

## Group Play Therapy- Theory, Practice and some Considerations Regarding Training

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The use of play, by children in groups, as a method of treatment is quite recent in origin.

There are three main lines upon which development has taken place.

There is the diagnostic play group, in which the behavior of children at play both in regard to each other and their relation to material is observed, and the observations new to assist the psychiatrist in his diagnosis and treatment of any single child. This group is usually under the control of a supervisor whose training has been directed towards observation and handling of a group of children, and the making of reports to a psychiatrist, but not to the undertaking of actual individual or group therapy.

The second form of group work is that used, for example, under the Catholic Child Guidance Clinic in Glasgow. In this approach, play in a group is used as an instrument for the socialisation of the children taking part in it.

Here, as I understand, emphasis is laid on the bringing about of adaption to the group, and the goal of the work is to enable the child to become a socialised member of the community.

The line of demarcation between these two forms cannot be rigid. Play group work of this kind can easily move over from one form to another or combine in it elements of both.

The third form of Play therapy is that originated at, and developed by, the Institute of Child Psychology.

This approach to the problem of neurosis in children arose in the following manner:-

In 1924, while engaged in research under the Medical Research Council on rheumatism in childhood, I was very much struck by the effect of emotional conditions upon the heart performance of children. Children with severely effected hearts, when

cheerful and in good spirits, showed themselves capable in certain circumstances of carrying out efforts without harm, which other children with less affected hearts but in depressed emotional states found themselves unable to do. I thought at the time of trying to measure this in Professor's Cathcart's bicycle ergo-manometer, and of setting up controls and planning an investigation into the possibilities of emotional reconditioning at children with heart disease. Chronic catarrh in myself brought the work to a close before anything except work on strictly medical lines could be carried out, and the results of the work were published in the Medical Research Council, Special Report No. 114. Returning to London I became occupied in research on Lactation. Here again the effect of emotion upon the feeding conditions, both of mother and baby, deeply interested me, and in cooperation with Dr Glover a piece of work was planned which would have been a study of infants at the breast made simultaneously from the psycho-analytic and paediatric point of view. This plan was cut short by the untimely death of Dr Glover. It has since, I understand, been independently - and far more efficiently - carried out by Dr Merryl Middlemore, without reference to, or knowledge of, my projected plan.

At that time there was a good deal of interest about in group observation of children, and in the autumn and spring of 1928, Dr H.C. Cameron, Dr Hamilton Pearson and myself in cooperation with Dr Hadfield and Miss A. Payne, conceived a plan for training women to observe children in Public Assistance Institutions, and to bring them help in their difficulties. Meanwhile, in private, I had been trying out mother mode of approach to children patients whom I was seeing at that time as a straightforward childrens physician.

Later, in 1926, having been a passenger in a severe motor accident, an abrupt stop was put to this work, and on recovery in October of that year, I decided to try the possibilities of handling children for treatment in a group upon the lines I had been exploring. So on October 8th 1928, what was known as the children's clinic opened. This clinic has since developed into the Institute of Child Psychology, and psycho-therapeutic treatment by play in groups from that date till to-day he been the main lever of therapy of the Institute.

Let us now consider the theory underlying this form of group therapy. It falls into two parts. The theory of play as such, as a therapeutic instrument, and the use of play in groups. I propose to take these in turn.

Play is the normal activity of children and mammals. It has biological functions, and, as Gross pointed out, is of value in development. But there is more to it than that. The kitten chases its tail not only because the exercise increases its agility but also because it fantasies the tail as being something that it isnt. In children play serves a variety of purposes and represents a whole orchestra of functions.

All child psychologists seem to be agreed that opportunity for play in childhood is essential for normal growth, and professor Valentine, in his studies of Children's play, notes that delight in experiment with movement and experience, in a playful manner, is from four months on a feature of behaviour of healthy and intelligent children. This is the form of play that Charlotte Butler calls Function Play, and to some extent it continues throughout life. There is a trend, according to Professor Valentine, of socialised play, also, which runs through all ages from very early months. Function play is soon followed by fiction play, in which a child creates a function and amuses himself knowing it to be a fiction. All observers also report children give examples of this form of play. Several observers also report children as experimenting with forms of the emotions in a playful sort of way, knowing always there is a safe retreat to neutrality of feeling.

The first element, therefore, in group play as therapy is the restoration to children who have not had it, of the opportunity to find and experience this essential element of growth.

Let us now return to the phylogenetic aspect. Sway of animals makes it certain that at least the domesticated ones possess a capacity to recreate for themselves fantasied forms of substitutive situations of enjoyment, as when the dog whimpers in his sleep with tiny chasing cries or my full-grown cat takes to sucking rhythmically the coat of a companion Pekinese dog.

