A DESCRIPTIVE ANALYSIS OF THE PROCESS OF CLIENT-CENTERED PLAY THERAPY

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The problem of this study was a descriptive analysis of the process of client-centered play therapy. The purposes of this study were (1) to investigate and describe the patterns of play activities, nonverbal expressions, and verbal comments during the process of client-centered play therapy; (2) to determine whether phases of emotional and/or social development do exist during the process of client-centered play therapy; and, (3) to describe any identified phases of emotional and/or social development that exist during the process of client-centered play therapy.

Ten boys, aged eight to ten, of average intelligence who were evaluated and diagnosed at the Pupil Appraisal Center of North Texas State University as having emotional and/or social maladjustment problems, were assigned to this study. Five boys were randomly selected from those boys currently enrolled in play therapy who had a minimum of twelve sessions prior to this study. In addition, five boys were assigned to this study to begin play therapy. The same counselor, playroom, materials (or identical ones), and the same observer were used throughout the study.
Each subject, with one exception, had twelve sessions of play therapy which were observed through a one-way mirror and were audio-recorded. Verbatim records were made of verbal comments, and descriptive records were made of play activities and nonverbal expressions. The different play activities were timed by using a stop watch. All accumulated data were analyzed, and categories developed for play activities, nonverbal expressions, and verbal comments. The categorized data were converted to percentage-frequencies by groups of four sessions and then for the total twelve sessions for each group. The data were analyzed to determine the major patterns of the play therapy process. A reliability check was obtained for categorized data by submitting approximately 10 per cent of the protocols randomly selected to an independent judge. The reliability coefficient computed for play activities was .96 and for both verbal comments and nonverbal expressions .99.

The data derived from this study suggest the following major patterns of play activities, nonverbal expressions, and verbal comments:

1. Initially, the children engaged in exploratory, noncommitted, and creative play; verbally and nonverbally expressed curiosity about the playroom and the situation; made simple descriptive and informative comments about their play and the playroom; and, volunteered information about self, family, etc. If the children were to appear anxious and if they were
to regress to earlier levels of development, they did so during the beginning sessions.

2. In the next pattern of the process, exploratory and noncommittal play decreased. Creative play became the major activity. There was an increase in aggressive play of a generalized nature. Verbal comments were made about their play and the playroom. Information about self, family, etc. increased.

3. As the process continued, feelings of anger, frustration, and anxiety began to be focused on specific concerns as evidenced in play activities and verbal comments. Creative play yielded to dramatic and role play.

4. During the final sessions, the children began to show more interest in establishing an interpersonal relationship with the counselor. Verbal comments and incidental play increased.

Further analysis of the individual protocols indicated that emotional and/or social growth did occur during the process of client-centered play therapy in varying sequences for each child. The feelings and attitudes overlapped to such an extent that clearly discernible stages of emotional and/or social growth were not identifiable.
A DESCRIPTIVE ANALYSIS OF THE PROCESS
OF CLIENT-CENTERED PLAY THERAPY

PRESENTATION

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fulfillment of the requirements

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By

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CHAPTER I

PROBLEM

Introduction

Play therapy, outside of a clinical setting as a treatment method for emotional and maladaptive behavior problems of children, is a recent development growing out of an attempt to apply psychoanalytic theory to children. Anna Freud, one of the first to recognize the therapeutic potential of play, modified Sigmund Freud's classical analytic techniques by playing with the child in order to gain his confidence so that she might gain access to his thoughts and feelings. Melanie Klein developed her "Play Analysis" approach by taking it on the fundamental theories of Sigmund Freud. Jaft and Allen applied Rank's theory in the development of their approach to play therapy. (The Rankian (relationship) view emphasized beginning where the patient was and stressed the need for helping the child define himself in relation to the therapist.) (12, 16).

The development of client-centered play therapy was influenced by the relationship therapy of Rank and more recently by the work of Rogers. Rather than diagnosing or attempting to recover the past or as a preliminary activity
leading to therapy, the relationship itself is seen as being therapeutic. Like adult client-centered therapy, client-centered play therapy is based upon the central hypothesis that the individual has within himself the capacity for growth and self-direction. These growth impulses are released within the therapeutic relationship established between the therapist and the child (3, 25).

Axline (3), explaining play therapy as a method of helping children to help themselves, writes:

Play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given the child to 'play out' his feelings and problems just as, in certain types of adult therapy, an individual "talks out" his difficulties (3, p. 73).

Ginott (12) states:

The therapeutic medium best suited for children is play. In therapy, the term 'play' does not connote its usual recreational meaning, but it is equivalent to freedom to act and react, suppress and express, suspect and respect (12, p. 7).

Landreth, et al. (14) suggest that play is to the child what verbalization is to the adult—a medium for expressing feelings, exploring relationships, and reaching self-fulfillment. In play therapy children are provided an opportunity to be free, creative, and self-directing. Children, unable to deal with their problems verbally, "play out" their feelings in an unconditionally, caring, and accepting relationship. The child no longer must defend a limiting self-concept or cover up feelings and attitudes. In this permissive relationship the child develops a feeling of
safety and can explore new ways of reacting to himself, to peers, to adults, and to his immediate world. The child feels that it is safe to be different and to express feelings, thoughts, and needs. To help the child express himself, his feelings, and his needs, the play therapy room is equipped with a variety of specially selected toys and materials which he can use as a medium of expression.

Play therapy is recognized as a treatment method for helping emotionally and/or socially maladjusted children (3, 10, 12, 19). The outcome of play therapy in various types of cases has been investigated (2, 4, 5, 6); yet, there is little verified, systematic knowledge on the process through which children typically move in exploring self, the therapist-child relationship, and the general patterns of attitudes and feelings expressed verbally, nonverbally, or through play activities.

Statement of the Problem

The problem of this study was an analysis of the process of client-centered play therapy.

Purposes of the Study

The purposes of this study were: (1) to investigate the patterns of play activities, nonverbal expressions, and verbal comments during the process of client-centered play therapy; (2) to describe the patterns of play activities, nonverbal expressions, and verbal comments during the process
of client-centered play therapy; (3) to determine whether phases of emotional and/or social development do exist during the process of client-centered play therapy; (4) to describe any identified phases of emotional and/or social development that exist during the process of client-centered play therapy.

**Hypotheses**

The following hypotheses were established for this study:

1. It was hypothesized there would be identifiable changes in the following:
   a. The patterns of play activities during the process of client-centered play therapy sessions that could be categorized into phases
   b. The patterns of nonverbal expressions during the process of client-centered play therapy sessions that could be categorized into phases
   c. The patterns of verbal comments during the process of client-centered play therapy sessions that could be categorized into phases.

2. It was hypothesized that the number of sessions in client-centered play therapy would influence the patterns of:
   a. Play activities
   b. Nonverbal expressions
   c. Verbal comments
Background and Significance

In recent years there has been an emergence of significant research on the process of client-centered psychotherapy with adults (27). In 1943, Snyder (30) concluded from his study of nondirective psychotherapy that it is possible to discern a process of nondirective therapy and to describe it in quantitative terms. Seeman (28) in 1947 investigated the nature of the therapeutic process by using recorded case materials and Snyder's original categories with certain subdivisions made in order to allow increasing precision of description. Seeman's study indicates that in the fifth (or last) phase of therapy positive feelings toward self and others outweigh negative feelings, that statements of insight increase in number, and that there is a movement from symptom exploration to self-exploration.

The process of play therapy has never been subjected to an extensive investigation. The few available studies are based on small numbers of cases and on analyses of only the verbal expressions of the children (11, 13, 15, 22). Research studies in this area have excluded play activities and nonverbal expressions.

The first process study of client-centered play therapy was conducted by Landisberg and Snyder (13). They attempted to analyze what actually took place in client-centered play therapy by studying the protocols of one incomplete case and three successful ones. Analyzing client-therapist responses based
on categories derived from adult protocols, Landisberg and Snyder found similarities in the play therapy process among cases. During therapy children increasingly released feelings in activities and conversation with emotional release rising from 50 per cent during the first two-fifths of therapy sessions to 70 per cent during the last three-fifths of therapy sessions. They observed that negative feelings increased in frequency as therapy progressed and that positive feelings remained at the same level. Serious weaknesses of this study, in addition to the analysis being based on categories derived from adult's protocols, are that verbatim transcripts were not available and that the factors of small sample size and homogeneity of age prevented generalization to other age levels (12).

Finke (11) devised categories from an analysis of children's statements in order to analyze the process of nondirective play therapy. She believed that expressions of feelings would mirror the child's emotional reactions resulting from the play therapy. Analysis of complete protocols from six play therapists concerning six children revealed similar trends for all children. In contrast to Seaman's study (28), which concluded that positive attitudes increase as therapy proceeds and negative attitudes decrease, Finke found no trends for either positive or negative statements. She concluded that nondirective play therapy has its own characteristic pattern which is repeated case after case.
Sinott (12) reported that serious shortcomings of this study are that protocols were based on the therapist's notes, that the study was restricted to analysis of children's verbal statements, and that the wide chronological age range was ignored.

Lebo (18) investigated the relationship of chronological age and types of statements made by children in play therapy to determine the effect on the process of play therapy. Five age levels were represented by two boys and two girls at each level. Verbatim notes were categorized and analyzed using a revision of Pinke's categories. Lebo found that motivational factors seemed to account for definite trends in the types of statements made by children in play therapy. As the age groups became older, fewer decisions were told to the therapist, fewer attempts were made to draw the therapist into their play, and more statements of likes and dislikes were made.

Koustakas (22) conducted a process study by arbitrarily selecting extensive excerpts from play therapy protocols and subjectively interpreting the chosen excerpts. He postulated that the therapeutic process seemed to follow a regular pattern for all children but that consistent patterns were more clearly observable with disturbed children than with normal children. His premise is that in play therapy a child goes through a sequence of emotional growth that corresponds to the normal emotional development of early childhood.
Another process study conducted by Koustakas (20) compared the patterns of emotional growth of normal and disturbed children. He found that as therapy progressed, negative attitudes of the disturbed children became more similar to those of the well-adjusted and that attitudes were expressed more clearly, less frequently, and less intensely.

Lebo (17, p. 177), in reviewing the research conducted in the field of play therapy, describes much of the current research as "meager, unsound, and frequently of a cheerful, persuasive nature." He writes that play therapy, when stripped of the philosophy of the love of children and the idyllic purposefulness emphasized in many of the current research articles, is left with a rather thin framework.

Ginott (12) reports that the serious weaknesses of process studies of play therapy are that the studies are based on analyses of children's verbal statements and that they do not take into account expression of feelings through play activities.

