

## **The Barefoot Play Therapists: Adapting Skills for a Time of Need**

By Elizabeth Newson on the work of Dr Margaret Lowenfeld

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The literature that has been handed down by the great names of play therapy can be off-putting for the ordinary common-or-garden developmental or clinical psychologist ready to get her hands dirty but lacking the confidence bestowed by a 'proper' therapy training. In my own case, I had started reading Klein, Axline and many more in my undergraduate days, and had become increasingly doubtful about some of what was going on behind these accounts. For a start, the stories seemed too neat and the children too articulate; could the mute Dibs really after only a short time in therapy have uttered the poetic words 'I am of builder of cities'? The fees presumably paid to the therapist often seemed to be reflected by the middle-class luxury problems or some of the children. Winnicott had written a whole book about 'the piggie' who suffered from sibling rivalry, but didn't we all, and wasn't growing-up about resolving that without recourse to therapists? And was I alone being taken aback by Klein's certainty of interpretation, unswervingly shared with children of seven and younger. Remembering (as I do) my own critical seven-year-old self, I wondered how she could assure the child that what he had chosen from the little toys was actually his father's penis with which he was trying to stir up the bad things inside mother's insides, without quailing at the thought: 'But suppose I am wrong?' My overall conclusion was to be appalled at the opportunities for a prolonged ego-trip at the expense of the child which play therapy undoubtedly offers the therapist; I dismissed play therapies as something I could not with honesty believe in, and turned with relief to children with the more obvious, intractable, problems of mental and physical disability.

However, our referral system at Nottingham is open, and some of our most useful work has been elaborated in response to referrals for which at the time we doubted our own competence, but where nobody else was offering help. Children were

being referred whose problems were anything but middle-class luxury ones; children who had been the victims of cruelty and neglect; some who had lived in five or six different households by the time they were five and who now were all too aware of themselves as 'hard to place'; children who had witnessed violence and death among the adults in charge of them; child who were facing the reality of death themselves because of terminal conditions such as muscular dystrophy, or life-threatening illnesses such as leukaemia or serious heart disease. All of these children were coping (or not coping) with life scenarios which any of us as competent adults would have experienced as problems of paralysing magnitude if they had happened to us; most of them, however, also had in common that they could not articulate their anxieties, for a number of different reasons. For most, their intellectual level was not high, so that they would have been regarded as children with 'moderate learning difficulties' even without other problems; many had had very little personal day-by-day communication with adults because of their impoverished social environments, for some, speech delay was the outcome of living in a series of households during the period of speech development. The most sympathetic of adults, therefore, could not easily have been used as a listening ear or sounding board by these children; more serious, it seemed likely that they were incapable of articulating their predicaments even in their own thoughts. And for some, of course, the material of their thoughts was too painful anyway to have been bearable for their surrounding adults, particularly where children were in life-threatening situations.

There was no doubt that the children needed help for problems that anyone could recognise as undoubtedly serious. But help of what kind? Sometimes, if a social worker was the referring agent, it was suggested that play therapy would be the thing and for several years we resisted, with 'we can't do play therapy, and anyway we don't believe in it'. There was nobody local to whom children could be referred on for this kind intervention. Finally, we had to accept that we did not know what else to do with these children;; and at that point we decided that we would have to create a model of play therapy that we could believe in. The result has evolved over time in response to the series of children we have attracted: still very much as described above, but now joined by those who have been sexually abused.

Needless to say, we did not have to start entirely from scratch, and we have probably borrowed more than we know from those who have preceded us. Some of our debts are in terms of a stance or point of view: instance, George Kelly's 'No-one needs to be the victim of his biography' seemed not too optimistic as a starting-point (though perhaps less helpful to a terminally ill child). Carl Rogers and his disciples in child work, Moustakas and Axline, gave us useful ideas for the structures and frameworks of procedure, though we adapted them for our own needs. In particular, however, their notion of being able to trust the client's competence to work constructively for himself or herself, even where the client is an apparently incompetent child, confirmed our own wish to reduce the therapist's status to facilitator rather than central director of operations: the self-discipline imposed by my own original vicarious anxiety on Melanie Klein's behalf, 'But I suppose I am wrong?', can be seen at many points in the working of the Nottingham model of play therapy. But our main debt must be to Margaret Lowenfeld, whose 'World' techniques we adapted with relatively few changes, and whose generous note that others might use the technique in ways different from her own encouraged us to try. Our fear of being wrong was also calmed by her statement that 'It is essential for the proper understanding of the nature and use of this technique that no interpretation be given by the therapist to the child'. I will come back to this later.

### **The Nottingham Model of Play Therapy**

At this point the reader needs a description of a basic package developed at Nottingham. This package will normally be the starting point for my child, but adaptations and variations may be made in response to the needs of particular children as they come to light during the process; - as child and therapist become comfortable with the alternative language of play, they will learn to use it in more creative and specific ways.

The one-hour therapy session is divided into two parts, which may be of unequal lengths at the will of the child, but which both take place each week in the same order. The first activity is to make a 'World' using Lowenfeld-devised equipment with slight adaptations. The second part is a role-played drama session played out by

child, therapist and as many additional 'actors' as the child wishes in the form of large dolls and animals. The two parts take place in this order because making a World is essentially contemplative and quiet, with the child standing in one place and working with concentrated attention, while the Drama can be very boisterous and noisy or involve the explicit expression of intense emotions, following which the child may need a short period of rest and relaxation but will not easily adapt to a thoughtful and attentive mood for a while.

The two-part nature of the session does more than offer the child two different activities: it also allows him to work from two different perspectives. In Make a World he plays God, creating a world beneath hands and eyes in the sand tray. He may choose or not, as he wishes, to have himself represented in this world; if he does put himself into it, it is at one remove in that he chooses a doll or animal of whom to say 'This is me' is simply indicates a location ('I'm in that bus'). In drama, the child becomes bodily part of the action (or inaction) and enters into membership of the scenes he chooses: if he also chooses to stand aside from them, this too is physically explicit. In both activities the child has responsibility for what is played out, but the change of perspective from one to the other adds richness and depth to both.

