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## Play Therapy and the Therapeutic Use of Story

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Roxanne Carlson

Nancy Arthur

*University of Calgary*

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### Abstract

Children who develop behavioural problems are often living with severe emotional pain. Children can achieve personal growth, healing and alleviation of their emotional pain through treatment that allows the processing of traumatic events and experiences in a medium that is both natural and comfortable for them. Play therapy and the therapeutic use of stories allow children to distance themselves from painful themes and deal with them symbolically. This article explores the healing process of a 6-year-old boy whose chaotic family lifestyle and structured school environment presented more anxiety than he could cope with effectively.

### Résumé

Les enfants chez lesquels se développent des problèmes de comportement, vivent souvent avec une douleur émotionnelle intense. Les enfants peuvent parvenir à une croissance personnelle et à un atténuation et une guérison de leur douleur grâce à des traitements qui permettent de traiter les événements et les expériences traumatiques dans un milieu qui leur est à la fois naturel et confortable. La thérapie par le jeu et l'usage thérapeutique d'histoires permettent aux enfants de s'éloigner des thèmes douloureux et de les considérer symboliquement. Cet article explore les processus de guérison d'un jeune garçon de 6 ans dont la vie de famille chaotique et l'environnement scolaire structuré lui causaient plus d'anxiété qu'il ne pouvait endurer.

One perspective on children's mental health proposes that every child is continually striving to become a well-adjusted human being. For example, Axline (1969) suggests that adjusted children appear to be those who have not encountered too many obstacles to their natural development. Alternatively, the child who ". . . is denied the right to achieve this without a struggle" (p. 20) often develops problematic behaviours and is frequently referred to counselling by concerned adults. Axline also suggests that well-adjusted behaviour in children results when they are self-aware and self-confident enough to consciously and purposefully behave in a manner that is congruent with the process of self-actualization. In contrast, children display troubling behaviours when they are not self-confident or self-aware enough to behave in ways that contribute positively to the self-actualization process. It is common for parents, teachers, and peers to negatively label these troubling behaviours, creating a self-image for the child that is not consistent with an originally positive sense of self. The resulting inconsistency in self-knowledge further inhibits the child's difficulties of adjustment.

At the centre of approaches to play therapy theory is the humanistic assumption that every child is a whole and unique person, worthy of respect. According to Rogers (1980) ". . . individuals have within them-

selves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior” (p. 115). These are personal resources that can be drawn upon in the child-centred and therapeutic environment of play therapy. The child’s uniqueness is appreciated and valued by the counsellor who communicates that value to the child by empathetically validating deeply felt emotions. Play therapists believe that the inner strength and intuitive wisdom children possess make them incredibly resilient and capable of positive self-direction. Landreth (1991) translates this philosophy into action in the playroom where “. . . children are noticed, listened to, heard, responded to, and allowed to chart their own lives. This freeing process for children allows them to draw on their inner resources for growth and self-direction” (p. 51).

This paper provides an overview of the therapeutic principles involved in play therapy. It was developed to address two questions commonly asked by counsellors-in-training, “What distinguishes play therapy from play?” and, “What are the therapeutic processes that make play therapy effective?” A second goal of the paper is to elaborate upon the use of story as a meaningful intervention for working with children. Following a discussion of approaches to play therapy, a case study is described. The case study outlines the process of play therapy supported by the therapeutic use of story with a six year old boy who was demonstrating behavioural problems in both home and school settings. Examples of the books read and stories developed to target the issues faced by the client are provided.

#### PROCESS OF PLAY THERAPY

According to Landreth (1991), “. . . an inherent tendency exists within children to move in subtle directedness toward adjustment, mental health, developmental growth, independence, autonomy of personhood and what can be generally described as self-actualization” (p. 60). Each child’s view of self is directly influenced by his or her personal experiences and also determines the development of general behavioural tendencies in order to function in the world. In play therapy the focus is on the child’s efforts to effectively cope with conflict and problems both in the present and in the future.