These capacities are the phylogenetic inheritance of the infant, and are enjoyed by every normal child. They form in all probability the impulse to fiction play, but there is more in it than that.

Infants and small children are, without knowing that they are.

An infant, not being able to distinguish the not-self from the self, or to know the parts of the body as also parts of the self, has his physical and emotional experiences inextricably blended. He is unable to distinguish internal from external bodily sensations, feeling from sensation, or the impingement of the external world from the affect aroused by it within himself.

Infantile experience is essentially multidimensional - it has neither time nor space, and it appears to me that its elements are so combined as to be inseparable either then or in later recovery and re-experiencing.

It is probable that neither time nor space enter in an infant's experience until efficient mobility has given him a measure of both. His experience, therefore, at all moments is immediate, and to him universal. It grows by a variety of links, all of them subjective and my experience seems to suggest that the links there become, not associations as in later stages, but identities, so that two experiences joined by a common link are not 'like each other, but fused with each other.

Many, therefore, of the devices described by Freud as the mechanisms of dream construction are essential factors of infantile cerebral functioning. They arise, not, as far as my experience goes, by the operation of a censor or repression, but out of the essential nature of infantile experience.

Cognitive experience is the gradual accumulation of understanding of the outside world; it obeys laws of objectivity, its associations are actual and the same for everyone - brown shoe, brown table - and the qualities can be lifted from the experience, and exist alone as the quality of brownness. This is not true of earlier experiences. Experience of the outside world is experience of actualities that cannot be altered, to only to a very limited degree, by the action of the self upon them.

They have to be experienced, known, thought about. The self has to take up a relation with them; they are within time and space, and time and space must be learned to achieve manipulation of a relationship to them.

This second fixed world outside the infant has laws which are independent of the infant and in to which the growing child has to learn to fit. One of the most vital of these is language. A child must achieve communication with his surrounding world if he is to satisfy his needs, and this involves fitting in to a language which has existed before him and of which he must make use. The language he finds to his hand is as little use to him as it is to any but poets, to express his interior feelings to help himself to understand his own turmoils or to discuss his feelings with others. The earlier body of experience, therefore, (which, for convenience, I propose to term the primary system) is absolutely compatible with what I propose to term the secondary system or what we would ordinarily term consciousness or cognition. The primary system, which comes about by the earlier internal experience of the child, cannot express itself in secondary system terms, not, as far as I can see, because of repression from the secondary or 'consciousness', but because its essential nature being, multi-dimensional, timeless, subjective and fantastic, is in essence so different from the secondary system as to be impossible of admission into it, or expression by it. Myth, fairy tale and ritual form a bridge between the elements of this world and the world of cognition, and in cases of normality by a series of steps which cannot be dealt with here. The dynamic forces of the primary system combine with the material of the

outside world ultimately to find expression in and through the channels of the secondary system.

But the children who come to a clinic for treatment are not in this respect normal, but in a condition where their primary system dominates the picture and makes the change over of the centre of gravity from the primary to the secondary system impossible. The child himself is, therefore, held in a greater or lesser degree in the bonds of the primary system which expresses itself against him, with or without his comprehension, in illness, anti-social behaviour, psycho-neuroses or educational failure. To free him from this state it is necessary, first, to find for him a means of expression of the contents of his primary system so that he and we may know what it is that is troubling him, and then to help his secondary system to understand the situation in which he finds himself and to work out a harmony between primary system, secondary system and the outside world.

Since the nature of the primary system is multi-dimensional, such means must also be multi-dimensional, free, mobile and capable of expressing primary system thought.

The play materials that we have introduced at the Institute of Child Psychology and that a number of other centres are now beginning to use, provide him with this possibility.

Play as therapy, therefore, regarded from this point of View, gives a child who is in difficulties the chance to externalise his interior experience in material which is cognate to it, and by externalising it through the help of his adult colleagues coming to understand it, he frees himself from its dominance and finds his way to normal growth.

The second part of the theory deals with the question of the "group". Would not, in all cases, individual work be more satisfactory?

To put before you the nature and value of group work, some other aspects must first be considered. All workers with children agree that neurotic children tend to become arrested at different stages of emotional growth, and in saying that admit the reality of emotional growth.

It is very difficult for a child. to admit this possibility, very difficult for a self-conscious fourteen - for example - to admit to his cognitive self a desire to play on the level of a three-year-old child, but very much easier if a three-year-old is present. The following case will illustrate this point.