Play activity of children is generally regarded by schools of treatment as the natural medium of self-expression for communicating children's personal relationships to the world. Process studies of play therapy have neglected the child's expression of feelings and needs through play and have focused only on verbal expressions. They have left unanswered the questions regarding how much of the therapeutic process was expressed in play and if there existed a pattern
of major attitudes and feelings which unfolded during play therapy sessions. Greater emphasis was placed on the outcomes of play therapy than on analysis of the process of therapy. It is essential to learn more about what happens during the course of play therapy to evaluate more accurately its effectiveness.

With the development of counseling services at the elementary school level, the utilization of play media is beginning to be explored as a technique for helping children solve problems in the school setting. Children entering school are only beginning to emerge from a stage wherein objects are toys, time is spent in play, and work is a construct developed through role playing. While the concept that his work is school work is being emphasized, the child continues to develop his social relations, to test various roles and concepts, and to work through his frustrations and concerns largely through play. In contrast with older children and adults who can and do verbalize their frustrations, anger, love, and acceptance, the small child acts out these feelings. Limiting the child to verbal expression in counseling is often as inappropriate as limiting an adult to the use of puppets (25).

Alexander (1) views play therapy in the elementary school as an integral part of the educational program. The general goal is to increase the individual's knowledge and understanding of himself and the universe. Play therapy in the
educational setting, as in others, gives children the freedom
to express and to explore themselves in an accepting climate.
The counselor helps the child struggle through to a better
self-concept by being alert and sensitive to the underlying
feelings and by intense empathy; thus, the child can expend
less energy in defending and protecting himself and can
devote more effort to exploring and expressing his potential.

Dimick and Huff (9) suggest that until the child reaches
a level of facility and sophistication with verbal communication
that will allow him to express himself fully and effectively
to others, the use of play media is mandatory if significant
communication is to take place between child and counselor.
Relying on talking through feelings and attitudes may handi-
cap the child from being able to communicate in the most
effective and meaningful way available to him. Effective
communication necessitates that both the child and the
counselor participate on essentially the same level. The
counselor has the responsibility for participating at the
child's level rather than expecting the child to move out of
his own natural mode of communication and into the verbal
communication system of the counselor. A child's communication
of his feelings and attitudes towards himself and others may
be facilitated by only a small selection of flexible materials.
It is ideal, though not necessary, to have a specially
equipped playroom in elementary schools.
To utilizing play media in a public elementary school setting, the counselor's major responsibility is that of assisting with everyday concerns of normal children. Severely disturbed children are referred to settings outside the school for treatment (25). Kouetakis writes that counseling should be:

...a place where the normal child is able to release tensions and frustrations that accumulate in the course of daily living, to have materials and an adult entirely to himself, without any concern with sharing, being cooperative, being considerate, polite or otherwise. He can feel his feelings and express his thoughts all the way knowing that he is accepted and revered unconditionally (18, p. 42).

As elementary school counseling expands, it is imperative that counselors gain a more complete understanding of the process they are initiating in client-centered play therapy. Analysis of the process would be useful to counselor-educators in assisting counselors-in-training to grasp an understanding of anticipated behavior and verbalization in play therapy sessions; thus, counselors would gain an awareness of the emotional and/or social growth made by children during play therapy sessions.

Definition of Terms

1. Play Therapy—as used in this study, play therapy is defined as therapeutic play in an equipped play therapy room with a play therapist present. The child is provided an opportunity to use a particular time period as he chooses, with only a few, broad limitations. The child, for example,
is not permitted to harm himself or the therapist or to destroy expensive or irreplaceable toys. With this freedom to be self-directing, the child may use the play media for self-expression according to his needs, or he may choose not to use them. The therapist established a relationship that is characterized as accepting, understanding, friendly, and caring—one in which the child is able to express his feelings through play in a manner comparable to the way an adult expresses his problems through verbalization. In this unique setting the child is freed from the need to defend "self" and is given the opportunity to be himself (3, 14).

According to Axline (3) play therapy is an opportunity for the child to experience growth under the most favorable conditions. The child is given an opportunity to play out his feelings of frustration, aggression, tension, insecurity, fear, and confusion through play which is his natural medium for self-expression. He brings his feelings out in the open where they can be faced, controlled, or abandoned. By "playing out" feelings, attitudes, and thoughts, the child learns to understand himself and others a little better. It is at this stage of emotional relaxation that the child begins to realize the power within himself to think for himself, to make his own decisions, to be psychologically more mature, to be an individual in his own right.
Axline (3) maintains that the therapist must develop a warm, friendly relationship with the child as soon as possible. This relationship enables the child to utilize the capacities within himself to develop a constructive and happier way of life. The cumulative and integrative process of learning is affected by the individual's unique and personal perception of self. The child normally experiences an increased awareness of himself, an increase in understanding of himself, and a feeling of being at one with the world in order to learn how to function on his own.

The non-directive play therapy of Axline (3) accepts the child exactly as he is at the moment and accepts the pace selected by the child. The therapist does not try to hasten or delay any particular aspect of the therapy process. Toys implement the process because they are his medium of expression. The child's free play is an expression of his own personality. The therapist lets the child lead the way in releasing his feelings and attitudes. The therapist recognizes and reflects the feelings expressed by the child through play or direct conversation in such a manner that the child gains insight into his behavior.

2. PLAY ROOM—As used in this study, play room is defined as a room equipped with a variety of specially selected toys and materials which the child can use as a medium of expression. The following recommended toys were provided (3, 12, 19, 29): chalkboard and chalk; nursing bottle;
dart guns; several types of transportation toys such as cars, boats, trucks; a variety of animal and people hand puppets; rubber knives; casual and paints; play telephone; doll house equipped with doll furniture and a flexible doll family; Play Doh; Bobo, the punching toy; boards, hammer and nails; miniature stove and dishes; drum; xylophone; several hats; toy cowboys and Indians; toy soldiers and war equipment; paper; pencils; crayons; Tinker Toys; farm set; small wooden train set; dolls; doll bed and carriage; Lincoln Logs; and a table and two chairs.

2. Case Study.--As used in this study case study is defined as biographical information and developmental history data derived from forms completed by parents and teachers.

Limitations of the Study

This study was limited to boys, aged eight to ten, who were referred by teachers or parents from the Denton County Schools to the Pupil Appraisal Center of North Texas State University for treatment.

The research sample of those subjects beginning play therapy was limited to the total population of referrals who met the qualifications for this study.

It was assumed that the children who continued in play therapy had demonstrated similar patterns of play activities, nonverbal expressions, and verbal comments as were demonstrated by the children who began play therapy.


22. __________, *The Frequency and Intensity of Negative Attitudes Expressed in Play Therapy,* *Journal of Genetic Psychology,* XXCVI (June, 1955), 309-325.


CHAPTER II

REVIEW OF THE LITERATURE

History and Development

Play has been recognized as a valuable activity in the life of a child for many years. Rousseau (69) advocated studying the play of children in order to understand and educate them; however, his references to the play and games of children were more in accord with educative purposes than with the therapeutic uses of play. Froebel (31) in his book The Education of Man emphasized the symbolic components of play. Regardless of the nature of play it was seen as having a definite conscious and unconscious purpose. Froebel (31, p. 22) wrote: "Play is the highest development in childhood, for it alone is the free expression of what is in the child's soul. . . . Children's play is not mere sport. It is full of meaning and import."

Play as a therapeutic technique appears to have arisen from attempts to apply psychoanalytic theory to children. Although Freud (30) worked little with children, he was able to reconstruct, from work with adults, psychological developments in infancy and childhood. Freud wrote:

"We ought to look in the child for the first traces of imaginative activity. The child's best loved and most absorbing occupation is play. Perhaps
we may say that every child at play behaves like an imaginative writer, in that he creates a world of his own or, more truly, he arranges the things of the world and orders it in a new way that pleases him better. . . . He takes his play very seriously and expands a great deal of emotion on it (30, pp. 173-174).

Hug-Hellmuth (41) recognized the value of observing children's play to obtain insight into their inner life. She believed that play was essential in child analysis when treating children seven years of age and younger. The use of play, according to Hug-Hellmuth, was also helpful as a bridge to verbal communication with older children; thus, she used drawings and occasionally play materials. Hug-Hellmuth did not develop a specific technique of play therapy.

Malanie Klein (43) and Anna Freud (29) were among the first to recognize the therapeutic value of play. Play was used as a partial substitute for free-association when it was discovered that young children frequently refused to free-associate.

Anna Freud (29) believed it was occasionally possible to induce a child to free associate if the child was particularly fond of the therapist. She stated that material obtained from induced free-association was insufficient for interpretation. The inadequacy of induced free-association, plus her belief that children do not form a transference neurosis, led to Anna Freud's modification of the classical analytic technique. Anna Freud also reported that the child's superego was not fully developed and emphasized the importance
of the emotional relationship between the therapist and child.

Anna Freud used play technique as a means of establishing a positive emotional attachment to the therapist so that access could be gained to the child's inner life; thus, play was used as a preliminary to the actual work of therapy, interpreting latent content to the child. Direct interpretation of play was minimal and was combined whenever possible with reports of dreams, daydreams, free-association, and direct discussion. She cautioned against viewing everything in the play situation as symbolic. She believed that some play had little emotional value because it was merely conscious repetitions of recent experiences. Information regarding the current happenings in the child's life was obtained from the parents.

Klein's (43) "Play Analysis," derived from the fundamental theories of Freud, has as its stated aims to uncover the past and to strengthen the ego so that it might be more capable of coping with the demands of the superego and id. She differs from Anna Freud in assuming that the child's superego is already developed and that transference neurosis does take place in children. Another point of departure from Anna Freud by Klein is contact with parents. Klein does not include parents, the most obvious source of superego, from the treatment situation and disregards the child's previous history.
In place of free-association, deep interpretations were made of the child's play early in therapy. She believed that interpretations reduced the child's acute anxiety and convey the value of analysis to the child. Too, the child's awareness of his difficulties could be achieved early in the course of treatment. Interpretations were made as clearly as possible, and the child's expressions were used. By translating into simple words the essential points of the presented material, the therapist could get in touch with the emotions and anxieties operating at that moment. Klein states that the child gains conscious and intellectual understanding.

Some therapists (17, 56, 72, 76) refused to accept children's play activities as being the equivalent of adult free-association and thereby evolved other techniques. Levy (56) introduced the method of "release therapy," in which the major concern of the therapist is to recreate the situation in which the anxieties of the child are expressed by use of play methods.

Two forms of release therapy were differentiated by Levy. Specific release therapy relied on various ways of restoring a definitely known traumatic episode which caused the anxiety. It is used when the symptom had not been evident for a long duration, when the children are younger than ten, and when problems are uncomplicated by family difficulties. The child is permitted to engage in free play to gain familiarity with the room and the therapist.
The therapist introduces the situation when he feels it is appropriate by asking questions and using the play materials to reproduce the episode.