The two parts of the sessions are indeed intended to feel very different to the child, and this is deliberately marked by having two separate rooms for the two activities, each appropriate in scale for its purpose: World making takes place in a small room just big enough to contain the equipment and the two participants comfortably, while Drama needs a large room with plenty of space to run and climb. Both rooms can be observed via one-way screens for supervision purposes, and the child is of course aware of the nature of these screens. He also knows that no 'others' in his life will be allowed to observe, and that if he wishes to draw the curtain across he may do so, in which case the supervisor will be excluded also: this has in fact only happened on one occasion with one Child (on first being told that he could do so, and perhaps he wanted to test that this was indeed acceptable).

## Make a World Procedure

The sandtray we use was made for us in polished aluminium to Lowenfeld's measurements (75cm x 50 cm x 7cm), which have proved well suited to the activity. However, she used her tray on tables of different heights according to the children's size, while ours is set into a former paper storage chest at waist height for a 7-8 year old, and very small children kneel on a chair or stand on a low stool, there seems no problem for older children or adults. The chest allows additional storage on shelves under the sandtray; a more important advantage is that the inset of the tray provides a 6cm border to the main field of activity, and this is much used by the children as a roadway and as a boundary both explicit and implicit. For instance Cliff, an extraordinarily chaotic child, made mountains whose contours came down to the outer edge, which resulted in sand running off in showers; months later he checked that it was 'OK' to drop sand on the floor and, once reassured of this ('It's your world'), took time to assert the inner boundary to his landscape. (This significant use of the border, unavailable to Lowenfeld, has made me interested in the effects of different kinds of trays on the material produced: what would be the result of using a circular tray, for instance?)

The polished surface of the metal is useful for providing a semblance of water for rivers and seas when the sand is scooped away. Lowenfeld provided water at hand; we used to do so, but found that some children made a sea of mud which rendered the tray unusable for the next child. The chief use for water is to make the sand mouldable into hills and valleys at will, and we now have a very coarse and heavy silver sand which moulds well if kept only a little damp, and contains tiny stones which the children like and use.

At right-angles to the tray, so that the child stands comfortably within the angle, is a cabinet which contains the hundreds of objects and creatures that might be in a 'world'. Lowenfeld used drawers; we use a school cabinet holding removable plastic storage trays, with every second tray removed so that the child can see at a glance what category of things is in each tray. (The fourteen trays are also labelled with their categories, but very few of our children can read confidently.) The categories are for the convenience of the child, so that she can find what she wants with ease. They

include: ordinary people (little dolls representing people of all ages, including Asian and African families); Strange people (robots, Star Wars and similar characters, ghosts, gods, devils etc), Fighting people and things (soldiers of many kinds, cowboys and Indians (who normally carry weapons), armoured cars and tanks, bowmen, guns and cannon etc); Domestic animals (farm animals and pets),- Wild animals (including some insects and amphibians which are of too large a scale, so that they have qualities of monsters, and also prehistoric animals); Furniture (on a dolls house scale including lavatory etc), Things for the house (plates of food of all kinds, vases and pots of flowers, ornaments, kitchen gadgets, crockery and cutlery, clocks, baskets, lamps, TV, Christmas tree and almost anything else one might think of that 'makes a house a home'); Street things (pavements, lampposts, street signs including traffic lights); Hedges, trees, walls and fences; Road and rivers (sections in green, brown or grey card); Ordinary vehicles (cars, lorries, motor-bikes, many kinds of service vehicle including crisis vehicles – fire engine, ambulance, police car); Trains, boats and planes (including helicopters and police/fighting items); Buildings (churches, houses, windmills, architectural features – these are obviously small and out of scale, but the children seem not to mind); Hospital things and people (beds, screens, wheel chairs, operating tables, bedside cabinets, doctors, nurses, patients). In addition there are trays kept on the shelves under the sandtray which hold a large assortment of ambiguous material such as plasticine, glitter wax, beads, pipe cleaners, small bricks of different kinds, laths and coloured sticks of varied colours and lengths, so that a child who can't find what she wants can usually fashion something to suggest it.

On her first visit, the equipment is introduced to the child as 'special game called Make a World'. She is shown each of the trays in turn, so that she knows what is at her disposal; if she tries to start to play after seeing the toy objects in the first two or three trays, this is resisted with 'Let me just show you all the things we've got first'. She is then invited to 'Make a World in the sandtray - any kind of world you like, whatever comes into your head. Oddly, only one child has ever asked 'What's a world?' Lowenfeld gives quite complex instructions for explaining to the child the purpose of world-making, to do with 'Picture Thinking'; and how this may 'make a bridge between two worlds-that of the child and that of the adults' (Lowenfeld 1979); but our children finds this too abstract, and confusing in its reference to the worlds of

children and adults as well as the World that is to be made in the sandtray.

The great majority of children start work immediately. If there is any reluctance it can be met in an ad hoc way; for instance, if the child is very shy he may be helped by the therapist saying, 'Shall I start it off?' You tell me what you want me to put in. Where shall I put it? etc. Reluctance is in no way correlated with the use the child may later come to make of 'world-making. Cliff was full of reasons why he should not 'play this game' starting with the sand might get in my eyes (countered by the fact that his glasses would protect his eyes) and ending with 'I might get bored, I do get bored very easily you know'. This was a useful indication of Cliff's self-image, reflecting many other people's images of him; we assured him that we did not think he would be bored, and in a year of play therapy his worlds became increasingly complex, subtle, integrated and thought out. Cliff is one of many children who clearly think about their worlds between sessions, often arriving with an eager 'I know what im going to do this week'. Most of the children we work with are doing badly in school (Cliff is in a special school), and came to us, like cliff, with a reputation of 'poor concentration, low attention-span'; we have been the more impressed by the high level of concentration they show, usually for about half-an-hour, when making their Worlds.

The therapist simply watches the making of the World in an accepting way, without interruption. Some children talk about what they are doing throughout; a few talk about something different. The therapist receives these communications but does not comment more than is necessary for courtesy. Some children remain silent and absorbed, in which case the therapist must have the discipline to respect the silence — difficult for some at first! At some point the child will seem to have come to a halt, and may in fact say that he's finished; if not, the therapist may ask 'Have you finished?', but should be ready to accept if the child says 'yes' but then changes his mind and continues for a few more minutes. At this point it is important not to comment on the world in an evaluative way, including approval. Beginning therapists have a tendency to try to show positive acceptance with 'That's a very good world' or 'that's nice', conveying the implication that there are some worlds that might be made that would not be 'good' or 'nice'; often a full and busy world is equated by adults with 'good', which would make it difficult for the child at some later stage to express emptiness, desolation or chaos, as he may well want to do.