A boy, aged 13 1/2, referred through the court for serious stealing, truancy and bad character, had had a bad reputation since infant school days, and was said by everyone

with whom he had been in contact to be an incorrigible thief. He also had enuresis since birth. Physically he was weedy and unhealthy looking, slack-limbed and sullen. He was entirely unaffected by punishment or encouragement. The father was a kindly person with a great aversion to noise, and the relation between him and this boy - his eldest son - was bad.

The mother was affectionate, warm-hearted, slovenly and discouraged - the economic circumstances were poor.

The materials provided in the I.C.P. playroom almost immediately stimulated him in two directions - the production of a powerful consistent phantasy and the display of unusual mechanical skill. The phantasy proved to be in connection with a certain part of London, and to account for his disappearances from home, the mechanical aptitude was directly connected with the theft of the bicycle. So far, so good, and individual work could have brought out these facts as easily as work in a group. But there were further factors of crucial importance which, piece by piece, came to light as follows. The boy, having cried out a piece of construction, say an aeroplane, would suddenly be found on the floor playing with it with - and on the level of - a four year old child. That is to say, the presence of a child of that age enabled him to use his construction to take part in the child's play, much as the grown-ups in the nursery in the delightful current play "Dear Octopus". Thus an easy bridge for the expression of the arrested side of the child's own development was created. The noisy hammering of another child on another occasion, much the boys junior in age, provided opportunity for the expression similar desires without loss of 'face' or that prolonged breaking down of resistance that would otherwise have been necessary.

The presence of other children, all at different stages of growth enabled the boy associate himself with one or the other as on after another aspect of his personality appeared and enabled those who worked in the room to help the secondary system to accept and understand the manifestations of the primary and so bring about growth and integration.

With individual treatment of a boy of this kind a very long time and the appearance of a strong transference would have been necessary to effect a similar solution. As it was after five months treatment at twice weekly visits, he reached his fourteenth birthday, when he was sent away to the sea for a short time. On his return he obtained work on a barge and passed from there to other jobs and in 1937 when a follow-up of old cases was carried out, was found to have been for several years a post-office clerk, the enuresis had ceased and no complaints of conduct difficulties has occurred since his discharge.

In this boys case, therefore, the presence of other children made, as it were, a ladder to assist his own climb into emotional health.

A group serves other purposes - it offers reassurance and the possibility of vicarious experience. Work in a group allows a kind of scaffolding of support the unfolding primary system of an emotionally sick child, that replaces to a large extent that intimate relation with the physician on which much individual work rests.

Here is another illustrative case.

A boy, aged 12 1/2, was admitted to the I.C.P. with a complaint of eczema present since infancy, asthma of three years standing, and excessive irritability and of excessive appetite. The striking point about this boy was the unevenness of his temperament - he had never been ordinarily naughty and never a nuisance - he was not, and had never been destructive, had always been particular and tidy. The irritability showed itself in sudden passionate outbursts of temper which would come upon him apparently for no reason and in which he would be beside himself with rage.

This child was the second of three boys - the elder being unusually intelligent and successful and the younger normal in every way. The father was cheerful, firm in his treatment of the children and rigid in his views, the mother reserved and over-anxious, greatly worried over her son and at first immovably attached to physical treatment. At the time of admission she found the boy unbearably on her nerves. There was asthma, hay fever, migraine and rheumatism on both sides of the family.

The boy had a normal birth but the eczema appeared in the first few weeks. He was breast fed, an eager sucker and always hungry. His development was normal. The eczema was so troublesome that during the first year he rubbed the skin off both feet, and until somewhere about three years screamed persistently through the greater part of each night.

He was taken to many hospitals and private doctors for treatment of the eczema, but improvement was always temporary. At about two he began to sing and whine for weeks for anything he wanted and could not be diverted from his objective. Asthma started two years before admission, but appeared to have no definite aetiology.

Fits of temper began from his third year. He was excessively hypersensitive, would faint if in bad air or if upset, and if anyone rubbed pile - e.g. velvet or a carpet, he would run wildly upstairs and burst into tears.

In appearance he was a strongly muscled, healthy looking, intelligent boy. In character, revered, meticulous and stubborn. His work at schools was a low average and he made no friends.

In the playroom for the first three sessions he was shy and very well behaved. He chose mechanical work and showed considerable ability in carrying out given models, but no originality. His finger control was very good, he was preserving and patient. On the fourth interview the original elementary play with dough of another child at an adjoining table stimulated him and he became boisterous and excited and began sloshing the liquid about. He then drew the first of a series of remarkable picture. These figures were drawn very rapidly with red chalk or paint, were indefinitely male or female, had enormous ears in which colour was used symbolically - e.g. one was chalked purple because he was purple with rage. In between these drawings he produced meticulous productions of steamers and racing cars, drawn with a ruler with great accuracy.