Landreth (1991) states that the spirit of children is contained in their play. Play therapy allows children to create a representation of their inner worlds and facilitates a wide range of emotional expression. What troubled children need most is for someone to recognize, acknowledge, and validate their emotional distress—not to solve their problems. Children in therapy often feel out of control and they need a place of safety to which they can escape. The play therapist applies sufficient limits so

that they can bring themselves under control. The result is the establishment of a therapeutic relationship where children feel safe enough to play and to be in control of that part of their life. That sense of control then transfers to other areas in their lives.

According to Guerney (1983), the most valuable tool that play therapists use is their ability to reflect the behaviour, thoughts, and affect that a child experiences through play. The abundant use of empathic responses demonstrates that the therapist understands what the child is experiencing. In play, when the therapist allows the child to feel the wide range of his or her feelings, and where the therapist accepts and accurately reflects these feelings, that child's need for acting out troubling behaviours can often be eliminated.

#### A PSYCHODYNAMIC APPROACH TO PLAY THERAPY

Play therapy was originally developed from a psychodynamic perspective as a vehicle by which children could comfortably and therapeutically communicate and process their inner thoughts and struggles. According to Esman (1983), the major function of play therapy is to resolve any of the child's conflicts that interfere with the ability to function effectively within the environment. Play therapy encourages the development of a therapeutic relationship allowing for the child's play to become a source of information, which the therapist observes in order to gain insight into the inner world of the child. By communicating interpretations and insight within the metaphor of play to the child, the therapist helps the child to develop increased self-awareness. Support to develop more positive self-esteem assists the child to function more effectively within the environment.

According to Esman (1983), therapists have found that the best way to engage children in the therapeutic process is to meet them at a place where they can easily and effectively communicate. Children are naturally and universally attracted to toys and play. They provide an effective way for the child and therapist to relate, thereby overcoming the child's natural resistance to dealing with painful life experiences. The result is the swift departure of the tension and fear that is often characterized as resistance in clients. The rapid development of a therapeutic alliance between the therapist and the client allows for the child's imagination to become evident through play. The expression of the child's behaviours, struggles, conflict-ridden issues and emotions lead to an overall reduction of anxiety in the child and eventually to problem resolution. Play is a ". . . natural way for children to communicate and to act out sensitive material related to frightening situations. Through play, children gain the security and self-confidence necessary to express underlying emotions and to try out new ways of thinking and behaving" (Gumaer, 1984, p. 58).

Play therapy encourages troubled children to project difficult emotions such as fear, anxiety and guilt onto toys, allowing them to distance themselves from the traumatic events and experiences that they find too painful to deal with directly (Landreth, 1993). Encouraging the child to process difficult issues in fantasy, the child remains feeling safe and in control. The child is not required to live through the trauma again. Instead, the difficult issues are dealt with through the characters in the story. By symbolically "... acting out through play a frightening or traumatic experience, and perhaps changing or reversing the outcome in the play activity, children move toward an inner resolution, and then they are better able to cope with or adjust to problems" (p. 17). The counsellor accepts and responds to the child's behaviour in play by reflecting and clarifying the feelings, thoughts and behaviours expressed (Gumaer, 1984). The role of the play therapist is to identify and label particular emotions that are relevant in the child's play, thereby helping that child learn to recognize and actively express a wide range of human emotion.

It is suggested by experts in the field that play therapy is most effective with children between the ages of three and eight. However, with the use of board games, it can be adapted for older children and young teens. Some psychologists even use play therapy with adults with dissociative disorders or with adults whose development and opportunity to play was denied or stifled as a child.

#### THERAPEUTIC USE OF STORY IN CONJUNCTION WITH PLAY THERAPY

An intervention that compliments play therapy very well is the use of story. Similar to the theoretical tenets of play therapy, stories can communicate to the child an acceptance of self, provide for the expression of relevant emotions and contribute to the development of a therapeutic relationship. This intervention can promote healing and is often used with children who have been traumatized or who are experiencing behavioural and emotional difficulties. The use of stories can help to solve interpersonal problems and promote mental health in children lacking self-esteem, appropriate role models, expressive language and a vocabulary with which to express feelings. Davis (1989) points out that it is a particularly helpful form of therapy with children because stories are already a "... normal and interesting part of a child's life" (p. 18).