So the therapist must express acceptance and interest without false enthusiasm; and she may now ask the child, 'Can you tell me something about what's going on in your world'. For some children this is too general a question, and she may at first need to be more specific: 'What's happening here? (pointing to one part of the action). What's this person doing? Etc. we find it particularly fruitful to follow to follow up these present-tense questions with a shift to the future perspective: 'What's going to happen next? Who's going to do something first? And then what will happen' and so on. This will often be taken by the child as an invitation to move the pieces a little more, which is quite acceptable, it has the advantage of making more sense of the meaning the child is both putting into and taking out of his World.

It will be seen that, although we may wish to draw or photograph the child's final World for the record, this will be only a static aide-mémoire to what is essentially a mobile and dynamic creation, and it is important to record the changes that take place, for instance, the final world might seem empty and unpeopled, but beneath the sand we might know there to be a population overcome by some natural or manmade disaster. We have found no difficulty in recording the world by drawing or photography, and the children seem supported by the fact that we value their Worlds enough to record them permanently 'to help me remember your World'. It is also possible to record via computer graphics (some pioneering work has been done in this field (by Margarita Wood), which at its most sophisticated allows one to survey the World from many different angles. Valuable for research purposes, this is hardly needed for the ordinary therapist; all that is required is to be able to look again at leisure at what the child has produced, and this can also be helpful for Children themselves, who sometimes later ask to look through their Worlds as if to gain a perspective on their thoughts.

Is the child herself represented in her World. Obviously we would like to know, but it is rare for children to indicate this the first they make a World. Because we feel that children have enough to adapt to when they make a World. Because we feel that children have enough to adapt to when they start therapy, we resist asking the question 'Are you in this World?' for the first two sessions. At the end of the making of the third World, we do ask, a few children say no or look surprised, but it is most usual that the child answers in a matter-of-fact way, 'Yes, this is me' or 'Yes – I'm in that



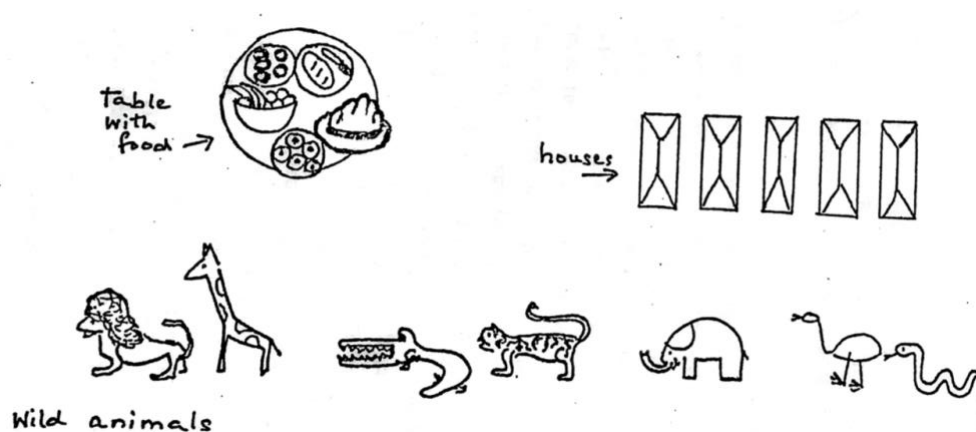
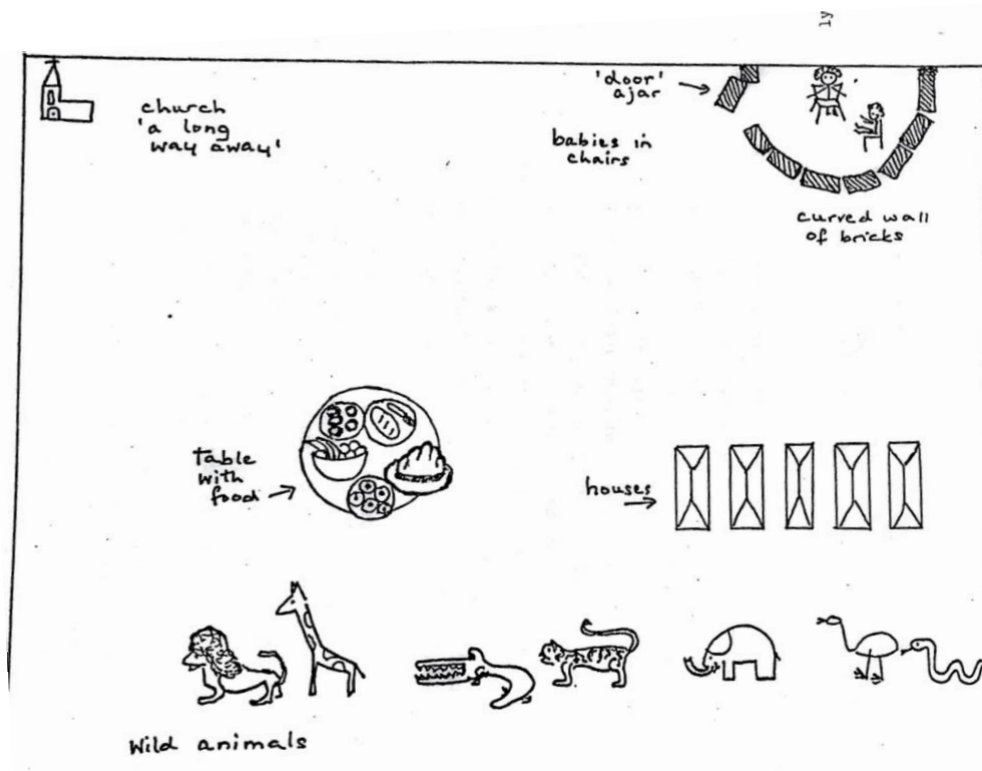
house etc. This poses an intriguing question: did the child know all the time that she was there, or is she simply hospitable to such a suggestion and very quick to take it up? Once the question has been asked, the child is likely regularly and spontaneously to identify herself in her World, so presumably this is a notion with which most children can feel comfortable.