General release therapy is used when it is determined that the child’s difficulties are a result of excessive demands made upon him at too early an age. In general release therapy, no specific experiences are reproduced and no actual names are used. It is used to modify social attitudes, to release aggression, to release infantile pleasure, and to release masculine striving in girls. Occasionally, specific and general release therapy are combined.

Conn (17) developed his method of "play interview" to supplement pediatric-psychiatric examination and treatment. Conn stated that the child should be afforded an opportunity to express himself in a situation where he is treated as an equal, where his opinions are respected, and where he is listened to attentively. He stated that the child has a need to express his dissatisfaction, his fears, and his hopes in his own natural way through the medium of play. In play, Conn felt that the child understood what he had contributed to the whole situation and acknowledged his personal responsibility. The focus of this therapeutic situation is on the child’s complaints.

Conn’s procedure is to provide the child an opportunity to express his feelings and thoughts through the medium of dolls as if the dolls were responsible for what is said and
done. Free play is permitted, but the emphasis is placed upon planned life situations and such behavior patterns as temper tantrums and night terrors. The way the dolls and other toys are used suggest what life situations to duplicate in the next interview.

Solomon's (72) "Active Play Therapy" is apparently the outgrowth of the work of Levy (56) and Conn (17). Solomon stated that play is the child's medium of communication with the outside world and, thus, the child can indulge all his fantasies through free play. At first the therapist is a symbol of a lenient parent image; but as therapy proceeds, this image diminishes. When the child's defenses slip, the therapist uses this opportunity to get the child to elaborate many details of his life. Elaboration of details in the child's life is accomplished by discussing the play in the third person. Solomon keeps informed of the home situation by contacts with parents, but he considers therapy more effective if the information comes from the child.

One unusual aspect of Solomon's procedure is the active introduction of a doll into the play situation which represents the therapist. He feels that this permits the child further anonymity, and the therapy-child situation proceeds in efficacy as long as the child desires.

Solomon (72) modifies his techniques according to the personality structure and symptomatology of the child. In order to plan a therapeutic program, Solomon classifies
childhood behavior and personality problems into four groups: aggressive impulsive, which may be undifferentiated or purely defensive in nature; anxiety phobic, basically frightened children; regressive inactive, more interested in things than in people and are generally rather inaccessible; and, schizoid-schizophrenic, withdrawn from reality and often not cognizant of the therapist.

Solomon believes that the future of play technique as a means of therapy with children lies in effectively using the child-therapist relationship and in planned handling of each child according to the clinical reaction type. He feels that many therapist sit back and wait too long for something to happen and are unable to ascertain what is happening in the life of the child.

The forms of play therapy presented thus far were based on the desire to discover and release mechanisms, complexes, conflicts, and unconscious drives believed to be dormant in the child or to encourage the child to enact certain traumatic scenes. Developing concurrently with active play therapy (72) was another type of play which allowed the child to lead the way with no restrictions on what toys to use or how to use them. This relationship approach (1, 60, 65, 76) stems from the concepts of Otto Rank (67) and has one thing in common with the analytic approach of Anna Freud and Klein, the release therapy of Levy, and the active play therapy of Conn and Solomon. All are in agreement that the relationship
established between the child and therapist must be permissive and accepting. Anna Freud (29) and Klein (33), however, define acceptance as involving love, transference, and dependence. Contrariwise, Conn (17), Levy (56), and Solomon (72) stress establishing a relationship without emotional involvement.

Taft (76) was among the first to use a play technique in treating behavioral problems of children by placing the major emphasis on the curative power of the emotional relationship of the therapist and child. Taft made no attempt to uncover the past or to analyze unconscious content or to give the child any interpretations in the Freudian manner. Emphasis was placed on present feelings which reportedly led to considerable reduction in the length of therapy. Taft stressed the element of time as well as the fact that therapy depends on the personal development of the therapist. Each therapy session is viewed as a concentrated growth experience whereby the child gradually comes to realize that he is a separate person with strivings of his own and that he can exist in a relationship with another person with qualities of his own.

Further elaboration of the Rankian or relationship theory was made by Allen (1). Allen has great respect for the capacity of the child to work on his own problems or to achieve a healthier expression of himself through the type of relationship established in therapy. This relationship is based on the therapist's capacity to accept the child as he is without a desire to recreate him or to take over the child's responsibility. Allen feels that by accepting the child where he
is in his own growth permits the child to concentrate on those difficulties that most concern him. The value of play lies in providing the child with familiar tools, toys, to relate to the therapist. The actual play activities and their content are of less importance than the use the child makes of them in relating to the therapist. The relationship has value because of what the child is experiencing with the therapist at that moment.

Newell (65), in discussing the relationship approach to play therapy, stated that for therapy to be of value to a child he must have the experience of relating to and talking to a therapist who has a different attitude towards him and his problems from that of his parents. Sometimes the relationship which develops with the therapist represents the child's first experience with an adult who respects and accepts him as he is.

Relationship therapy was further developed and modified by Moustakas, who writes:

Play therapy may be thought of as a set of attitudes in and through which children may feel free enough to express themselves freely, in their own way, so that eventually they may achieve feelings of security, adequacy, and worthiness through emotional insight (60, p. 2).

Moustakas believes that the effectiveness of any therapeutic relationship requires communication of faith, acceptance, and respect from the therapist to the child.

Moustakas (60) contends that the play therapy process does not occur automatically in a situation. The play therapy
process becomes possible only in a therapeutic relationship where the therapist responds in constant sensitivity to the child's feelings, accepts the child's attitudes, maintains a sincere belief in the child and his ability, and develops a deep respect for him as he is.

Relationship therapy began as an independent and vigorous movement but has become almost completely merged into the nondirective approach of Rogers, which is the philosophical basis of Axline's nondirective play therapy. Rogers (6), in the introduction to Axline's Play Therapy, writes that it is possible to find the doorway to the inner world of childhood through play therapy. Rogers states:

Here are children seen from the inside, their fears, their deep-felt needs, their bitter hatreds, their outgoing affection, their desire to be larger in spirit as well as body—here are children as they really are (6, pp. vii, viii).

It is Rogers' belief that the play therapy relationship releases the curative forces which exist within each child regardless of age. Rogers writes:

Children find the strength necessary to look squarely at themselves, to accept themselves, and to work out a constructive adjustment to the difficult reality in which they live (6, pp. vii, viii).

Axline (6) bases her nondirective play therapy upon the assumption that the individual has within himself not only the ability to solve his own problems satisfactorily but also a growth impulse that makes mature behavior more satisfying than immature behavior. The basis of her theory is that the behavior of the individual is at all times caused
by one drive, the drive for complete self-realization. When this drive toward independence, maturity, and self-direction encounters a barrier, the individual attempts to satisfy the drive for self-realization by outwardly fighting to establish his self-concept in the world of reality. If the individual is allowed to be himself, to accept himself and be accepted by others, and to be accorded a sense of dignity, the drive for self-realization is expedited. In summarizing her concept of play therapy Axline writes:

A play experience that is therapeutic because it provides a secure relationship between the child and the adult, so that the child has the freedom and room to state himself in his own terms, exactly as he is at that moment in his own way and in his own time (3, p. 68).

The aim of all therapy, according to Ginott (24, p. 2), is "to effect basic changes in the intrapsychic equilibrium of each patient. . . . Therapy brings about a new balance in the structure of the personality, with a strengthened ego, modified superego, and improved self-image." Ginott believes the therapeutic medium best suited for young children is play.

In examining the various theories of play and their contributions to the therapeutic value of play, Lebo (53) concluded that the catharsis theory and self-expression theory have led to the present conceptions of play therapy. The catharsis theory views play as a powerful safety valve which serves as a release mechanism for emotional tension. Lebo
pointed out that all forms of play therapy have as one of their purposes the helpful discharge for repressed emotions; yet, he finds it inconceivable that healthy self-development will occur if emotional tensions are finding neurotic expressions.

Lebo further concluded that the most helpful theory in understanding children's play is the self-expression theory. The self-expression theory views the child as an active, changing, growing person. Through play the child seeks self-expression. "Living where he does, and being what he is, the child uses his abilities to express his personality in play. . . . Not only can play reveal the child's emotional problems, but it can also help him solve them" (53, p. 119).

**Play Therapy with Personality and Social Adjustment Problems**

The effects of group, play therapy upon the personal and social adjustment of children were studied by Fleming and Snyder (26). Three personality measures were administered to forty-six children. Seven children, ages eight to eleven, who made the poorest scores on the tests were selected for group, play therapy twice a week for six weeks. After a lapse of twelve weeks, the seven children of the experimental group and twenty-three children of the original control group of thirty-nine were retested. The experimental groups of girls improved significantly more than the control group on all three tests. The three girls showed the greatest improvement in personal feelings toward self and the least improvement
in social adjustment. The experimental group of boys did not improve significantly in any area. Fleming and Snyder suggested that personal changes in adjustment must precede social change.

The nature of interpersonal relationships and individual adjustment before and after play therapy was investigated by Cox (15). Two groups of orphanage children, nine in each group, were matched individually for age, sex, residential placement, adjustment, TAT, and sociometric measures. Both groups were chosen so that they would be a representative sample from the orphanage population. The experimental group was given ten weeks of play therapy. The control group received no therapy. At the end of therapy and again fifteen weeks later both groups were retested. The adjustment scores and peer ratings of about half the children in the experimental group showed improvement. The control group showed no gains.

In her doctoral dissertation, Herd (40) investigated the changes in behavior which occur as a result of play therapy. Subjects ranged in age from six to eleven, were of at least average intelligence, and were identified by their schools as having behavior problems. The subjects were randomly placed into three groups: an experimental play therapy group, a play group, and a control group. Although the mean gain on the personality measure was considerably higher for the play therapy group, no significant differences were found between the three groups in total personality adjustment.
however, teachers reported far more positive behavior for the experimental play therapy group than appeared significant in the statistical computations.

The outcomes of client-centered individual play therapy were investigated by Dorfman (23) by means of psychological tests, therapist judgments, and follow-up letters. She hypothesized that personality changes occurred during a therapy period but did not occur in the same child during a no-therapy period, and did not occur in a control group. The basic experimental design was of the pre-test post-test variety. The design involved observation during three time periods for the therapy group of twelve boys and five girls, ages nine to twelve, of average intelligence, who were considered maladjusted by their teachers. The three time periods were pretherapy or control period, therapy period, and follow-up period. The experimental group was tested four times: (1) thirteen weeks before therapy; (2) immediately prior to therapy; (3) immediately after therapy; (4) a year to a year and a half after therapy.