The process of selecting appropriate therapeutic stories involves finding those that reflect the child's identity and problem situations accurately and which result in positive and achievable problem resolution. The therapeutic use of story in therapy allows children to read or hear about others who have overcome problems similar to their own, giving them the opportunity to apply what they have learned from the stories to

their own real-life situations (Pardeck, 1990b). "By reading about others similar to themselves, troubled children may not feel so alone or different" (p. 1043). It is effective with children because it allows them to "... see solutions to problems without the burden of in-depth verbalization, confrontation, and interpretation, strategies which are often critical to successful intervention" (p. 1044), and avoids the problems that many children have with traditional interview-based therapy.

The therapeutic use of story is grounded in psychoanalytic theory whereby the child's natural resistance to change and need for reason in the conscious is bypassed, and the healing resources of the unconscious are stimulated in order to give insight. Nancy Davis (1989) emphasizes the view that "... the conscious mind does not need to understand a therapeutic story for the unconscious mind to understand the healing message it holds" (p. 22). Davis (1990) also points out that therapeutic stories tend to make presented ideas or themes more memorable. Published stories with therapeutic messages can be used or therapists can create their own individualized stories.

Pardeck (1990a) theorizes that there are three components to the therapeutic process, the first of which is the identification and projection stage. At this point, similarities between the child and the main character of the book are evident and the child identifies with the needs, wishes, and frustrations of that character. The next stage is abreaction and catharsis where the child experiences an emotional release of feelings that may be expressed either verbally or nonverbally. Because the child has identified and projected his or her own feelings onto the main character(s) of the story, when the character experiences the emotional release of feelings about the story, the child's feelings are released as well. The final stage is insight and integration where the child recognizes him/herself and significant others in the characters of the story and gains insight into the significance of the similarities.

The therapeutic use of story also "... draws on theoretical constructs developed in learning theory. According to learning theorists, humans learn by imitation" (Pardeck, 1990a, p. 231). The fictional characters in books are therapeutically offered as models of positive, adaptive behaviour with which the child can identify. This is especially important for children who lack positive family role models as it allows them to read about others who have overcome problems similar to their own. This provides children with a corrective experience and gives them the opportunity to apply what they have learned from the stories to their own real-life situations (Bauer & Balius, 1995).

Determining the successful use of story in a therapeutic setting can be observed when the child makes a connection with the story in question. Davis (1990) says evidence that a connection has occurred is when the child asks for a certain story repeatedly or responds to a particularly

helpful story with a comment similar to, "I love that story." She points out that if the story does not directly apply to the child or is not helpful for him or her, the child will appear uninterested and will not ask to hear the story again.

#### CASE STUDY

Although there are several theoretical orientations that guide play therapy, a client-centred perspective (Rogers, 1980) formed the basis of a treatment program with a six-year-old boy who was demonstrating behavioural problems in the adjustment required of entering grade one. The process of play therapy with the therapeutic use of story demonstrates how a child can be helped to achieve a stronger and more positive sense of self. Therapeutic goals, client assessment, and intervention strategies are discussed.

#### *Client Background*

Jason is a six-year-old boy who attends grade one at his neighborhood elementary school in a lower to middle socio-economic area of the city. Jason lives with his grandmother who has legal custody, his eight-year-old sister, an uninvolved step grandfather and his mother who is unable to be emotionally available to her children. His mother is diabetic (which is adversely affecting the health of her heart), terminally ill with ovarian cancer, smokes heavily, and is addicted to drugs. She leaves the family residence, often for days at a time, with no one knowing where she is or when she will return. At these times she admits that she escapes into a world of drug use because the stresses of her life become more than she can cope with. Jason and his mother lived alone together for the first four years of his life at which time she was heavily using drugs and quite neglectful of him. It appears that they have a mutually caring relationship but Jason's mother has said that she does not want her son to get too close to her because it will be harder on him when she dies (which she expects to happen soon).