## **World Symbols**

This brings us to the whole question of symbolism. Because of the poor linguistic and social development of most of the children we see, we would not have expected a high level of symbolic play generally, and in fact the majority of them are said not to be interested in 'pretend' activities. Yet we have been impressed by the ability of these low-achieving children to set out their predicaments in the sand in a highly symbolic way, to an extent which, however unwilling we are to make interpretations, is difficult to ignore. Lowenfeld points out (1979) that analysts of different schools will see very different meanings in the same material, and indeed we would not ourselves be at all comfortable in imposing the heavy convolutions of meaning which the children's configurations would be made to support by, for instance, Jungian, Kleinian or Adlerian analysts. However, provided we are disciplined enough not to assert our interpretations willy-nilly to the child, it seems unable to receive positively what is offered to us as bystanders, and to allow the material to assume meaningful patterns for our own understanding without resisting whatever seems manifest.

Let me give just a few examples at this stage to illustrate children's use of symbolism. In Figure 1 we see a very early World by Kathy, aged 6. Little was known

about this child's history; she had been found abandoned as a toddler in a derelict house, and had earlier wandered the roads of Ireland with her mother.



Now in care, she attended infants school where it had been suggested that a school for children with moderate learning difficulties might be more appropriate for her. Kathy has chosen a procession entirely made up of wild animals to walk across the front of her World. In the most distant corner is a church, which Kathy describes

as 'a long way away'. On the far right is a containing wall carefully built as a curve, with one brick (described as a 'door') standing open; inside, two very young children sit on chairs. Erikson would say that the curved structure would only be built by a female (Erikson, 1960) and that it is highly protective in character, symbolising encircling arms; but we see that highly protectiveness is vitiated by the open door, just as the ability of the church to protect is weakened by its location 'a long way away'. What is to prevent the wild animals turning aside in their progress and coming to eat the children? There are two hindrances to this, but each is ineffective: the animals might be slowed by the temptation of the delicious food laid out on the table; and they might be delayed by negotiating the barrier presented by the row of houses. This barrier is particularly interesting because the usual way of making a row of houses is as a terrace, each house presenting two doors and a window to the front and joined without gaps: Kathy has deliberately organised them in an emotional way and, in doing so, has made them ineffective as a barrier. We have to regard non-conventional structures as having more than conventional ones, simply because the child makes a more deliberate effort in their construction; similarly, the curved walls have to be seen as significant both because they are atypical of the usual squared 'house' or 'room' structure and because it requires more careful effort to set the bricks in this way. So we have a World which is consistently permeated with risk and danger.

Nesta, aged 8, was suffering from a tumour above the eye, which grew weekly bigger, stretching the skin of her temple over a lump the size of a tennis ball and eventually obscuring her eye. Her Worlds contained repeated images of things bursting from containment with consequent danger. One had a bull in a field as its centrepiece, with a warning notice, and adults watched for a while but then went away (the hospital was concerned that her parents were reducing their visiting). Another World showed two adults walking towards a church, and Nesta said that they were going to pray for their daughter, because she was 'going to have a baby' in this same World was a park with 'very good little children' who 'go there without their mother' and who were helped across the road by a lollipop lady (in a white coat), who would 'tell them when it's time to go home.'

Ben, too, was terminally ill at 8 years, and his Worlds also showed repeated themes: this time of initial security and safety, into which would intrude some element

of danger or emergency. There was usually ambiguity about this danger, especially in that the causes were a mystery. Precautions were always being taken, but these would be either inappropriate or ineffective; and there was a sustained theme of authority figures being incapable either of preventing the danger or of dealing with it. In one World there was a policeman 'calling to tell people there's an emergency and the ambulance, police car and fire-engine (with Ben driving it) were there in a row, but the gate in front of them was closed and there was a STOP sign to prevent them going further. In another World there was an accident with a child lying in the road, an ambulance was 'going to come' but remained in an enclosure, a policeman was talking to the child's father whose 'car has broken down' and a fire-engine on its way was impeded by a load of furniture which it was going to empty into the rubbish dump behind'. In a further World, which contained lion cubs 'fighting' and an elk, zebra, cheetah and tiger 'trying to get out', a baboon was 'shouting' but, like the warning Policeman, was being ignored by all other inhabitants/

Children's symbolism may be still more direct. A slow-learning child expecting open-heart surgery set up a funeral procession in her very First World, with her parents sitting at home having tea but 'very sad'; she herself was not identified, but her parents were. Linda, a still illiterate child who had been in and out of care for most of her twelve years, following neglect and abuse, set out a long drive with a gate and Keep Out notice at one end and a house at the other, the scene very recognisable as the children's home where she lived; on one side of the drive were wild animals and on the other side farm animals. A man with a bucket was set in between, and this 'slow-learning' girl verbalised his difficulty in 'looking after fierce animals' but went on 'you've got to feed them, even when they're fierce' her preoccupation with the reconciliation of good and bad overflowed also into her repeated role play as a lady with two husbands, one nice one nasty. A bright six-year-old facing death, whose stricken family was proud of 'making a joke of a lot of what happens' divided the tray into four to totally walled-off sections and placed a hospital ward in one, a 'happy family scene in a second, an unoccupied bathroom in a third, and left the fourth quite empty - a statement shocking in its stark absence of integration, even to someone looking at it without any knowledge of the circumstances of its maker.

In all of this, we offer the child a means of setting out his situation for his own contemplation. Obviously we cannot assume that the scenes he portrays represent his own predicaments in any precise or detailed way; but what we can assume is that they have relevance for him, since he has chosen to make them in this way. We can now look at the 'drama' part of the session and it will become clearer how these different techniques work so well in conjunction.

### **Dramatic Role Play**

On the first occasion of the role play the child, who has just completed his first 'World', sits for a moment with the therapist as she explains what will happen in the playroom. He is told all the play in the playroom will be under his control; that he's 'The Boss' and she is there to help him in whatever he wants to play. They then both move into the playroom, and she sits on the floor leaving him to explore.

The room is large, and is furnished with squashy armchairs, a low table, benches and children's chairs, and rugs and cushions. The most important items of equipment are a large play-house and a climbing frame. The play-house includes domestic equipment including teaset, pots and pans and a cooker, and, especially necessary, a frying pan containing 'joke' fried eggs and bacon, and shelves of many other kinds of plastic food and real tinned food, its windows has a broad sill with a cash register, and it therefore can become a shop at will. The climbing frame is very large and has a platform halfway up; it is important because it can be so many things for the Child: a prison, spaceship, mountain, castle, upstairs bedroom, throne, escape hatch and so on, really without limit. There is an accessible dressing-up chest and a line of pegs, from which the most used in items are handbags, doctor's bag (with real stethoscope etc) handcuffs, wigs and hats: wigs offer a quick sex change, hats an identity in terms of policeman, cowboy, uniformed officer, smart or less smart lady, nurse and so on. There are telephones with working bells in all parts of the playroom, and a 'sandtray' with dried peas instead of sand, which seems to do service for many fantasy activities - making beer, cooking zoo animal food and sorting stolen jewellery are three examples. There is also some kind of vehicle usable by children of different sizes: we are currently using a somewhat stylised tractor (by Little Tikes) which is both robust

and anonymous enough to be accepted as whatever vehicle is momentarily required by the scenario.