Dorfman found that reliable test improvements occurred concomitantly with a series of therapy sessions. She also found that time alone did not produce reliable improvements on tests. Two secondary hypotheses were also supported: (1) Effective therapy can be done in a school setting; (2) Therapy improvements occur without parent counseling despite the emotional dependence of children upon parents.
Play Therapy in the Treatment of Physical Ailments

An exploratory study of group play therapy with physically handicapped children in a special public day school was conducted by Cruickshank and Cowen (20). Five children between the ages of seven and nine were seen twice weekly for seven weeks. Prior to and following the therapy series, teachers and parents wrote essay reports stating the chief problems and noting any changes. Cruickshank and Cowen found that three of the five children showed considerable observed improvement at home and at school. They concluded "the nondirective play therapy group offers an ideal setting for the self-solution for a particular type of emotional problem, namely those stemming from the specific disability of the physically handicapped child" (20, p. 215).

Play therapy has also been used to treat children who had confirmed allergic symptoms (59). Six children, below the age of eleven, who failed to respond to medical treatment, were selected for play therapy. Miller and Baruch report: "As patients blocked the outflow of troubled feelings, allergic symptoms increased. As feelings were brought out, symptoms decreased" (59, p. 14). At least five of the six children showed improvement after therapy.

Play Therapy in the Treatment of Aggression and Negative Attitudes

Soaman, Barry, and Lilliwod (70) reported a study concerned with play therapy outcomes in the treatment of
aggression. The Tuddenham Reputation Test was administered to 150 children, aged eight to nine years, in an upper middle class school. The teachers of the children completed the Radke-Yarrow teacher rating scale. These instruments make possible the classification of behavior into categories of high adjustment, aggression, and withdrawal. The sixteen children who rated lowest on composite adjustment scores were divided into two groups matched for age, sex, and aggressive or withdrawn pattern of behavior as indicated by the test results.

Each child in the experimental group was given individual play therapy at the clinic for as long as required according to the judgment of the therapist. The median length of play therapy for the group was thirty-seven sessions. The tests were repeated seven months after therapy began, and finally, one year after the second testing. The interval from first to last testing was nineteen months.

Statistical treatment of the data indicated that children involved in play therapy were perceived by others as significantly less maladjusted after therapy. The findings in this study indicated that a significant reduction in aggressiveness may result from nondirective play therapy experience and that children as young as seven or eight may change in the absence of systematic environmental alteration.

A study conducted by Lebo (47) dealt with the problem of aggression and age in relation to verbal expression in
nondirective. play therapy. He postulated that children would manifest their expression in their verbal behavior and, also, that aggression would be reduced in older children because of the process of socialization. Subjects were selected on the basis of chronological age, intelligence test scores, and aggressiveness. There were twenty, twenty-two, twenty-four, and twenty-three children aged four, six, nine and twelve respectively and twenty-six, twenty-seven, and thirty-six children falling into aggressive, intermediate, and non-aggressive categories respectively. Ratings of aggressive behavior were obtained through the use of the Seller scales, which are teachers' ratings of student classroom behavior. Children found to be chronologically and intellectually suitable for the study were given three one-hour, individual, nondirective play therapy sessions with the same therapist in the same room. Twenty-two of the 644 pages of verbatim records, made during play therapy sessions, were categorized by three experienced play therapists. Miske's revised categories were used.

Lebo concluded that the outstanding finding of this study was that aggression and age exert a marked influence on the amount and variety of speech produced by normal children in nondirective play therapy. The results of a one-criterion variance of the relation between category usage and age revealed significant differences regarding a majority of the categories. Aggressive children made more
aggressive statements, threats to the playroom rules, expressions of decision, and explanations than nonaggressive children. The speech of aggressive children contained more story units than that of other children. The aggressive child made more favorable statements about himself, evidenced more interest in the counselor, and made more attempts to establish a relationship with the counselor than nonaggressive children. Six-year-old children made more aggressive verbalizations than any other age group. Younger children made more attempts to relate to the therapist and made more favorable comments about themselves than the older children. Twelve-year-old children employed fewer story units than any age group. The six-year-old children employed more story units than any other age group. Lebo further concluded that the process of nondirective play therapy, judging from verbalizations, does not seem to be the same for all children. The amount of aggression and the age of the child can predict the way children respond to play therapy.

In Bucur's (15) master's thesis he sought to ascertain whether group play therapy was an effective means of reducing aggression in preadolescent aged boys. The most aggressive boys, as measured by a modified version of Bower's sociometric index and a teachers' rating scale, were selected from third, fourth, fifth, and sixth grade classes and assigned to either the experimental or control group. Ten, one hour, nondirective group, play therapy sessions were conducted at the school by
a relatively inexperienced play therapist. Bucur concluded that children treated by nondirective group play therapy showed a significant reduction in aggression in comparison with a control group of untreated aggressive children as measured by the sociometric index.

Moustakas (62) studied the frequency and intensity of expression of negative attitudes of nine well-adjusted and nine disturbed four-year-old children matched on IQ and sociometric background. Each child had four play therapy sessions with the same therapist. Verbatim recordings of the children's statements were kept on each child.

From the protocols of the first and third sessions, a total of 241 negative attitudes were selected and rated in terms of intensity of feelings expressed. Both groups of children expressed about the same types of negative attitudes. The disturbed group expressed a significantly greater number of negative attitudes in a more diffuse, pervasive manner. Moustakas concluded that intensity of attitudes differentiated disturbed children from well-adjusted children more clearly than frequency. This study suggests that as therapy progresses, the negative attitudes of the disturbed child become similar to those of well-adjusted children, that the negative attitudes are expressed more clearly and directly, less frequently, and with mild or moderate intensity of feeling.
Play Therapy in the Treatment of Reading Difficulties

In research focused specifically on testing the existence of a relationship between children's adjustment and reading attainment, Axline (7) investigated the effects of nondirective play therapy upon reading test scores with no additional remedial teaching. A selected class of thirty-seven retarded readers, eight girls and twenty-nine boys, was studied. Their intelligence quotients on the Stanford-Binet ranged from eighty to 148. The study was an attempt to determine what results could be obtained by a therapeutic approach, with the primary objective of a better adjustment of the children. Children were never compelled to join the regular reading group but came voluntarily. The class activities gave the children ample opportunity for the release of feelings and means of self-expression.

It was found that gains in reading progress were in excess of nautritional expectations in twenty-one, twenty, and twenty-two cases out of the thirty-seven for the Words, Sentences, and Paragraph subtests respectively of the Gates Primary Reading Test. A follow-up three years later of twenty-four of the original thirty-seven children revealed that five were good readers and fifteen had an adequate level of reading skill for their age. Axline concluded from this study that nondirective therapeutic procedures are effective in promoting reading readiness in children.
Of particular relevance to the question of the relationship between personal adjustment and reading achievement is the work of Bills (13). He investigated the effects of nondirective play therapy on a group of eight poorly adjusted, eight to nine-year-old retarded readers. The design of this experiment was to use each child as its own control and to divide a period of ninety school days into three blocks of thirty school days with four testing sessions. Reading tests were administered six weeks before beginning therapy, immediately before therapy, immediately following therapy, and six weeks after therapy. The gains made in reading scores by the therapy group during the six weeks after therapy were significantly greater than during the initial control period. Bills concluded that significant changes in reading occurred as a result of a play therapy experience comprising as few as six individual and three group play therapy sessions.

Bills (14) repeated the study with a group of well adjusted retarded readers. His hypothesis that therapy would not improve the reading ability of a group exhibiting adequate emotional adjustment was supported. As a result of both studies, Bills concluded that the gains in reading achievement in the first study were related to the children's improvement in personal adjustment. A further conclusion was that play therapy may be helpful to retarded readers who are emotionally disturbed but play therapy may not be efficacious treatment for all retarded readers.
Axline (5) studied three children of above average intelligence who had reading problems. Two were poor readers and one read too much, letting the books substitute for friends. Axline reported that during therapy it became apparent that the children's emotional problems contributed to their reading difficulties. She concluded that if the child is given the opportunity, he can and does help himself.

A study conducted by Pumfrey and Elliott (66) investigated the effects of nondirective group play therapy on both reading and social adjustment. Sixteen boys, aged eight to nine, of low average ability and low reading attainment were randomly assigned to control or experimental groups for three months. Two educational psychologists gave weekly nondirective group play therapy to the experimental groups for nine weeks. There was a significant difference in adjustment scores between the experimental and control groups at the end of the experiment. Non-significant differences were found between the group mean scores on each reading test for the two schools involved despite large differences in initial adjustment scores between schools. The investigators suggested that the lower absolute reading ability of the experimental group may have affected the gains made.

Research on the Process of Play Therapy

Landefeld and Snyder (49) analyzed protocols from therapist notes of four children in their investigation of the nature of nondirective play therapy. These children,
aged four to six, were seen by three different nondirective counselors. Every speech and action was categorized using Snyder's categories which were derived from adult's statements. They found that: (1) three-fifths of all responses were made by the children; (2) nondirective statements made by the counselor preceded 84.5 per cent of all client responses; (3) slightly less than 10 per cent of counselor statements were simple acceptance of client remarks; (4) children increasingly released feelings during therapy with emotional release rising from 50 per cent during the first two-fifths of therapy to 70 per cent during the last three-fifths; (5) negative feelings increased in frequency as therapy progressed whereas positive feelings remained at the same level throughout play; (6) the major part of the child's feelings were directed toward others rather than toward the counselor or toward himself; (7) no statements were found which could be classified as insight. The investigators proposed that the amount of insight achieved in play therapy is closely related to age and intellectual maturity and that for younger children, the value of nondirective play therapy may be cathartic.

Forcing children's statements into adult categories was obviated by Finke (25), who developed new categories based on an analysis of children's statements made during nondirective play therapy. She used complete protocols from six therapists who worked with six children ranging in age from five to
eleven years. The number of contacts varied from eight to fourteen. Expressions of feelings were emphasized as Finke felt these would mirror the child's changing emotional reactions resulting from play therapy. She found that the protocols revealed similar trends for the different children which seemed to divide play therapy into three stages:

1. The child is either reticent or verbose. If he is to show aggression during therapy, much of it will be evoked at this stage.

2. If aggression has occurred, it will now decrease. The child tests the limits of the play therapy situation. The child frequently indulges in imaginative play.

3. The child makes great efforts to establish a relationship with the therapist and attempts to draw him into his play and games (34, p. 147).

No trends were found for positive or negative statements, nor did characteristics of verbal adult therapy appear in the examined play therapy protocols; hence, Finke concluded that nondirective play therapy has its own characteristic pattern which is repeated in case after case.

Moustakas (61) believes there is an apparent parallel between normal emotional development in the early years of life in a family relationship and emotional growth in a play therapy relationship. He wrote that an analysis of cases of disturbed children in play therapy showed the following levels of the therapeutic process:

(a) diffuse negative feelings, expressed everywhere in the child's play; (b) ambivalent feelings, generally anxious or hostile; (c) direct negative feelings expressed towards parents, siblings, and
others; (d) ambivalent feelings, positive and negative, toward parents, siblings and others; and (e) clear, distinct, separate, usually realistic positive and negative attitudes with positive attitudes predominating in the children's play (61, p. 84).