Jason's grandmother appears to be a stable influence with for both Jason and his sister; however, Jason was not yet securely attached with his grandmother. The grandmother's vocal disapproval of his mother's behaviour and her reminders to the family that Jason was born a problematic "trouble-maker like his father" may be interfering with the process of attachment and may be hindering Jason's healthy self-actualization. Some family therapy has been attempted with Jason's mother and grandmother but neither of them has engaged in the therapeutic process. Treatment with Jason was initiated at the school's request in order to help him deal with his problematic ways of coping with conflict (i.e., temper tantrums, running away, and hurtful behaviours towards his peers and sis-

ter) which have resulted in him being labeled as a “bully” and becoming socially isolated.

### *Goals of Play Therapy*

The major goal of play therapy is to promote the development of the child client by helping that child to learn about and accept him/herself. The play therapist provides the child with a positive growth experience in order to discover his or her internal strengths. More specifically, a child-centred play therapy program attempts to assist the child to “. . . develop a more positive self-concept, assume greater self-responsibility, become more self-directing, self-accepting and self-reliant, engage in self-determined decision making, experience feelings of control, become sensitive to the coping process, develop an internal source of evaluation, and become more self-trusting” (Landreth, 1991, p. 80). Within this framework is a belief that children are capable of setting their own goals, acting them out in their play, and developing the skills necessary to solve their problems in their own way.

The overall purpose of Jason’s play therapy program was to provide him with an experience of total acceptance, where he could feel free and safe to be himself. Within this environment Jason was given the opportunity to learn about and accept himself as a worthwhile person. The first objective was to establish a therapeutic relationship with Jason thereby allowing him to develop a more positive self-concept, become more self-accepting, become aware of the process of coping, and to develop an internal source of evaluation rather than looking to others to determine his value. This was achieved through the medium of play and adopting an accepting and respectful outlook towards whatever choices Jason made. Another early specific goal was to encourage Jason to express of a wide range of emotions. By encouraging Jason to be in control of his therapeutic process the goals of becoming self-responsible, self-directing, self-reliant and more comfortable and confident making decisions were allowed to be reached.

The stories that were shared with Jason throughout his treatment were chosen and created to reflect some of the same issues with which he had been struggling, and to find positive experiences and solutions to those problems (i.e., experiencing a wide range of emotions and expressing them in acceptable ways, discovering and appreciating strengths; living in a chaotic and fearful environment while finding a way to experience peace and contentment within that environment, and dealing with the loneliness and frustration of being socially isolated). The goal was to help Jason replace some of his ineffective ways of coping with more socially acceptable and appropriate behaviours similar to those used by children in the presented stories.

### *Intervention Strategies*

Play therapy was determined to be the treatment of choice with Jason because he was six years old and would be able to express himself and grow emotionally more effectively through the medium of play than with any other verbal-based intervention. Therapeutic stories were also used in order to provide him with positive experiences in relation to his troubling issues which were different from those he lives with in real life.

One of the most important aspects of play therapy are the toys provided for the client to create scenarios that will allow the child to play out his or her issues. Play therapists who must transport their playroom between schools need to be extremely selective and choose only toys that are particularly facilitative of communication and provide for the expression of a wide range of emotions and symbolic representations. Following is a sample of the toys that were provided for Jason to play with and a description of some of the ways that he used them therapeutically.

Two telephones were available and Jason initially used them to talk to and “get to know” the therapist. Later in therapy he used the phones to rehearse telling his mother about the negative incident report he had received at school earlier that day.

Attacking and being attacked were frequent types of play for Jason. He staged many battles and used a gun to shoot foam darts at imaginary characters, including monsters, knights, soldiers and an array vehicles with weapons. At first Jason did not indicate that there was any reason for the fighting. There were no good or bad guys and everyone always died in the end. As therapy progressed, it became evident that there were good guys and bad guys who were fighting over land, money, or revenge for hurting others. A dinosaur puppet with big teeth was often an important part of Jason’s play. It was frequently the bad dinosaur who attacked and hurt good guys and Jason would lock it in the suitcase for punishment. Rope that in the first session was used to “tie” the therapist in a chair was later used in therapy to tie up the dinosaur so he was no longer able to hurt good guys.

Nurturing and healing were significant aspects of Jason’s therapy. This usually occurred near the end of therapy sessions where intense conflict issues had been acted out in his play. Jason often used plastic dishes, sparkling jewels, and playdough to prepare special “meals” for us. Art materials were very important for Jason to express some of the distressing feelings he experienced about traumatic events in his life. For example, he used the playdough to make a teddy bear who got his ear cut off one week after his grandfather’s dog bit Jason’s ear and he required several stitches. The next week he drew a picture of himself attempting to make friends with a dog.