It would be difficult to create much of a drama with only two actors, so many other figures are at hand. We use large dolls, both male and female, sexually explicit ones are available, but we do not regard disclosure work as compatible in time with play therapy. We have a real hutch with a family of plush different colours and Sizes (who are usually victims, but have on occasion been 'man-eating' or 'hunter' rabbits for several children); a variety of large soft animals such as giraffe, bear and tiger, with large-scale glove puppets of many kinds including parrots and other birds; and, especially important, a life-size Alsatian. This last is repeatedly brought into the drama play by children: probably because he is a high-profile but ambiguous figure, good for cuddling and nestling into, or as a protective character, but also capable of savaging others. So he might be used by the child to attack the adult or the rabbits (this also offering opportunities for the child to take a rescuing role), but the child might equally choose to become the dog's victim and experience rescue or death himself. We have found this creature so useful in stimulating and extending drama that, when our first model was stolen (how? by whom?), we hastily raised the money to buy a replacement.

### **Roles and Rules**

There seem to be three major aspects of the therapists responsibility in relation to drama work. The first is to provide an environment hospitable to role play. This means that the playroom should not contain a great variety of toys that are in themselves attractive to sit and play with, because these would distract the child from role play; rather, all toys should be chosen as merely offering support for role play. For instance, there are many amazingly realistic cash registers on the toy market, but we chose the simplest because we do not want to distract the child from the shopkeeper role into just playing with the cash registers; Similarly, we need a means of making music, but we use the very basic Fisher Price nursery record player (really only a musical box) rather than a tape recorder and supply of tapes.

The second necessity lies in the therapist's behaviour, which makes it possible for the child to take roles and pursue, them by being quickly sensitively responsive in a supportive role of one's own. If the child says 'I'm the mummy and you're the baby', the adult must immediately get down on the floor, thumb in mouth: beginning therapists can find themselves inhibited in this, and may ask questions such as 'I'm I a girl or a boy', 'Am I happy or sad?' as a kind of delaying tactic. This slows up the action to the point that it feels like wading through treacle, and the child justifiably becomes bored. One or two quiet questions can be useful, but action must come first. The child may, of course, take up a role without indicating what the adult is to be: then the adult must slip into whatever role feels intuitively right in relation to the child's, perhaps asking in an aside, after a few minutes, 'Am I being the person you want?' When the adults response is sensitively done, children quickly learn to take the initiative in correcting the adult's role-taking to support their own needs.

The third requirement is a matter of **structure**: the Child is freed to direct both the plot and the players, partly by the responsiveness already mentioned, but equally by being given playroom rules of behaviour **which govern both participants**. It may seem paradoxical to describe the Child as freed by rules: but in fact children remain fettered by their notions of adult-child control until they are offered playroom rules within which both can feel free. When we tell the child that she is in charge of what happens in the playroom, this on its own cannot give the Child freedom because she knows that no adult will actually allow her to break windows and lights, tear her own hair out, flood the room or poke sticks into the therapist's eyes. The truth of this promise therefore immediately invites aggressive testing, particularly where children's experience of adult—child relationship so far has been of the testing and controlling kind. True freedom for these children, and equally for chaotic and impetuous children, lies in an impersonal containment ('belonging' to the playroom) which applies to all participants alike, as surely as the containing structure of the playroom's four walls.

For this reason, the rules are stated either impersonally or in terms of 'we':

No hurting - only pretend hurting.

No breaking - only pretend breaking.  
When it's time to go home, we have to go home, and we can't take anything with us.

The combination of role play and a rule structure as safe as the playroom walls has a liberating effect of an extraordinary kind, which I shall describe shortly, but first we need to consider the management of the child's first experience of dramatic role play.

The child has been told that he is the Boss (see page 13), and the therapist is sitting on the floor watching him explore. The floor is chosen because all children have long experience of adults sitting in chairs and supervising them, and we want explicitly to abandon this position. At this point the rules have not yet been mentioned to the child; because children find it difficult to integrate the notion of being 'boss' with the notion of rules if they first encounter them together, but have no difficulty at all if there is a separation in time.

Typically the child will make a couple of circuits of the room, picking up objects and sometimes commenting; but almost always she will eventually be drawn into the play-house by the oddness of the fried egg and bacon in the frying pan, which is why I have described this equipment as 'especially necessary'. In exploring the objects in the play-house, she is likely either to start 'cooking' or to try out the cash register. At this point, the therapist may lift the nearest telephone and start the bell ringing, an invitation that few children can refuse. If the child does answer the phone in the play-house, the therapist tries to get into the action in whatever way seems appropriate to what the child is already doing. He might say 'Can I come and have tea at your house?'; or 'I need a few things, can I come to your shop?' Most Children will accept positively; if the child says, as has been known, 'No, I'm too busy clearing up' or 'No, we're closed', or simply doesn't answer the phone, the therapist must wait passively for at least five minutes and try again. If again refused, he may develop a role, probably in relation to the dog or a doll, in which he can complain to them about the difficulties of shops being closed or people not answering the phone; one of these ruses will invariably be effective in drawing some sort of invitation from the child.



Once the therapist has received permission to join the child, he loses no time finding a role. He will grab, for instance, the dog, a bag and perhaps a hat (hats being the quickest way of becoming someone other than yourself), and knock on the play-house door or start to do business as a customer at the counter. From now on, the therapist is concerned to sustain a role or series of roles in quick response to the child, and to enable the child herself to enter any roles she wishes, by giving her many opportunities and choices. This is a learned skill: beginning therapists, in their effort to allow the child the initiative, often miss opportunities in the first session. Since it is essential that role play be experienced on both sides on the first occasion, live supervision is important, to allow the supervisor to intervene with suggestions (the one and only time anyone will ever interrupt a session). For instance, the child might not have entered the house in the first place: perhaps she is riding round the room on the vehicle. The therapist could take a policeman's hat and beg a lift to chase a burglar; or take a lady's hat, nudge the dog under the wheels and call for a doctor to come and treat her injured animal, pointing out in an undertone where the doctor's bag is (another piece of equipment that few children can resist). If the child is playing ball, the therapist might become a sports commentator, or another child in the park, or a grumpy park keeper.

