists*

*Visualizers – Verbalizers*

*Configuralists – Narrators*

*Object Dependent – Object Independent*

Louise is a patterner. Trying to make sense of the loss of her brother who is to be adopted and will not return to the family, she constantly makes families, sorting out small family dolls into groups, each family group delineated, with its own territory and individual facilities and requirements. The matching of small dolls in each family must be appropriate, by her rules, which cannot be verbalized. The family groups are placed on the floor in a visual display that is understood by Louise. She needs the toys, and she creates patterns and groups with the dolls to help her make sense of her reality world.

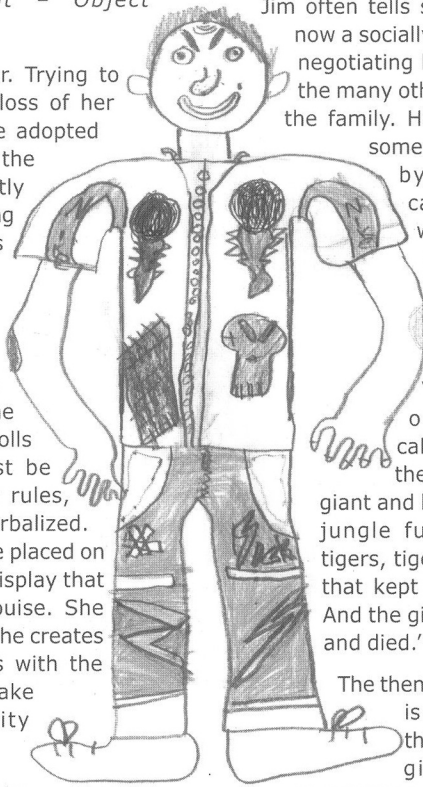
Jim is a dramatist. He is in care in a foster family, waiting for a long-term placement. He is content where he lives and the family

hopes to keep him there, as does his natural mother. Jim remembers the chaos in his natural family when his mother had a violent boyfriend who came to live with them. Jim made up his story and acted again and again, taking a variety of parts. The roles are ambivalent and there is a bit of the real Jim in every part. He made up the story and began to act straightaway; he never used toys or media to stimulate his imagination.

Jim often tells stories and is now a socially skilled child, negotiating his place with the many other children in the family. He was taught some of these skills by his foster carer; he had wanted to learn because he is sociable. This is his story:

'There was once a giant called Anthony; the cold-hearted giant and he lived in the jungle full of tigers, tigers, tigers, and trees that kept falling down. And the giant got angry and died.'

The theme of this story is expanded in the playing. The giant is sometimes like the mother's boyfriend who did indeed live in a jungle as a drug dealer, and often the violence of that way of life

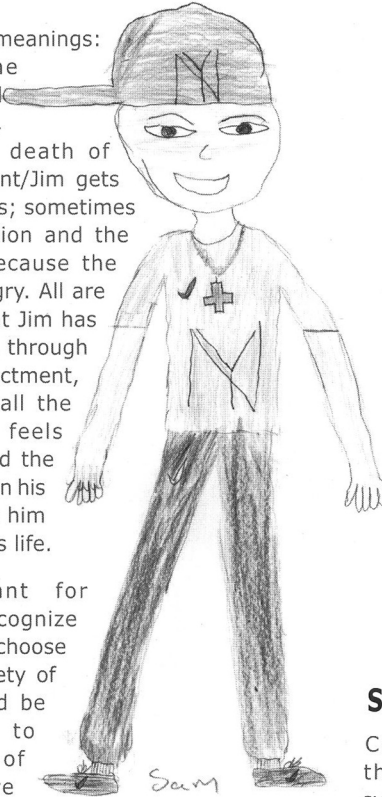


entered into the life of Jim, as his home was broken into and damaged. But the foster family is sometimes a jungle where each child has to fight for attention and love with all the other children. School was a jungle for a long time before Jim was accepted.

and play as adults humouring the children instead of finding the artistic truth of the roles they are asked to play by the children. Therapists should be trained in improvisation and dramatic play so they can be effective players with the children.