According to Axline (j) during the first sessions in play therapy children cautiously express their feelings which she classified into four categories:

(1) Feelings for which the child assumes responsibility; (2) Feelings for which the child does not assume responsibility but rather, has a doll or another toy express his feelings; (3) Feelings directed at a person who is part of the child's real world; (4) Feelings directed against a toy or an unseen recipient placed in the playroom by the child's imagination (3, pp. 72-73).

As therapy progresses, Axline noted that many of the child's feelings and attitudes are expressed symbolically. One of the patterns cited by Axline is toy to toy, toy to invisible person, child to imaginary person, child about a real person, and child to the object of his feeling. When successful therapy is concluded, the child is assuming responsibility for his own feelings and expressing himself honestly and openly.

General Research

The need for experimental evidence on the matter of age and suitability for nondirective play therapy was recognized by Ives (46). He hypothesized that children twelve years of age would make fewer statements while using either recommended or nonrecommended toys than would children at younger age levels.
Three, one-hour therapy sessions were conducted with twenty normal children, ten of each sex, who were between the ages of four and twelve. The materials and therapeutic role were held constant for all subjects by using the same toys, room, and therapist. Lebo found that fewer statements were made while playing with toys at the twelve-year level than at levels of four to ten years of age. Lebo concluded that non-directive play therapy toys seemed to restrict the speech of twelve-year olds. Furthermore, he suggested that toys other than those usually found in the non-directive play therapy room might make children, twelve years of age and older, feel more at home in the playroom.

A pilot project by Joanie, Hilgenman, and Meyer (58) studied the play patterns of children. Psychotic, defective, and apparently normal were observed at play with a selection of toys. Initially the toys were presented one at a time in fixed sequence for a minimum period. Toys were then introduced in pairs in hope that by forcing choices easy measures of simple toy preferences would be provided. Later free choice in toy selection replaced forced choices by arranging the toys in three corners of the room: a construction-transportation corner, a doll corner, and a junk corner which contained small items such as clay, toy telephone, and peg boards. The transcribed protocols of the observer were then subjected to three different scoring approaches. While the results of this study are not conclusive, preliminary indications suggest
that play patterns are consistent for any one child or group of children on re-examination. One of the major differentiating features between the severely psychotic and the normal was the inability of the severely psychotic child to organize toys into various levels of complexity linked with the construction potential of toys.

Lebo (94) undertook a study to determine the types of response categories occurring in client-centered, play therapy with normal children. Using Pinke's categories, he studied the relation between age and type of statements made by children in play therapy. Twenty children, equaled chronologically, socially, and intellectually, were seen for three, one hour sessions by the same therapist in the same play room. The children represented five age levels with two boys and two girls at each level. The age levels were four, six, eight, ten, and twelve.

Fifteen pages of verbatim records were analyzed by three experienced play therapists. Lebo found that maturation, as represented by chronological age, seemed to account for some definite trends in the types of statements made by children in play therapy. As the children became older; (1) they told fewer decisions to the therapist; (2) they explored the therapeutic limits less; (3) they made fewer attempts to establish a relationship with the therapist; (4) they made more statements of likes and dislikes; (5) they requested less information and gave more comments and information.
West (77) investigated and evaluated certain effects of short-term, client-centered, play therapy with twenty-six children who had emotional problems, learning difficulties, and behavior problems. The children were randomly assigned to three groups: experimental, placebo, and control. Individual play therapy sessions were conducted for one hour each week for ten weeks. Five hypotheses were formulated regarding the effect of client-centered, play therapy upon the children in terms of intelligence scores, self-concept, social adjustment, and perception of school adjustment. All hypotheses were rejected, an action which indicates that the experimental group engaged in play therapy did not benefit significantly from the experience.

The Play Room and Materials

The question of the value to toys in play therapy was investigated by Lebo (52). One hundred sixty-six pages of original play therapy protocols were examined by six judges for significant and non-significant statements made by children during play therapy. Twenty-five statements regarded by three or more judges as being significant were randomly selected. In addition twenty-five statements which none of the judges had regarded as significant were randomly selected. The original protocols were then re-examined to learn what toy the children were playing with when they made a significant or insignificant statement. Lebo
concluded that the findings suggest that there is no differ-ence in statements made by children when playing with toys or not playing with toys; however, Lebo contends that toys do have a place in the therapeutic play room as they may serve to make the therapy hour more pleasant from the child's point of view.

Despert (22) contends that while carefully selected equipment increases rapport, no play equipment is actually necessary. She prefers a great variety of toys but notes that children spontaneously use the equipment provided in a highly individualized manner even if the cases are similar from a psychopathological point of view. The toys selected and used by the child stamps the child as significantly as his mood of behavior. She notes that one child may be bound to one theme and one toy and use it over and over in a repetitive manner. Another child may refrain from using the toys because of the feeling that by using a toy he may reveal too much. All available toys may be used, for little pur-poseful activity, by another child because he fears his own aggressiveness. Despert contends that it is futile to press the child in another direction from the one he spontaneously chooses since he will select the medium best suited to himself.

Lotz (45) states that toys should be selected for the playroom rather than accumulated. Toys should be selected objectively rather than inferentially. He developed a verbal index formula based on the number of statements made while a
particular toy was actually used and the expressive variety of the statements. A rank-order of the twenty-eight best toys, based on their obtained verbal index are dollhouse, family, furniture, poster paints, brushes, paper easel, paint jars, sandbox, blackboard and colored chalk, cap guns and caps, coloring books, hand puppets, balloons, nursing bottles, films and viewer, water in basin, pop guns, bubble goo, coffee pot, cord and rope, animals, wood, balls, crayons, baby dolls, bow and arrows, clay, cars, checkers, shovel, masks, toy soldiers, and water colors. These are suggested as the toy nucleus of a nondirective playroom.

The value of any toy, object, or activity in child therapy, according to Ginott (34) depends upon its contribution to affecting basic personality changes. Ginott feels that the child, through manipulation of toys, is better able to express how he feels about himself and the significant others and events in his life. For this reason he feels that the selection of toys cannot be left to intuition, but the prime consideration should be their effect on the inner processes of therapy. Criteria for selecting and rejecting materials for child therapy should be based on whether the toy

1. facilitates the establishment of contact with the child; (2) evokes and encourages catharsis; (3) aids in developing insight; (4) furnishes opportunities for reality testing; and, (5) provides media for sublimation (34, p. 53).

The feeling expressed by the child in the playroom has meaning and significance in his frame of reference, but even
the experienced therapist may not always understand the child's play messages. The therapist may more readily understand the meaning of the child's play by selecting appropriate toys. In choosing toys which facilitate the therapeutic relationship, Ginott (34) recommends materials whose very presence reflects permissiveness. Toys, tools, and activities which have been refused to him in the past should be provided. Toys recommended, in addition to those suggested by Lebo (45), include noise-makers, typewriter, and a flashlight.

In selecting toys which promote catharsis, Ginott (34) cautions against assuming that children project their emotional needs onto any play materials. He states that playroom materials have behavior-propelling qualities of their own. Some toys encourage the expression of children's needs and problems, whereas others tend to discourage it. Catharsis almost always involves motility and acting out. Yet acting out has no curative effects beyond pleasure and release. It is of value only when it represents working out of inner difficulties.

In planning for therapeutic catharsis, the playroom should be equipped with toys that elicit acting out related to the child's fundamental problems. Toys that evoke diffuse hyperactivity, such as finger paints, should be avoided when working with hyperkinetic, over-active, and brain-damaged children. Materials that allow children to state feelings one moment and erase them the next should be provided in the playroom for fearful, fragile children. These materials include water, paint, sand, play dough, dolls, chalk, and crayons.
for reality testing the playroom should provide materials of graded difficulty so that each child is able to achieve some measure of success. This is especially important for children who have had a long history of failure. Ginott also believes it is of utmost importance to offer children opportunities to enjoy forbidden pleasures in acceptable, suitable ways.

The value of unstructured media in helping children grow emotionally is recognized by Moustakas (60). He contends that unstructured items enable the child to more easily express his feelings. Moustakas believes that children should be given time and a place with play materials to which they can go and can feel free to smear and mess, to draw and paint, to create and destroy, and sometimes to recreate themselves, their families, and other individuals. Whether the child chooses to use the provided materials or not is his decision. Nor should interpretations of the child's play be given. Moustakas feels that the child's own judgment and expressed feelings provide the best clues to the meaning of the child's play and these should be accepted exactly as they are.

Playroom materials and equipment should facilitate the goals set up for therapy, according to Hammar and Kaplan (38). They choose materials for diagnosis, predominately unstructured media; materials for building frustration tolerance, such as puzzles graduated in difficulty and construction of model airplanes and cars; materials for improving sense of adequacy.
and sexual identification, such as tool sets and competitive games for boys and arts and crafts for girls; materials for children who need to be more expressive or aggressive, such as balloons, Bobo, toy soldiers and army equipment, transportation toys, tools for sawing and hammering, and noise-making toys; materials for promoting therapeutic relationship, such as games like checkers and cards; and, materials for promoting sublimation, such as cooking utensils, books, toy musical instruments, dolls, and a tape recorder.

Solomon (75) in selecting materials for therapy places great emphasis upon dolls; however, toys recommended by other therapists (6, 38, 65, 50) should also be available to the child. He feels that if the child has something to say, he will use any available means of communication.

Hawkey (39) concluded that puppets make a valuable addition to other materials in the playroom. Puppets, according to Hawkey, are particularly suitable for the expression of fantasy and are popular with children of varying ages but not to the exclusion of other materials. He found puppets particularly valuable with eleven and twelve year olds who think they are too old to play with toys and yet may not be mature enough to be treated through dream analysis and discussion of problems alone. Though drawings and paintings are used a great deal with children of this age group, Hawkey feels that many boys and girls prefer and respond better to puppets.
Puppets can also be readily used as either adults or children, men, or women; and the presence of animal puppets is thought to encourage projection.

"Every play technique has its value, provided that it means something to the child and is properly understood and handled by the therapist," writes Bender and Holtman (11, p. 30). This is what makes the relationship between child and therapist so important. The same toy selected by two different children may have two different meanings. Bender and Holtman also believe that play with toys offers an opportunity for the child to create and to play out all kinds of human relationships on a realistic level. Paradoxically, this realism is a make-believe situation which reduces feelings of anxiety, fear, apprehension, and guilt which would be present in a real, life situation.