While Jason played out these scenarios the therapist reflected his behaviours, thoughts and feelings on a regular basis in the most accept-



ing way possible in order to communicate to him an understanding of what he was experiencing during his play.

Limit setting was an issue that rarely caused problems in Jason's therapeutic process. In the first session the therapist told Jason he could play with the toys in almost any way he wanted and she would let him know if there was something he could not do. The only rules were that he was not allowed to hurt himself, the therapist, or purposely damage any equipment. In play therapy it is expected that clients will test the limits. Early in therapy, when Jason was throwing the bop bag around very aggressively and started to move towards the therapist with it, he was told "It looks like you're thinking about hitting me with that bop bag, but remember that you are not allowed to hit me in therapy." He shrugged his shoulders and threw it in the other direction.

### *Assessment of Client Issues*

In order to gain a better understanding of their clients, many play therapists obtain important information about the child, the presenting problems, and the family history. This is also crucial in order to select or create stories that address the issues that are the most troublesome for clients. Information about Jason, his presenting problems, and his family history was gathered at the beginning of therapy through interviews with his teachers, his mother and grandmother, as well as the family's previous therapist.

Projective tests that were used to assess Jason's affect and significant issues were Draw A Person, Human Figure Drawing Inquiry, House, Tree and Person Drawings, and a Sentence Completion Form, administered both at the beginning and termination of Jason's treatment. Themes evident in the initial assessments were compared with those found in the final assessment to determine growth and evidence of healing.

Assessment in play therapy can also be accomplished through informal observation of the child's play and viewing that play as a metaphor for what he or she is experiencing in his or her real life. It is necessary to observe themes that recur in a child's play before it is possible to accurately hypothesize about the evident meanings. Observations of Jason's behaviour in therapy revolved around significant themes that were deemed so because they were recurring.

### *Evaluation of Therapeutic Gains*

Play therapy is a slow process and the therapist must ". . . wait patiently for each child's self to emerge" (Landreth, 1991, p. 322). The success of play therapy can best be determined through observations of qualitative differences in the child's play. Landreth believes that the success of a play therapy program should be viewed globally rather than through the

attainment of predetermined specific objectives. However, he lists fifteen specific changes that the therapist should be watching for when determining success and readiness for the child to leave therapy. The child becomes 1) less dependent, 2) less confused, 3) expresses needs openly, 4) able to focus on self, 5) responsible for own actions and feelings, 6) able to limit own behaviour appropriately, 7) more inwardly directed, 8) more flexible, 9) more tolerant of happenings, 10) able to initiate activities with assurance, 11) cooperative but not conforming, 12) able to express anger appropriately, 13) able to express happy and pleased affect, 14) more accepting of self, and, 15) able to play out story sequences in a direct way. Evidence that the therapeutic process is occurring can be observed when the therapist notices that behaviours are occurring for the first time in play therapy. An indication that the child has experienced success in play therapy is when previously recurring emotional experiences are no longer observed in the child's play.

Jason had twenty-three play therapy sessions and the most healing part of therapy appeared to be that these sessions provided him a place of safety to escape his chaotic life. Within this environment Jason was able to learn to bring himself and his behaviours under control, first in therapy and then more slowly into the rest of his life. By having his feelings, thoughts and behaviours in play understood, accepted, and reflected accurately, his need to act out those chaotic and troubling experiences in other areas of his life were diminished.

Evidence that a therapeutic relationship was developing was observed in Jason's physical reactions when his therapist picked him up weekly at his classroom. He was very apprehensive about coming to his first five sessions and sometimes had to be convinced to come. His sixth session marked his first smile in therapy and the first eye contact he had with the therapist. Before his tenth session he greeted his therapist at his classroom door with a big smile and immediately began asking questions about the upcoming session. Also, a tone of relaxation, calm, and cheerfulness appear to have developed over the course of Jason's treatment that certainly was not present in the beginning. Initially Jason came into the playroom very stiff, silent, and anxious looking. Near the end of therapy he came in chattering cheerfully and smiling.