During one of these sessions, when playing with other children, he began to make incoherent animal noises of a rather frightening quality and showed a tendency to almost manic excitement. On his eighth interview he began a series of most remarkable worlds; in these the primary system appeared as it were pure - in that the objects were used in two ways:

- 1, as concrete presentations of verbal symbols when - e.g. a shower of actual cars and dogs were rained down upon the world beneath

2. The presence at the same moment of fantastic objects (made out of plasticine) the symbolic use of objects, wild animals made to charge each other and soar over each other accompanied by a burring noise, and ordinary figures of everyday life - such as a man and lady, a bicyclist and road. He began, at the same time, a series of extraordinary and incredible animals, two-headed of strange shapes and with every kind of distortion.

By the middle of his second term (about his 20th session) after the usual explanations had been given of the nature of the primary system, a change showed in his tidy drawings and models. Instead of being static, these became charged with power and many crashes occurred. A few sessions later he explained that he had made a friend at home and had gone home to play trains with him. Now for the first time, his world was concerned with normal and everyday scenes, and he began to develop an uneasy and combative relationship with some or the other boys.

The opportunities for water play provided by the Institute and the daily experience of seeing other children of all ages play with it encouraged him and he began himself to play with it, his play being on an infantile level. About this time he became bossy to the workers and began, albeit to a contemptuous manner, to play with a girl.

On the 51st session water play showed a notable advance in the experiments with syphoning. At the same time it became possible to link up his work with his symptoms and to show him the discrepancy between the two sides of his personality. Interest in water play disappeared and was replaced by hammering and carpentry, and on the 62nd session he was able to mix normally with children doing acting.

The boy had become so much more accessible that it was possible to discuss his reactions to other children and to the emit with him, out of which there arose questions from him on bodies and sex, which were taken up with him. An interesting point with the boy is that up till this time he had hardly been more than six sessions currently with one worker. The general appearance of the boy was now entirely different; he was cheerful and happy and mixed normally with other children and showed neither over aggression nor over shyness. He became very anxious to use his physical strength and the relation of force and emotion was examined with him - he began a ragging flirtation with one of the girls. During this time his school work had been poor, a phenomenon which seems to be explained by the domination over him of his primary system and his lack of capacity to adjust secondary and primary system together.

During these months there had been no return of asthma. The temper outbursts also had disappeared. The eczema swings showed wide variations his mother reported him as being altogether better, less liable to scratch himself, cheerful and pleasant at home, and only a slight degree of eczema appearing on any spot where irritation or perspiration occurred such as, e.g. on his feet.

He became very interested in the younger feminine workers and began to have a forward-looking attitude to life - his work in the playroom became that of a normal boy of his age, interspersed with occasional outbursts of aggression, but all of a good-natured kind. About this time he was discharged to a job and five years later he was reported to be doing well.

In this boy's case the other children and workers, indifferently with the playroom apparatus, formed material for the expression of his primary system and ultimately for the achieving of a normal relationship between it, his secondary system and the outside world.

The theory of this form of group play therapy, therefore, is the provision of possibilities and casual situations through which children can, in relation to each other, express the mutant of their primary experience, through the material and situations suitable for each expression through the help of the adult working with them, and learn to understand their situation, to achieve a harmonious relation of the different parts of themselves and their relation to the outside world.

What, then, is the function of the worker? Group play therapy makes big demands on the personality of the worker and it is essential that there be the right personality for this work and the right training.

In the form of group play therapy which is directed towards the socialising of the child, the essential elements of the situation are the absolute security of the surroundings, and the ideal adulthood of the workers the playroom of this type is a kind of ideal world with perfect adults, who never lose their tempers, who are never selfish, peevish or irritable, who always 'understand' and who always believe in one. The essential part of the grown-up in this situation is that he is grown up - that he is a stable adult operating stability in the functions of adult life. I have little experience of the type of training necessary for this work.

In the observation from of group therapy, the adult is a neutral phenomenon. His work is to impinge as little as possible upon the personalities of the children - to be a beneficent neutral background upon which the children can depend, but to which they do not necessarily react - a kind impersonal security, kindly but not intimate. To fulfil this role, there must be knowledge on the part of the adult, of the realities of child nature and of the processes of development. The worker must know himself to be free from the domination of his own phantasy system. He must have a natural effect with children and lively intuition, but no actual knowledge of the technique of individual therapy. Here it is that the playroom supervisor differs from the play technician. The play technician must be skilled in all branches of play psychotherapy, while the playroom supervisor has no need of this knowledge. All the wise words written by Dr. Susan Isaacs in her Introduction to her study of "Intellectual growth in Young Children" on the difficulties that surround every adult in the attempt to make contact with children apply with full force to this sphere of work. The adult playroom supervisor cannot avoid being a father or mother image for the children, and all work that can be done must be done through the screen of this inevitable identification.