The chief aim of the first session, apart from getting to know each other, is to achieve role-play and, if possible, to state the rules; rules can, if necessary be left until the next time, but therapy will be greatly delayed by not establishing role play. The rules are most conveniently stated the first time they seem on the point of having been broken. The therapist comes right out of any role she may be in, stops whatever action is in progress, and says to the child very clearly, 'I'm sorry - I forgot to tell you. There are three playroom rules that we have to keep when were in the playroom. Listen and I'll tell you what they are. No hurting...' etc. Although it is not quite true that the therapist 'forgot', this way of explaining is so effective in enabling children to understand that it does seem worth the subterfuge. Thereafter, if a child does break a rule, it will be enough to stop, revert to one's true self momentarily, and remind the child 'Remember the rule, Paul', and possibly re-state the appropriate rule. We are very impressed with the ability of irresponsible children to take responsibility for rules by this means; to see the usually aggressive and violent Paul stopping a mock fight for a moment to ask gently

in his own voice 'Am I hurting you.' can be moving in the expression of his determination to the control of himself, at least in this protected context.

I have emphasised the importance of establishing role-play because it is rules and roles in conjunction that seem to make up the therapeutic experience. Why should this be?

Firstly, the conjunction allows the couple to ignore the imbalance of the adult-child relationship. In other situations, the adult is almost always experienced by the child as either in control or vehemently trying to re-assert control. Within the playroom walls, and therefore rules, there is no longer any issue of 'naughty or good', or 'what can I get away with' (the thought which is paramount for so many of these children). Whatever is to happen today in the playroom will not happen between Paul and the therapist, but **between the characters Paul has chosen**. If everything is pretend (though given relevance by being chosen or modified by the Child), then anything is acceptable: this is why we cannot just say 'no hurting...no breaking', because there must still be action within the safe context; and the action that is relevant to this child's life may well be above all about breaking and hurting.

It is particularly important to get rid of the question 'what can I get away with?' because this puts children in the undignified posture of wheedling. The last rule especially takes care of the pleading 'Just five more minutes' and '**Please** can I have this little balloon', which kind adults find hard to resist, but which puts them in the position of a controller to be got around. The adult need invoke no sanctions or personal authority; it is obvious to the child that 'playroom rules' are an automatic part of the privilege as he regards it, having chosen a contract to be here) of playing in the playroom. Playroom and rules are an indivisible package. He knows that he will be given five minutes warning before time is up (which some children use to complete a chosen scenario, and therefore must not be forgotten); and he also knows that once he leaves the playroom he cannot re-enter until the next session. Thus 'being in the playroom' becomes something special to be cherished.

The sanctuary offered by roles and rules allows the child to act out my theme she chooses; to switch roles or exchange them, and to explore areas such as cruelty,

protection, authority, rejection and death, all of which might be too dangerous or painful to explore in real-world contexts with real-world people. In particular, we have found that children who have been or are still the victims of others (or of fate) may feel a need to explore and contemplate the victim role. The context of dramatic role-play allows this to happen: that is, the child may make the decision to move into such a role and to designate a controlling and even cruel role to the adult. If the child is also to experience 'being the boss' and making the overriding decisions for the couple, it would be impossible for her to experience powerlessness concurrently **except** in role, which is why the establishment of role-play is a priority for the therapist. Similarly, it would be difficult for the therapist to allow the Child's victimisation by himself if both were in their own persons.

Furthermore, role-play allows the therapist to **protest in role** against the actions of the child's persona. A child may, in role as a father, a policeman or a gangster, engage in an orgy of killing or maiming. It is appropriate that the therapist in another role - whether perhaps as bereaved friend, mother or dog-owner — should show grief and anger. Retribution is not the most useful response (fetching police, killing in turn etc); grief is more likely to make the child think. Children sometimes kill and quickly say 'He's alive again'; it can be helpful to remind the child of the finality of death by **in role** denying that this can be. These responses, again, are only possible in role if the child's overall control is not to be violated.

An additional advantage of role-play within the structure that I have described is that it makes play therapy far more usable by 'helping professionals' who are already involved with their client children in other ways: social workers, care staff, nurses, hospital play workers, educational or clinical child psychologists and so on; and this is what gives it the quality of 'barefoot play therapy', in that it can form part of the helping strategies offered to children in those geographical areas where a 'proper' (i.e. fully trained) play therapist has never been seen within living memory. When I and my postgraduate students started to develop play therapy methods, we found ourselves so successful in helping children that other professionals asked us to share our methods with them, so that they could work with selected children: perhaps only one at a time from their caseload, but that one chosen as particularly resistant to their more normal methods. The first group to press for this was the social workers who had

wanted us to do play therapy in the first place, and at first I was very doubtful: how could someone who already had a social-work role towards a child stand aside from that role to be a therapist? I thought of Linda, the twelve-year-old who weekly tried to reconcile her nice and nasty husbands, and whose therapist in the role of sympathetic lady-next-door had asked 'What is a social worker?': he had been told 'Oh, you know — one of those people that tells you where you've got to go and what you've got to do' - Simplistic perhaps, but signifying a perception which had some pragmatic truth and was surely not consonant with therapy?

Nothing if not responsive to demand, we decided to try it out with a self-selected group of social workers. I had expected the group to be the young and adventurous; they turned out to be mainly middle-aged, jaded and disillusioned with traditional methods, but still adventurous in wanting a new way of reaching their least accessible child clients. All were successful in this aim, some remarkably so; their own perception was that they also learned much about themselves and the aspects of control that had informed their usual styles with children. Some of the most creative work between therapist and child has been done where these double roles have been successfully juggled, and I have therefore included examples from that project in the final section of this paper.

### **The Child's Experience of Therapy**

In what ways do children actually use this kind of therapy? If this chapter were a book, a series of case studies would give perspective; more economically, we can illustrate with brief examples.