In the observations made of Jason's play it was noticed that there was a gradual decrease in his need to express anger through physical aggression. Early in therapy Jason would hit the bop bag continuously for 5 to 10 minutes with surprising force. His feelings were expressed with similar intensity during play with an aggressive looking dinosaur or the army toys that he would sometimes shake. However, Jason did not hit the bop bag once in his last three sessions and both the time spent and the intensity involved in hitting and kicking it decreased considerably throughout therapy.

A significant indicator of success in Jason's treatment was apparent in his use of handcuffs to deal with his struggle with the issue of control. During the initial stages of therapy Jason chose to handcuff the therapist to the coat-rack or chair when playing out conflict-ridden scenarios. After three months of weekly sessions a dramatic shift was observed when for a few minutes he handcuffed himself to the therapist and throughout the remainder of his treatment he did not suggest once that the therapist be handcuffed. Slowly Jason began to involve the therapist in his play about conflict situations and the handcuffs began to be used as a symbol of heroism rather than control.

It was apparent that Jason made a significant connection with two stories that were created for him and the stories appeared to have a profound effect on his healing process. Both his teachers and therapist recognized that a major issue for Jason was his social isolation. Jason was labeled in the school community as a "bully" because of his sometimes aggressive and threatening behaviour in the school and on the playground. During one therapy session Jason appeared to be in a quiet and reflective frame of mind and so the therapist decided to tell him a story that might help him deal with peer issues. The story was about a little boy who liked to go to school and play, and who also wanted to have lots of friends. However, the little boy thought that the other kids at school were unfair and mean which caused him to get very angry. The opportunity for change occurred when a new student arrived and they became "best friends." The story contained several ideas about what being a good friend involves in hopes that Jason would incorporate some of the ideas into his own life. It introduced conflict when a friend pushed Jason down and he reacted by wanting to hurt him in retaliation. But at the last minute Jason remembered all of the fun they had together and decided to leave his friend alone to cool off. Later in the day the friend apologized to Jason for pushing him down, explained his behaviour, and recognized the impact it had on Jason and asked for forgiveness. The story ended with Jason being able to see the situation from his friend's perspective, forgiving him, and then participating in cooperative activities together.

In order to help Jason develop self-care skills and to access a calm inner state, a story was created for him that highlighted the integration of a wise being into his concept of self. Jason's home life was chaotic and full of conflict; therefore a situation in the story was presented where the main character was able to find peace, nurturing, and comfort within a chaotic and fearful environment. In one of his therapy sessions, Jason was playing in a large box, which he was pretending to be his cave. The therapist used this moment of calm and peacefulness to tell a story about a little boy who lived all alone in a cave. He was afraid to leave the cave because of the unpredictable nature of the weather outside, but was required to venture out occasionally in search of food when he was hun-

gry. On one such occasion, the little boy met a wise old man and they had a wonderful time picking raspberries together. On the way home the chaos of a blizzard developed and the wise old man took the little boy's cold, shivering hand in his strong, warm one and wrapped his large cape around the little boy to keep him warm. The wise old man guided the little boy safely back to his cave and planned to leave because he knew how much the little boy liked to be alone. However, the little boy had grown to love and care about the wise old man and invited him into the cave to share his meal of raspberries that they had picked together. In the end, the little boy was not frightened to leave his cave anymore, because he knew that the wise old man would always be there to help keep him safe. This story was told to Jason at the end of his therapy session and as he left to return to the classroom, he said, "You remember that story exactly like that for next week and don't change any of the words. OK!"

Early in therapy, Jason was not yet at a place where he could benefit from the healing messages held in the books that were shared with him. However, in his last session when the therapist read the story, *Oh, The Places You'll Go* (Suess, 1990), he appeared to be eagerly involved in the story and asked to have it read to him again. A list of the books that were shared with Jason is contained in the Appendix.