Axline (6) agrees with others (10, 33, 60) on the selection of play materials and on the desirability of having a room set aside and furnished for the play therapy room. Axline contends that a special room is not absolutely necessary. She mentions that effective therapy has taken place in the corner of a regular classroom, in unused nurseries, and in workrooms. She suggested, though, that if money and space are available, a special play therapy room with its own equipment should be provided. The room should be soundproof, have a sink with running water, have protected windows, and walls and floors that can be easily cleaned. Materials should
be kept on shelves which are easily accessible to the children. She believes in letting the child choose his own medium for expression rather than making only therapist-selected toys available to him.

Summary

The development of play in child therapy began when psychoanalysts (29, 43) found that applying adult techniques to children was difficult. Anna Freud (29) and Klein (43) modified their techniques and substituted play activity for free-association. Some therapists (17, 56, 72, 75) refused to accept any of the child's play activities as being equivalent to adult free-association and began to evolve different techniques which became known as active play therapy. Developing at the same time was Taft's (75) passive type of therapy which is closely related to relationship therapy. Relationship therapy, based on the concepts of Rank (67), was soon modified and developed as a technique of working with children (1, 60). Nondirective, play therapy (6, 24) is a direct outgrowth of Rogers' (68) nondirective counseling approach which is currently referred to as client-centered therapy.

Various theoretical approaches utilize and emphasize specific techniques; however, the importance of the therapist-child relationship is a common denominator regardless of theoretical orientation (21). There seems to be general agreement that play is the child's medium of communication.
to his world. There seems to be disagreement concerning the belief in the ability of the child to work through his own problems and concerning the amount of interpretation and activity by the therapist. The psychoanalytic school (29, 34, 43) emphasizes direct interpretation of play though there is a great divergence of opinion on how much interpretation is needed. The proponents of the activity approach (17, 56, 71) have as their major concern planning the therapy sessions in order to recreate the situations causing the child's difficulties. Relationship (60, 76) and nondirective approaches (6, 23, 68) emphasize a warm, friendly relationship and giving the child an opportunity to express his own personality through free play.

The relationship described by researchers and writers of the client-centered school involves acceptance of self and others by the child and therapist. This becomes possible when the individual is allowed to be himself without pressure to defend, explain, or change. Establishing this kind of relationship releases the curative forces which exist within each individual, and the individual begins to assume the responsibility for his own direction (6).

Little research evidence has been published on which to base the selection of toys for the play therapy room. There is little agreement on the number of toys to be made available to the child at a particular time and whether the child is free to choose his own materials. Most therapists agree
with Ginott (34), who states that toys should be chosen which facilitate contact with the child, evoke and encourage catharsis, aid in developing insight, furnish opportunities for reality testing, and provide media for sublimation. There is also agreement that the child is better able to show his feelings and attitudes towards self and others through the manipulation of toys than through the use of words.

Summaries of research in play therapy have been presented by Jorfman (24), Ginott (34), and Lebo (51). Few studies have been published since these summaries were reported. The formidable and apparent problems of conducting research in play therapy are cited by these writers. The mere collecting of the required raw data is regarded as almost an insurmountable task. The basic research issues of employment of controls and adequacy of criterion measures remain unsolved although they are receiving attention.

There is some research evidence that adjustment scores and peer ratings improve following play therapy (23, 66) and that personal feelings toward self and personality changes occur during a play therapy period (23, 26). Studies have also shown that therapy improvements occur without parental counseling (2), (70). Research indicates that a significant reduction in aggressiveness may result from nondirective play therapy (13, 70). There is some research evidence that emotional problems of physically handicapped children showed observable improvement following play therapy (19). Some
evidence is offered that effective play therapy can be done in a school setting (15, 23, 64), and several studies indicate that play therapy is an effective means of improving reading ability (5, 7, 13, 14).

Outcome studies of play therapy, though limited, far outnumber the studies conducted to investigate the process of play therapy. The few available process studies are based on a small number of cases and an analysis of the verbalizations made during play therapy (25, 44, 48, 61). These studies do offer evidence that the process of play therapy can be measured objectively, that children's expressions of feelings are changed in a discernible direction during therapy, and that chronological age and aggressiveness affect the type of statements made by children during therapy (34).

Ginott (34) contends that research in the field of play therapy is fallow and the yield meager. Lebo (51) points out that research in nondirective play therapy is unsound and frequently of a cheerful, persuasive nature. He writes that nondirective play therapy, while promising when evaluated subjectively, should stand or fall on the results of experimental studies investigating its effectiveness in relation to other procedures. Detailed specification of the process of play therapy is also necessary to evaluate its effectiveness.
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CHAPTER III

METHODS AND PROCEDURES

This study was conducted to investigate the process of client-centered play therapy. Verbatim records of verbal statements, nonverbal expressions, and play activities were analyzed and post-categorized. The data were further analyzed to determine the phases of emotional and/or social development that existed during the process of play therapy, and these phases were described.

Research Setting and Program

The study was conducted at the Pupil Appraisal Center of North Texas State University. The Center supplements services offered to school children in the Denton County area by providing remedial therapy in the areas of reading, speech-hearing, counseling, and play therapy.

The area served by the Pupil Appraisal Center is both urban and rural with the schools being widely divergent in size of population. These facts contribute to the vastly different educational and experiential backgrounds of the students who are referred to the Pupil Appraisal Center. Some behavioral and performance characteristics that are likely to be present in the student who is referred to the Pupil Appraisal Center are:
1. Has low reading ability—_at least one year below grade level in grades 1-4; at least two years below in grades 5-12
2. Has very poor scholastic performance in all areas
3. Is an underachiever
4. Is a chronic disturber of other persons' achievement
5. Has withdrawn
6. Has very low self esteem—poor self confidence
7. Has past history of poor school adjustment
8. Has general lack of interest in school work
9. Has poor attendance in school
10. Has poor communication because of speech impairment
11. Has poor communication because of hearing impairment
12. Is hyperactive
13. Is easily distracted
14. Has poor motor coordination
15. Is impulsive
16. Has short attention span
17. Has no logical pattern in behavior
18. Has poor "stick-to-it-iveness"
19. Is concerned with everyone's business
20. Has seldom considered consequences of behavior
21. Has rapid changes in mood and temperament
22. Has performed inconsistently and with marked variability in the various school subjects
23. Is an excessive daydreamer
24. Is an excessive bully and fighter
25. Has recurring instances of theft
26. Has cried easily and often
27. Is a malinger

One or a cluster of these characteristics are exhibited by the students who are referred to the Center.

Referrals are made through the school but may be initiated by either the parents or school personnel. Prior to enrollment in the Center's program, a six-hour battery of tests scheduled over a two-day period is administered in the areas of speech-hearing, reading, and counseling. A staffing session follows to discuss the test results along with detailed personal data supplied by parents, teachers, and other school personnel. Recommendations are made concerning remedial procedures for the child. The child may be scheduled for educational therapy in either one, two, or three of the Center's areas, or recommendations may be made to the school regarding remedial procedures to be used in his school; or he may be referred to another agency. In general, the children enrolled in the Pupil Appraisal Center Program are between the ages of five and fifteen, of average or above average
intelligence as measured by standardized intelligence tests, and diagnosed as needing help in one or more of the areas of the program.

Play therapy at the Pupil Appraisal Center is described as a process which enables the child participant to become more responsible for directing his own behavior in the play room and also in his home, school, and everyday life. Landreth et al., write:

In the safety of the play therapy room the child can express his confusion, insecurity, hostility, or aggression without feeling guilty about having done so. Positive feelings and attitudes are also gradually expressed. Through the expression of the positive and negative aspects of himself, the child comes to view himself as neither completely good nor completely bad. He learns that it is permissible to possess negative feelings and more significantly he learns acceptable, less self-defeating ways of expressing this negative part of himself. He discovers that he no longer needs to defend those negative aspects of himself and can, therefore, devote more of his energy toward positive psychological growth and maturity [4, p. 87].

Axline's (1) eight basic principles for therapeutic contact explain the approach to play therapy at the Pupil Appraisal Center:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

2. The therapist accepts the child exactly as he is.

3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free and able to express his feelings completely.

4. The therapist is alert to recognize the feelings the child is expressing and reflects these
feelings back to him in such a manner that he gains insight into his behavior.

5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (1, pp. 73-74).

The Pupil Appraisal Center has a fully equipped play therapy room supplied with toys and materials suggested by Axline (1), Ginott (3), and Blavert (8). A one-way mirror is used for observations, and audio-tape facilities are available.

Description of Subjects

The total population for this study consisted of ten boys, aged eight to ten, of average intelligence who were diagnosed as having emotional and/or social problems. In order to investigate the beginning and later phases of verbal statements, non-verbal expressions, play activities, and emotional and/or social growth made by children in client-centered play therapy, five subjects were assigned to this study, who were beginning play therapy. In addition
five subjects were selected who had already had a series of play therapy sessions. Four of these boys had each experienced twelve play therapy sessions and one boy had received twenty play therapy sessions prior to this study. The twelve sessions experienced during this study constituted approximately their thirteenth through thirty-seventh sessions.

The five continuing cases were randomly selected from a population composed of fifteen boys who were currently enrolled in play therapy at the Pupil Appraisal Center. The randomized selection was accomplished by compiling a master list of all fifteen boys who met the qualifications of this study, numbering each student thereon, and drawing five numbers from a container. These boys are referred to as the Continuing Group. The five beginning cases were the only boys among the twenty-three referrals awaiting evaluation at the Center who met the qualifications of this study. These five boys were evaluated and diagnosed as having emotional and/or social problems. They constituted the Beginning Group in this study.

At the time of this study two of the subjects in the Continuing Group and three of the subjects in the Beginning Group were concurrently enrolled in the reading program at the Center. One of the subjects in the Beginning Group was enrolled in the Center's speech therapy program.

The following brief description of each subject, in the form of a case study, was summary information extracted from
academic and developmental forms completed by school personnel and parents upon referral to the Center. The subjects were assigned fictitious names which are not closely associated with their real names.

Ben, a ten-year-old fourth grade student, lived with his natural parents, an eight-year-old sister, and a five-year-old brother. He was referred to the Pupil Appraisal Center by school personnel. The referral checklist indicated lack of satisfactory academic progress, depressed reading level, behavior problems, and emotional problems. Ben was characterized by his teacher as exhibiting a general lack of interest in school, low reading ability (estimated at grade two), distractibility, a short attention span, and poor relationship with peers. His mother described him as a very nervous child who frequently expressed feelings that no one loved him, that he hated everybody, and that he wished he were dead. She reported that Ben was occasionally spanked but that he was not considered a discipline problem at home. The evaluation at the Center indicated Ben had low average intelligence (WISC Full Scale I.Q. 90), exhibited general feelings of inadequacy and immaturity, and indicated the need for withdrawal coupled with a need to be friendly. Play therapy and reading therapy were recommended and began in October, 1970.