Here we come to the one question which I have specialised experience on - the training of the play technician. I have for six years now been training at the Institute of Child Psychology men and women in this work, and using the w tom group play work which is the normal instrument of the Institute, as the training ground. In a playroom such

as this, the position of the adult is radically different from what it is in the other two forms of therapy and the training must, necessarily, also differ.

In such group play technique as it is roughly outlined in this paper, adult is not a adult but becomes part of the multi-dimensional apparatus of the playroom.

It is demanded essentially of every adult who wishes to train to undertake this work that he is prepared to undertake two tasks on the one hand to doff the mantle of his adulthood become a companion of the children with whom he plays. In the children's playroom the pulse of the adult world do not obtain - the children are here in control they whatever they may wish to do they may do (I would like here, in passing, to note that this is therapy, not education). To be a companion of a playing child is only half the therapist's task. On the other he has to become the child's secondary system but this time a secondary system that understands the nature of the primary and can explain to the child's secondary system what is happening in the primary. A personal analysis of the worker is essential in order that he should understand himself and be free from the demands of his own primary system. A wide knowledge of what is known as the primary system and the developmental laws of childhood, is also necessary. The training of the play technician involves therefore, some knowledge of academic psychology, of the history, forms and content of child psychology, and the anatomy and physiology of the human body, and general facts about the diseases of childhood such as a lay person can understand, and their interaction with and effect upon the emotional states of children. The training should give knowledge of the nature and use of intelligence tests and their interpretation, and the nature of educational failure.

Since play is an action of the whole body, experience in the department of rhythm and re-education, both personal and with children, is valuable, and study of the child's social background and the agencies which exist to help him, the difficulties of contact with parents and the obtaining of a reliable psychological history should be included. Knowledge of psychopathology, according to the schools of thought now in existence, is needed, and case study of individual children. The nature of play material and its relation to the expression of particular primary themes, and the handling of emergencies and difficulties in the playroom and their relation to faulty technique should form part of the training. But above all, there is necessary the intimate contact with children both in individual work and in-group therapy, and steady training in observation and deduction, so that it becomes possible for a worker to become part of a child's world, and yet to retain his objectivity, to be a child's observer and at the same time part of a child's process of understanding.

If the concept be accepted that a sick child is often also an emotionally disturbed child, and a neurotic child has often associated physical ills - if a maladjusted child comes often from unsuitable surroundings and neurotic parentage - it is common for a neurotic child to be disturbed in his school work, and for backward children to be also emotionally disturbed - then the ideal team for dealing with the neurotic child's difficulties would be the following: A children's psychological physician, who would examine each child and be responsible for the direction of treatment, a parent's physician, skilled in the psychotherapy of adults, to assist the parents with their problems; a psychiatric social worker to investigate the environmental position, and keep contact with the child's background; an educational psychologist to carry out the necessary investigation into the working of the secondary system, and a group play therapist to carry out the day to day group play therapy of the children received at the Clinic.

But, since such a staff is impracticable except at a central institution such as the Institute of Child Psychology in which these and several others are present, the ideal team could seem to be a psychiatrist with experience of children's medicine and training in adult psychotherapy, who would supervise and direct the work with the children, and undertake work with the parents ; a psychiatric social and a play therapist.

Such a team involves consideration of the question of the educational psychologist. Investigation into the intelligence of a child, study of its educational problems and difficulties, and the present state of its educational attainments belongs, I feel, to education and not to therapy. Education has been slower than medicine to recognise the crucial value of the educational psychologist, and only slowly is he coming into his own. The work of examination and critical evaluation of a child's educational standing is noble and essential work, and work that should ideally be within reach of all children who have difficulties in school work. When it is proved that the failure is due to causes outside education, then the child and its handling as a place in the psychotherapeutic clinic - a clinic where medicine should play as big a role as psychotherapy, but till that date, in my opinion, the place of the child and of its educational helper is within the educational system. The place of the play psychotherapist, whether lay or medical, is as a part of the team of healing forces, and his work should be the implementing in intimate contact those general principles laid down by the Clinic Director. By such a co-operation, the sphere of the educational psychologist could be enlarged, and by interaction and co-operation of both, the knowledge of child nature and child development advantageously increased.