Final interviews with his teachers indicated that a dramatic shift in Jason's ability to function in the school setting had taken place. Other teachers and support staff in the school had been inquiring about play therapy because they had seen such a noticeable difference in Jason's behaviour since September. In December, Jason's homeroom teacher reported that Jason was performing significantly below grade level in his reading and writing skills and it was likely that the school would be suggesting that he repeat grade one. However, in the winter school term both his reading and writing skills increased so dramatically that he was working above grade level. It seems that Jason's play therapy program allowed him to deal with his emotional anxiety, freeing up his energy to absorb what was being taught to him in the classroom. Jason had not had a temper tantrum or run away from school since early October and only occasionally gets involved in schoolyard conflicts with other children. He has become much less socially isolated and has even developed some tentative friendships with school peers. A final interview with Jason's grandmother indicated that Jason's ability to deal with conflict effectively had improved at home as well, and that he and his sister seemed to be getting along better.

Evidence collected from projective testing was used to investigate changes in Jason's overall emotional well being. "Projective techniques are utilized because they tap the child's unconscious. Since therapeutic stories are designed to talk to the unconscious of the child, the inter-

pretation of the drawings or the symbols the child uses...can serve as very powerful agents for change when used by the therapist" (Davis, 1990, p. 9). Validation of the therapist's interpretation of the projective tests and the important themes observed in Jason's play occurred through case consultations with two supervising therapists. Several themes were evident at the initial administration of the projective tests that demonstrate the "clients' perceptions of their relationships to important others in life such as family or friends and to their environments such as home and school" (Gumaer, 1984, p. 99). A view of self as trouble-causing, injured, and fragile was apparent in his drawings of a broken-down house with cracked and jagged windows, a flower that was dripping blood, and a tree that was about to be destroyed. Isolation and rejection was heard in his responses to his drawing inquiries and sentence completion when he wished that he would not cause his family members so much trouble, and that he would not be so "bad". The desire to seek relief from adverse situations was evident in his stated wishes to be an animal that could escape fearful situations.

Final evaluation assessments with Jason indicated that a shift in predominant themes had occurred and at termination Jason was displaying themes of wanting to make connections with and to be heard by significant others in his life. This was apparent in his drawing of a dog that he was trying to make friends with as well as drawing inquiry and sentence completion responses stating his wishes to go camping and swimming with his mother, grandmother, and sister. Also evident was the expression of a variety of feelings including both pleasant and happy ones as well as angry, confused, and fearful ones. Jason drew on the chalkboard a large tree with many circles inside it, each expressing a different feeling indicating recognition that the same person could experience many different feelings. A more secure and grounded view of self in relation to his environment at the termination of therapy was apparent in his house and tree drawings. No evidence of an escaping theme could be detected in his final drawings.

#### CONCLUSION

When treating children in a therapeutic setting it is imperative to look at the world as the child sees it. Children are inherently active and their natural language is play. It is, therefore, necessary to allow children to express themselves and to heal through the medium with which they are most comfortable. Both play and story can be used effectively by therapists to create an environment for troubled children, which is conducive to self-awareness, growth, and healing. However, because the use of therapeutic stories is never used in isolation, it is difficult to specify the behaviours that indicate their successful use. Consequently, Davis (1990)

advises the use of projective tests with children throughout the therapeutic process in order to chart the child's general progress towards emotional health. Despite limitations in drawing generalizations from one case and the possible confounding effects of the authors' respective roles as therapist and practicum supervisor, we hope that this case illustrates the healing relationship that can occur through play therapy and the therapeutic use of story. Within the metaphor and symbolic world of play and story children are able to distance themselves from the troubling issues with which they struggle, and yet are still able to effectively process their traumatic experiences and events.

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### Appendix

#### Stories Used in Conjunction With Jason's Play Therapy Program

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*About the Authors*

Roxanne Carlson holds a M.Ed. degree in Counselling Psychology from the Department of Educational Psychology, University of Calgary. Her counselling practice with Calgary Family Services Bureau includes play therapy and the creative use of story in working with children.

Nancy Arthur is an Associate Professor and counsellor educator in the Department of Educational Psychology, University of Calgary. Her professional practice interests include multicultural counselling, career and cross-cultural transitions.

Address correspondence to: Nancy Arthur, Ph.D., Department of Educational Psychology, The University of Calgary, 2500 University Drive NW, Calgary, AB T2N 1N4