Ked, a nine-year-old third grade student, lived with his natural parents, a twelve-year-old older brother, and an eight-year-old sister. He was referred to the Center at the request
of his mother because of behavioral problems at home which she felt indicated emotional problems. Ned's teacher described him as courteous, self-confident, and friendly. She reported Ned had few friends and frequently played alone. His mother characterized Ned as having a negative self-concept, as being antagonistic, and as having difficulty getting along with siblings and parents. The evaluation at the Center indicated that Ned had average intelligence (WISC Full Scale I. Q. 104), lacked self-confidence, and had a negative attitude towards himself, his parents, and siblings. Play therapy was recommended and began in June, 1970.

Hal, a ten-year-old fourth grade student, lived with his natural parents. He was an only child. He was referred to the Center by school personnel. The referral checklist indicated lack of satisfactory academic progress, behavior problems, and emotional problems. Hal's teacher described him as impulsive, indecisive, tense, excitable, distractible, and inattentive to most instructions. She reported that Hal seemed self-centered, lacked self-confidence, and had difficulty relating to peers. His mother reported that Hal exhibited no behavioral problems at home or at school. She felt that Hal was afraid of losing her because of an illness she had for several months and that he was afraid of his father. The evaluation at the Center indicated Hal had average intelligence (WISC Full Scale I. Q. 101), exhibited several indications of an inadequate adjustment to self, had feelings
of inadequacy, and had inability to relate to others. Play therapy and reading therapy were recommended. Transportation difficulties made it impossible to enroll Hal in the reading program. Play therapy began in June, 1970.

Jon, a ten-year-old fourth grade student, lived with his natural parents and a seven-year-old sister. He was referred to the Center by school personnel. The referral checklist indicated lack of satisfactory academic progress, and behavior problems, emotional problems, and speech problems. Jon's teacher described him as tense, anxious, lacking self-confidence, extremely critical of self, having difficulty expressing himself, and lacking friends. Jon's mother offered no description of him or the problem on the referral forms. The evaluation at the Center indicated that Jon had average intelligence (WISC Full Scale I. Q. 93), lacked self-confidence, seemed extremely tense and anxious, and seemed easily frustrated. Play therapy and speech therapy were recommended and began in June, 1970. Speech therapy was discontinued in September, 1970, at the mother's request.

Tim, a nine-year-old third grade student, lived with his natural parents and a twelve-year-old brother. He was referred to the Center by school personnel. The referral checklist indicated lack of satisfactory academic progress and reading problems, behavior problems, and emotional problems. Tim was described by his teacher as excitable, hyperactive, distractible, indecisive, making irrelevant or
bizarre responses, and lacking interest in school work. Tim's mother characterized him as basically a good boy who tended to feign illness to gain attention. The evaluation at the Center indicated that Tim had above average intelligence (WISC Full Scale I. Q. 119), was virtually a non-reader, was hyperactive, and was demonstrating feelings of inadequacy and failure. Play therapy and reading therapy were recommended. Play therapy began in April, 1970. Reading therapy did not begin until September, 1970, because of transportation problems.

Roy, an eight-year-old third grade student, lived with his natural parents, a thirteen-year-old sister, a twelve-year-old brother, and a five-year-old brother. He was referred to the Center by school personnel. The referral checklist indicated a lack of satisfactory academic progress, reading problems, and emotional problems. Roy was described by his teacher as easily discouraged, demanding constant help, having poor retention, very sensitive, easily embarrassed, and rather shy. She reported that Roy had difficulty in reading (estimated grade level one) and became very emotional during reading class. His mother characterized Roy as outgoing and well liked. She reported that Roy frequently played with his brothers and neighborhood friends but seemed to prefer playing alone. The evaluation at the Center indicated that Roy had average intelligence (WISC Full Scale I. Q. 104), was shy, was nervous, was tense, and was exhibiting a poor self-concept. Play therapy and reading therapy were recommended and began in January, 1971.
Mel, an eight-year-old second grade student, lived with his natural parents and a six-year-old sister. He was referred to the Center by school personnel. The referral checklist indicated emotional problems and behavior problems. Mel's teacher described him as tense, anxious, sensitive, easily upset, confused, guarded and suspicious, withdrawn, and lacking self-confidence. She also reported that Mel frequently made irrelevant or bizarre responses, was inattentive to most instructions, and showed little interest in school work. His mother characterized Mel as a nervous, anxious child who constantly complained of not being loved. She reported that Mel received frequent spankings from both parents (two or three a day) for lying or annoying his younger sister. Every night at bedtime he cried but was unable to explain the reason to his parents. The evaluation at the Center indicated Mel had average intelligence (WISC Full Scale I. Q. 106), exhibited feelings of insecurity, strong hostile impulses, feelings of inadequacy in obtaining gratification from environment, and tended to withdraw from the reality of the situation. Play therapy was recommended and began in January, 1971.

Sam, a nine-year-old fourth grade student, lived with his natural parents, two half brothers, aged fifteen and twelve, a twin brother, two younger brothers, aged eight and six, and a four-year-old sister. Sam was referred to the Center by school personnel. The referral checklist indicated behavior problems and emotional problems. Sam's teacher
described him as angry, hostile, and resentful of authority. He showed no interest in school work and frequently refused to complete any assignment. His father characterized Sam as an average boy. The only problem area reported by the father was Sam's failure to complete assigned chores. The evaluation at the Center indicated Sam had low average intelligence (WISC Full Scale I. Q. 91), and exhibited strong evidence of insecurity, loneliness, frustration, and feelings of inadequacy. The examiner reported that behind his bravado he appeared very shy and frightened. Therapy in speech-hearing, reading, and play therapy, was recommended and began in January, 1971.

Guy, an eight-year-old second grade student, lived with his natural parents and a three-year-old brother. He was referred to the Center by school personnel. The referral checklist indicated behavior problems and emotional problems. Guy's teacher described him as defensive, aggressive, inconsistent in mood and temperament, and having poor peer relationships in work or play. His father characterized Guy as a child who was hyperactive, had a short attention span, and was resistive to authority at home and at school. He reported that Guy had experienced difficulty getting along with other children since the age of two. Strict standards and parent's high expectations were contributing factors to Guy's problems, according to the father. The evaluation at the Center indicated that Guy had above average intelligence.
(WISC Full Scale I. Q. 92), some insecurity and feelings of inadequacy, hostile and aggressive feelings, and a reluctance to communicate his feelings. Play therapy was recommended and began in January, 1971.

Cal, a ten-year-old fourth grade student, lived with his natural parents and two older sisters, aged thirteen and eleven. He was referred to the Center by school personnel. The referral checklist indicated lack of satisfactory academic progress, hearing problems, speech problems, reading problems, behavior problems, and emotional problems. Cal's teacher described him as having a short attention span, poor retention, low reading ability (estimated grade level one), and little interest in school. His mother characterized Cal as a clown who wiggles all the time. She felt his problems at birth, jaundice and undeveloped lungs, caused her to be overly protective and that this had contributed to his problems, particularly dependency. His mother reported that Cal did not assume responsibility for assigned jobs at home and often failed to complete them after being reminded. The evaluation at the Center indicated that Cal had average intelligence (WISC Full Scale I. Q. 92) and had feelings of insecurity and inadequacy. Play therapy and reading therapy were recommended and began in January, 1971.

Qualifications of Counselor, Observer, and Independent Judge

The counselor for this study was a doctoral candidate in the College of Education at North Texas State University. The
had completed the course work for a doctoral degree in counseling with the exception of her dissertation. The counselor had course work in play therapy, a practicum, and an internship in play therapy under the supervision of the Director of the Pupil Appraisal Center. She had been employed as a psychometrist for the Richardson Diagnostic Center and, at the time of this study she was completing a year of employment as a play therapist at the Pupil Appraisal Center. She describes her counseling approach as client-centered. One protocol which typifies her approach is presented in Appendix A.

The observer for this study was a doctoral candidate in the College of Education at North Texas State University. She had completed the course work for a doctoral degree in counseling with the exception of her dissertation and one course in her minor field. She had course work in play therapy, an internship in play therapy, supervised three practicums in play therapy, and six years experience as an elementary school counselor. At the time of this study she was completing two years of employment as a play therapist at the Pupil Appraisal Center.

The independent judge for this study has a Doctor of Education degree in counseling from the University of New Mexico. He had seven years experience as a play therapist. At the time of this study he was Associate Professor of Counselor-Education and Director of the Pupil Appraisal Center.
at North Texas State University. In addition he taught graduate courses, including play therapy, and supervised doctoral interns in play therapy.

Procedures for Collecting Data

The ten subjects assigned to this study began weekly, fifty-minute, individual, play therapy sessions at the Pupil Appraisal Center during the week of January 25, 1971. All subjects continued for twelve sessions with the exception of one subject in the Continuing Group, who had eleven play therapy sessions during the time of this study. The Director of the Center, the Supervisor of Counseling, and the counselor agreed that this subject's present behavior indicated little or no adjustment problems, and the case was discontinued. For the Continuing Group, these twelve sessions constituted approximately their thirteenth through thirty-seventh sessions. For the Beginning Group, these twelve sessions constituted their first through twelfth sessions. The same counselor, play room, observer, and materials (or identical ones) were used consistently throughout the study.

Each play therapy session was observed through a one-way mirror and was audio-recorded. The observer made a verbatim record of statements and a descriptive record of play activities and nonverbal expressions. The audio-tape was used to verify and clarify verbal statements. The recording of nonverbal expressions was limited because recording the verbal statements
and play activities monopolized the observer's time and attention. The duration of play activities was recorded by use of a stop watch to note the time spent in a certain activity, (e.g., extended play with a certain toy such as Bobo). The time was rounded off to the nearest minute, and thus, is a rough approximation.

The protocols were analyzed by the observer, and categories for play activities were derived from feelings and needs expressed by the subjects in their play. The Supervisor of Play Therapy at the Center was consulted to ensure that the categories were clearly and adequately explained. A review of the literature had revealed that categories had not previously been developed for play activities during the process of play therapy. The following categories were derived from an analysis of the protocols. Examples are given to illustrate each category:

**Play activity Categories for quantifying the Play Therapy Process**

1. **Exploratory Play** (Expression of curiosity concerning the room or materials)

   Touching several objects in succession; inspecting an object momentarily; checking contents of room to see if same as before; playing with several toys in rapid succession; using an object, such as bouncing a ball, to investigate the room.
2. Noncommittal Play (lack of clear indication of attitude or feeling—either emotional or physical)

Play using structured media, such as transportation toys, farm set, Tinker Toys, Lincoln Logs, etc., in their usual ascribed manner; shooting darts at target board or at target drawn on chalkboard or easel paper.

3. Absence of Play (Expression of confusion, indecision, anxiety, or boredom)

Time spent standing, sitting or lying without engaging in a play activity, such as standing in middle of floor staring into space or sitting on the table or stove staring into space.