'Died' has many meanings: a wish that the giant boyfriend really was dead, sometimes the death of anger as the giant/Jim gets the love he craves; sometimes death is separation and the loss of home because the giant/Jim got angry. All are feeling states that Jim has experienced and, through his dramatic enactment, he can explore all the ambiguities he feels about himself and the important people in his world. This helps him make sense of his life.

It is important for therapists to recognize that children will choose to play in a variety of ways and should be encouraged to explore styles of playing that are part of their personal style. It is also important for therapists to explore their own personal style and expand their repertoire of styles so they can offer appropriate ideas and stimulation to children. Many therapists feel inhibited when playing dramatic roles



### **Symbolic Play**

Children playing in therapy create a symbolic or metaphoric world where the power to change or reconstruct events belongs to the children. In this play space the children make acts of representation through which they can interpret or re-interpret their own experiences by playing imaginary worlds.

Children can construct and examine their illusional world free from the constraints of real circumstances. There are no chance accidents or irrelevancies to obscure the logic of the illusional world so the children can create new meanings uncluttered by the constraints of their reality world. They can escape from being the victims of their own circumstances.

When I was a chicken  
As big as a hen,  
My mother hit me  
And I hit her again:  
My father came in,  
And he ordered me out,  
So I up with my fist  
And I gave him a clout.

When children experience this alternative reality of play, can experiment with make-believe play, assign a variety of functions and roles to objects and people, there is the possibility to transcend and transform experience. They create a place to explore the boundaries between self and others, inside and outside, hurt and nurture.

## **The Therapeutic Space**

When therapists and children meet to play, two areas of space are defined – the physical place in which they meet and the psychic space developed between them. Children set play apart from real life by signalling their intention to play and defining the space in which they play. When therapists offer a place to play it must be safe enough with clear

physical boundaries and free from disruptions from the outside world.

Gersie (1987) wrote that we play most easily in the fringes of structured time and in the hinterland of common space, such as an attic, beneath a table, at the bottom of the garden, on some nearby wasteland. There we explore our choices regarding the private and the public, the personal and collective. In order to experiment we need an area which in and of itself offers few constraints, thereby generating many possibilities. Such a space needs to allow for easy transformation into apparent seclusion, through the creation of actual boundaries or into approachability by allowing access to others.

These considerations are important for therapists when creating a playing space. When I work with children in their homes I try to select a space on the fringes of the household, not the living room or a central room in the house where we might easily be interrupted. When children play they like to look out from the hinterland into the centre of the home to create that transitional space. And in that space I bring a mat to be used as the playing space and this mat is my responsibility when the play is finished.

A play room must offer a bounded space, thus often the creation of a smaller space in the room can give children a sense of safety. Rooms and toys easily become institutionalised; then that special feeling about the space and objects in the space becomes lost and the boundaries become unsafe.



The psychic space between children and therapists represents the transitional space described by Winnicott as the potential space between child and mother figure. The sequence of the relationship in this space begins as children and therapists are merged with one another. The therapists are oriented toward making actual what the children are ready to find.

Then the children play as though alone in the presence of someone, assuming that the someone is reliable, is available, and continues to be available when remembered after being forgotten. This person is felt to reflect back what happens in the playing. The children are now getting ready to allow and to enjoy two kinds of playing: first, child and therapist play together and the therapist fits in to the child's activities, then the therapist introduces her playing and the child discovers ideas that are not his or

her own; so the couple are playing together in a relationship. The space and the play become artistic. This is what Langer (1953) described as aesthetic illusion in the arts, an otherness from reality, a detachment from actuality. She stated that all forms of art are abstracted forms in the context of illusion. In this therapeutic space, children can experiment with ways of being that can help and heal.

Jack and Guy

Went out in the rye,  
And they found a little boy  
With one black eye  
'Come', says Jack, 'let's knock him  
On the head'  
'No', says Guy  
'Let's buy him some bread  
You buy one loaf  
And I'll buy two  
And we'll bring him up  
As other folk do'.

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