### **Expressing issues of uncertainty, powerlessness and lack of involvement in decision-making**

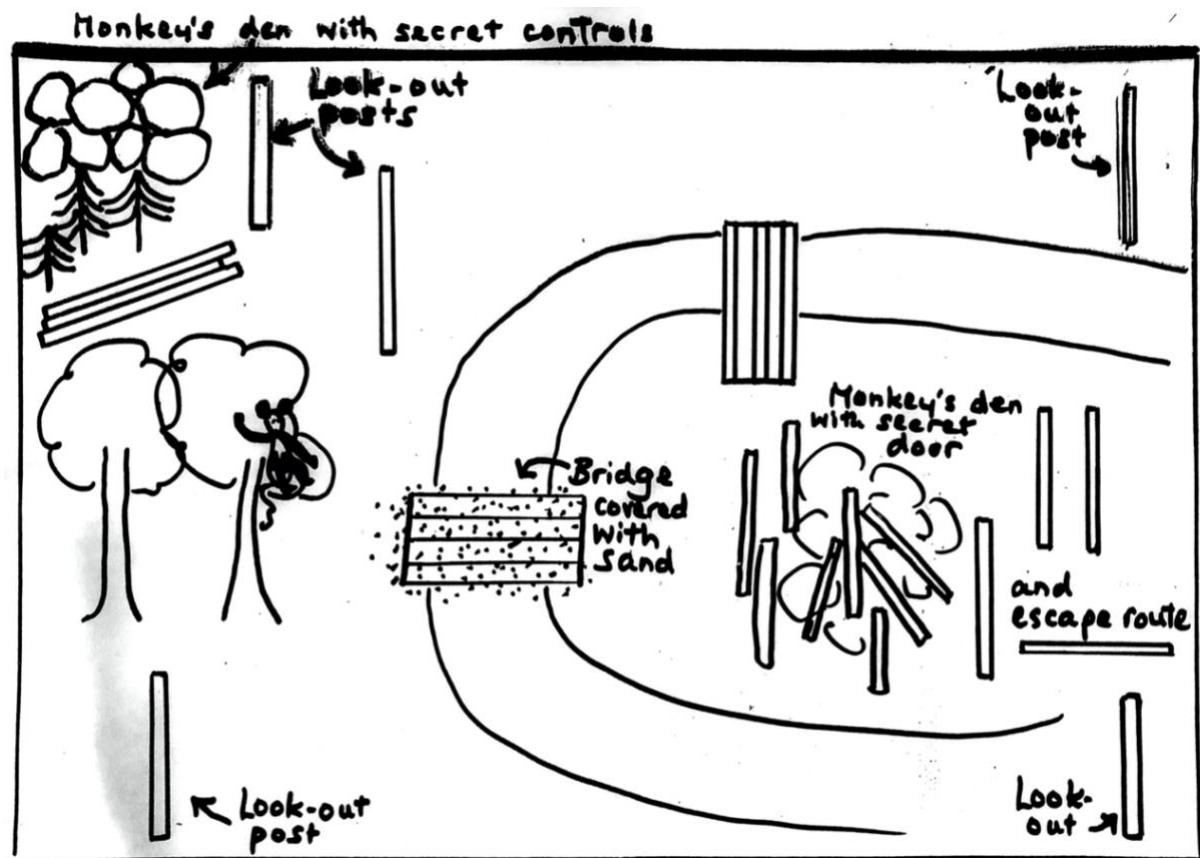
James, aged nine, had been in care for seven years; his most stable foster placement had broken down just before Christmas, and he would spend Christmas Day in a children's home. James thought (so did we!) that 'they might have waited till

after Christmas'. The social worker/therapist describes his 'World' of 17th December (Fig 2).

*The sand was scooped to both sides of the tray to leave a semi-circular river. He placed two trees to one side and put a monkey on one of the trees. He then placed several wooden bars across the river like a bridge, and several in a heap on the other side. This took five minutes or so, and he declared 'I've finished. Can we go in the other room?' I said perhaps he would like to tell me about his world. He said it was a deserted island, with no people on, only one monkey who lived by himself. I asked if the monkey enjoyed being alone; he said 'Yes, it's great, he enjoys himself, he has the whole place to himself and he can do what he likes'. Then, as I made a move to go, he stopped me and said 'No, wait, I haven't finished'. He got wooden sticks and began to place them upright in the sand, telling me there had been a war on the island and these were ruined buildings. He built another 'den' for the monkey with a secret door. He put 'look-out posts' on each corner. He then got more trees and bushes to hide the dens, and asked me to build a bridge across the water and cover it with sand. (It is perhaps of interest that the therapist was chosen to build this hidden bridge.) The monkey was then placed in the den, and he told me it had secret controls in there and proceeded to show me what the monkey could do by operating these. The fir trees could be controlled to move away from the den at night, but always returned to the same place by morning. He could operate the bridge so that if invaders came they couldn't get across. James went into elaborate details of how the monkey could get into his den by one secret door and escape if necessary by another.*

In the person of the 'poor monkey' we see a child explicit under siege; any power he might have is reduced to defence. The theme of escape was continued in the following session (7<sup>th</sup> January), when James ran away as his therapist's car arrived at the children's home, and she accepted this gesture. A week later James came for therapy, but announced 'I'm going to muck around': which he did, wandering about, getting on and off the rocking horse and, once in the 'World' room, slouching in his chair, fingering the World items but saying 'No' when asked whether he was going to make a World. After ten minutes, his therapist asked whether the electronic car he had

had for Christmas was like my of those in the cupboard. He said 'No - but OK, I **will** build a world'. He chose a police car and ambulance, threw them on the sand and said: '**That's** my world!'. The fact that the Child is deliberately making a choice from about fifty civilian vehicles, and takes two of the three 'crisis' vehicles available, has to be seen as significant; the throwing, rather than the usual careful placing, must also be accepted as the gesture it is. James's was a long, difficult but increasingly positive story, in which we steadily built up the explicit relevance of the play-work for the decisions being made; at the end of the second year, he was successfully adopted.



### Discovering New Aspects of Old Relationships

Although therapists who have another role (such as social worker) must be careful to keep the two roles firmly separate, the fact that the person is **bodily** present in both roles makes some 'leakage' likely. This can be wholly beneficial.

Jack was twelve, living in a community foster home, and daily truanting from his local comprehension school. His social worker, Mary, chose him as the child on

her caseload with whom she had achieved least communication or trust over two years. Each Monday Jack would take himself to school by four o'clock, and would be picked up at the gate by Mary as therapist; neither would mention the fact which both knew, that he had not been in school all day.

On his sixth drama session, Jack planted Mary on the climbing frame with the toy record-player, and quickly arrived as a policeman: 'Turn that damn thing off. I've a complaint about you'...you've got to come with me to the police station...I've got to tie you up...I've got a warrant. He tied her hands behind her with a skipping rope, as she protested bitterly:

Mary: Oh dear, I won't get down like this, not with my hands tied.

Jack: You'll have to manage it or I'll brew your neck.

There followed increasing threats, pleading from Mary about prisoners' rights, and denial of them by Jack: 'No questions asked...Ten years imprisonment...All our police station does this!' The exchange (in which Mary later described her own real feelings of anger, injustice and powerlessness) ended after about 20 minutes of altercation by Mary being bundled, tightly tied, into the far depths of the climbing frame and Jack walking out of the playroom, putting the lights out as he went. I, as supervisor, found him drinking coffee in the waiting area, and asked 'Where's Mary?' – 'In there', he gestured to the playroom. Knowing she would have had a difficult struggle to extricate herself in the dark, I suggested we should help her, but at that moment Mary emerged from the playroom. For a second Jack's face was stricken and it was evident that he knew he might have gone too far; a second later it cleared as Mary said cheerfully, 'Hey, haven't you got me a cup of coffee?' Her ability to leave her feelings behind in the playroom, and so earn his trust, was rewarded a week later when Jack asked for 'a talk' and proceeded to discuss his history and anxieties in a way that she had never achieved with him in two years of social work.

## **Contemplating Situations Without Accusation or Blame**

This experience also be well illustrated by Jack. A few weeks later, Mary supervision described how, as social worker, she had visited Jack at home to discuss the continuing truancy, and had said to him 'I wish, Jack, that you would sometimes think what it's like to be me trying to get you to school - because I often try to think what it's like to be you'.

I suggested that in drama that evening she might like to ask Jack if he would like to try out a new game - being each other for half an hour. Mary wasn't sure,- she'd think about it and see how it felt at the time. That evening Jack's World was entirely concerned with the difficulty of getting to school: there was a school bus (containing Jack) waiting at the traffic lights which were turned to red, two tanks also halting the bus, Mary following in her car which was 'broken' mother social worker in a car containing a bomb, a 'light getaway plane' and a car with 'neighbours going on their holidays'. Subsequently Jack went into the playroom and immediately divided it into two, putting Mary on one side at a desk and himself on the other, also deskbound, where he stayed throughout. He began 'There's your desk. You're my secretary'. After some conversation by phone, it gradually transpired that he was a headmaster. He proceeded spontaneously to discuss on the phone the case of a boy of twelve (represented as a large doll) who wanted to go back to Junior school - 'He says, well, I would like to go to senior school, but he's finding it hard with the work you see... he cannot take it.. he isn't frightened of doing it, it's just too complicated for him...See, if we get his mind back to the work what he disposed for the fourth year, and try him out on it, and keep trying till he knows it, then we can just join him on to the senior school and he won't be so difficult'. The conversation in this vein lasted more than twenty minutes; there is no way that one can imagine it taking place in such a manner, on an objective 'professional' level with the child taking the higher status, other than in role play. Mary was especially conscious of being liberated from her inevitable accusatory stance (given that non-attendance at school is illegal), but one can assume that Jack found the responsible and caring role of concerned headmaster equally enlightening.



## Exploring Issues of Identity and Contamination

Children whose parents are criminal, insane or cruel may be deeply concerned as to how far they themselves can preserve a separate identity and escape from contamination. A less common but more extreme form of this issue was the problem for Oliver, aged seven, whose twin brother was autistic. When Oliver was looking a little dreamy, he could easily be mistaken for his twin, and indeed often had been: an event which was painful and alarming to both Oliver and his mother. Oliver had begun to practise 'autistic' mannerisms in the mirror, which horrified his mother still more. On first coming to see us, he brought with him a drawing of two prehistoric animals, which he described as a 'triceratops and a stegosaurus fighting'. Encouraged to tell us more, he went on 'There's something special about them. This one **looks** like a triceratops, but he is actually a stegosaurus pretending to be a triceratops. And this one looks like a stegosaurus, - but he's actually a triceratops pretending to be a stegosaurus'. This theme of 'How far can you go in pretending to be someone else...where will it end?' was to be central to Oliver's Worlds and Role-play for a full year; people were magicked into each other in a dizzying way for the therapist, and the question always hung in the air: suppose you can't change back? It took a full year before Oliver was able to leave characters to develop their own identities, and we gave him a second year to be sure that he was, as he said, 'Properly safe'.

Finally...

Perhaps the best way of summing up is to set out a statement of our intentions when we take on a child for the Nottingham play therapy package. Given that the child clearly needs help, we have only two very basic criteria: that she is capable of pretending or symbolic play, and that she is not among the group of children who pathologically lack boundaries between reality and fantasy (Newson 1989). Within these criteria, our aims are:

1. At the very least, to give the Child our total attention for an hour per week, he is guaranteed no interruption, short of life or death emergencies, and a commitment over time about which he makes the

decisions. It is sobering to consider how few children can count on this amount of weekly undivided attention from one adult.

2. To offer the child experience of being master over a situation and our ourselves. The experience of mastery is rare for most of children. The experience of **responsibility** within mastery may be still be rare particularly with an adult who assumes that responsibility will be accepted and achieved without adult control.
3. To give the child a totally new experience which is **relevant** to her real world but encapsulated and separate from the real world: that is, it takes place in a protective and privileged environment. There are no strings attached to the situation, and the concepts of 'well-behaved' or 'naughty' no longer apply. The novelty of the experience is deliberately intended to shock the child, the experience of shock is likely to make her think, and hence help her to re-assess and re-construct.
4. To offer the child an alternative language with which to conceptualise whatever is relevant for him or her. Whether in making Worlds or acting out situations and roles, the work the child does through the language of play is for his own benefit, not for the therapist; that is, the **essential** communication is with himself, now with himself, not with the therapist. This is very different from the package which is offered by interpretative therapists, where there is always the tacit claim that the therapist is so expert in reading the child's play that she knows better than he what he means. We are looking for the child to create something in sand or playroom that **makes sense to the child**; if it makes sense to us too, that is a bonus. We listen to Children with care and respect, hoping for in sight on their thoughts; but we do not in fact need insight. It is enough that we should facilitate the work that the child needs to do, by giving him a language in which to do it. Barefoot play therapists should not aspire to high heels.