4. Incidental Play (Expression of self-reflection. Play is incidental to verbalization that is occurring)

Handling an object, such as Play Doh, absent-mindedly while talking to the counselor; sitting at table tapping pencil while expressing thoughts and/or feelings verbally; squeezing or leaning on Bobo while conversing; thoughtful engaging play concomitant with verbal expression.

5. Aggressive Play (Expression of anger, hostility, anxiety, or negativism)

Hitting Bobo or puppets with hands or objects; tossing Bobo or puppets; deflating Bobo; shooting darts at Bobo or puppets; stabbing or cutting objects with knife; beating on Play Doh, musical instruments, stove, boards, or shelves with wooden mallets or hammer; throwing balls.
hand darts, or wooden mallets at other objects in room, such as puppets; using toy cowboys, Indians, toy soldiers, or army equipment for battles; breaking limits deliberately.

6. **Aggressive-destructive Play** (Expression of anger, hostility, anxiety, or rebellion)

Play which consists of painting objects at random, such as Bobo, by smearing paint on them; painting objects with easel or fingerpaint and then hitting or tossing them so that paint gets on other objects in room; clearing shelves and containers of their contents; splitting boards with hammer; throwing pieces of Play Doh around the room; deliberately tearing up construction made by another and left in room; pouring paints.

7. **Creative Play** (Expression of freedom and security for self-expression)

Play which consists of painting a picture; painting own face or hands; painting Bobo to change his appearance, such as giving him green hair; changing the appearance of puppets, such as adding a moustache or beard; changing the color of objects in the room but retaining the real features of the objects, such as painting a truck a different color, etc.; painting design on window pane; construction with Lincoln Logs or Fisher-Price something which is not in samples on
containers, for example, dog houses made out of Tinker Toys, A-frame church from Lincoln Logs; construction with boards; drawing on chalkboard; use of body, (e.g. windmill); making something out of hands, such as a puppet; playing tunes on musical instruments; making airplanes, etc. out of Play Doh; making up a game with darts, etc.

8. Messy-construction Play (Expression of positive feelings, trust, comfortableness in situation and with counselor)
Mixing paints to create new colors, such as orange, purple, etc.; swirling paint on paper with no attempt to paint a picture or design.

9. Dramatic and Role Play (Expression of feelings or attitudes about self, family, peers, others, or situations)
Using puppets, dolls, soldiers, or doll family, etc.; talking over telephone to a designated other or an unidentified other; using soldiers, puppets, etc. to enact a story or situation.

10. Affectional Play (Expression of positive feelings)
Hugging, inflating, or repairing Bobo; showing interest in care of room and its contents by repairing toys, cleaning room, etc.; physical affection toward counselor, such as hugging, etc.; cooking meal for Bobo, counselor, etc.

11. Relationship Play (Expression of friendship and interest in counselor)
Play which is jointly participated in by counselor and child, such as playing catch, construction projects,
jokes played on counselor by child, such as running ahead and hiding from counselor behind the door; talking over phone to counselor.

12. Environmental Expansion Play (Expression of feeling free to investigate the surrounding areas of the playroom)
Leaving the playroom to run around the house and return to playroom; robbing the secretary but returning to the playroom; asking other Center personnel to come to the playroom to see what he made, etc.; exploring the observation room.

13. Environmental Modification Play (Expression of feeling free to alter the physical situation in the room)
Rearranging the furniture in the playroom; painting shelves; fixing hooks on wall to hang toys on; taking toys apart and putting them back together, such as telephone.

14. Infantile Play (Expression of regression to feelings and/or needs which typically occur earlier in development)
Sucking on the baby bottle, lying in the doll crib, sitting in the doll buggy, etc.

15. Late Arrival or Absence from Room for Errand
Time when the child is late for session; when the child is out of the room for a variety of reasons, such as mixing paints, getting materials to repair or replace damaged ones; taking care of personal needs, (e.g., drinks, restroom, etc.); and, balance of time unassigned to other categories.
16. Removal from room for deliberately and consistently breaking the rules

Following the establishment of play activity categories the protocols were analyzed a second time by the observer and categories for nonverbal expressions were derived from feelings and needs expressed nonverbally by the subjects during play therapy sessions. The Supervisor of Play Therapy at the Center was again consulted to ensure that categories were clearly and adequately explained. A review of the literature had revealed that categories had not been previously derived for nonverbal expressions during the process of play therapy. The following nonverbal categories were derived from an analysis of the protocols. Examples are given to illustrate each category:

Nonverbal Categories for Quantifying the Play Therapy Process

1. Physical proximity or touching

Moves chair near counselor; sits or stands close to counselor; intentionally touches counselor either with puppets, etc., or self.

2. Expression of happiness

Laughter, smiles, chuckles, giggles, etc.

3. Expression of bewildernent, disbelief, or disgust

Scratches head; throws up hands in exasperation; shrugs shoulders; shakes head in despair.

4. Expression of anger

Cries; clenches fist; grits teeth; stamps foot; etc.
5. Expression of anxiety
Nervous giggle; rocks up on toes; sways body back and forth; chews on tongue, lip, nails; picks at cuticles; deep sighs and groans, etc.

6. Expression of curiosity about surrounding area
Peers into adjacent rooms, (i.e., reading and observation rooms).

7. Exploring self and behavior as reflected in mirror
Glances at self in mirror; watches self as he plays, such as hitting Bobo; makes faces in mirror, etc.

8. Nonverbal verification of counselor's response
Nods head yes or no.

9. Expressions of spontaneity and freedom
Varies voice pitch with characters (e.g., puppets).

10. Recognition reflex
Reacts to counselor's response by glancing at counselor with "Yah, that's right" facial expression.

11. Checking with counselor
Looks at counselor seeking approval or response to his actions; looks at counselor as if seeking confirmation, suggestions, or directions; looks at counselor while conversing.

12. Shows counselor results
Poke's painting, etc., to counselor.

13. Undirected shows the residential materials
Eyes scan room and/or shelves.
14. Expresses displeasure with results or discovery

Curls bottom lip out; sneers; wrinkles nose; frowns, etc.

The protocols were analyzed a third time by the observer, and categories for verbal comments were derived from statements made by the children during play therapy sessions. The Supervisor of Play Therapy at the Center was again consulted for verification and clarification of the categories in order to ensure that the categories were clearly and adequately explained. The verbal categories derived were then compared to Lebo's revision of Finke's categories (Appendix B) for quantifying the process of play therapy.

Seventeen of the thirty derived categories were found to be similar to Finke's revised categories. One derived category (12) was found to be similar to a combination of two of Finke's revised categories. One derived category (16) was defined differently from Finke's similar category. Four derived categories (19, 20, 22, 23) were refined versions of two categories of Finke's revised categories; thus, twenty-four categories were similar to Finke's revised categories but in modified form to be more definitive. In addition to those categories similar to Lebo's revision of Finke's categories, five new categories were derived (6, 8, 9, 23, 26). The following categories were derived from an analysis of the protocols. Examples are given to illustrate each category:
Verbal Categories for Quantifying the Play Therapy Process

1. Curiosity about the situation and things present in it
   Is anybody else coming today? What kind of room is this? Where did you get those toys? Do girls come in here?

2. Attempting to shift responsibility to the counselor
   What do you do with fingerpaints? Is this black? How do you spell paint? Do I need more string?

3. Simple description, information, and comments about play and playroom
   They’re marching in rows. It’s not finished yet. That’s a hippie. This means he’s been injured. It’s kinda green. This cannon is not on anybody’s side.

4. Confusion, indecision, and doubts
   Now, what to do. These wheels go somewhere. How’d that Indian ever get in there. Now, let’s see. What is that for, I wonder.

5. Definitive decisions
   I ain’t gonna paint. Next week I’ll finish it. I’ll never do that again. I’m gonna build something. Gonna see if that board will fit.

6. Giving commands to materials or addressing them as if they were real
   Now, you’re suppose to stay in. Come here, Bobo. You’d better not drip. Stick! Bobo, I just love to squeeze you.
7. Statements indicating aggression
   All references to fighting, shooting, storms, burying,
   drowning, death, hurting, destroying, etc.

8. Shifting responsibility away from self to things
   I blame that on you, Bozo. He did it. That pink thing
   made the paint tray fall.

9. Shifting responsibility away from self to others
   He gets me in too much trouble.

10. Assuming responsibility for acts or results that happen
    in playroom
    It's my fault. I chipped the floor.

11. Exclamations
    There! Hey! Dad gum it! Golly! Ouch! Hmm! God!
    Iugh! Goody gumdrops!

12. Attempting to establish a relationship with the counselor
    Will you hold that for me? Look at all these colors.
    Guess what I'm making. What's your favorite color?
    What did you have for lunch?

13. Attempting to direct counselor by commands or threats
    Hand me that dart. If you don’t want everything red,
    you'd better get me that hammer. Buy me a pop or I'll
    tear this thing up.

14. Exploring the limits of the classroom
    Can I take this home? I'm going to take this. I'm
    going to tear this up, can I?
15. Questions or comments pertaining to time during session
How much longer do I have? I bet there are fifteen minutes left. Do I have time to paint a flag?

16. Story units relating external events, such as TV programs, movies, plays, stories, trips, etc.

17. Straight information about the family, school, pets, teacher, school, self, etc.
I didn't sleep very much last night. My birthday is today. Science and math is all we do at school. Just me and my brother were at home last night.

18. Sound effects
Chugging noises, shooting, explosions, etc.

19. Narrative statements about self
I'm too lazy to pick up my own clothes. I never win. I've been to the principal's office too many times.

20. Narrative statements about people—siblings, parents, peers, teachers, counselor, etc.
They got these all mixed up. My sister is just a cry baby. My mom gets to watch whatever she wants to on TV.

21. Narrative statements about school, home, peers, playroom, activities, situations, etc.
I hate school. That's too icky. I hate those geography tests. Floor's dirty!

22. Positive statements about self
I've got lots of strength in my legs. I can do that. I'll win. I'm the fastest runner in our class.
I'm lucky it got to my brain fast so I'd know what
to do.

23. Positive statements about people--siblings, parents, 
neighbors, teachers, counselor, etc.

My dad has lots of good ideas. Our substitute was 
nice. I can understand you. It's fun coming since 
you've been here.

24. Positive statements about school, home, pets, playroom, 
activities, situations, etc.

Lots of good wood in here. That really is pretty. 
I like this room with all this wood and things.

25. Insightful statements revealing self-understanding

Sometimes I am a pain. They get me mad, REALLY MAD! 
Sometimes I feel like doing school work but I know I 
can't. Sometimes I get too scared to ask him. When 
I get angry my face turns red. Sometimes I depend 
on my brother too much.

26. Mumbling or talking in a voice too low to be heard

Statements which cannot be heard and perhaps are not 
intended to be heard.

27. Verification of counselor's response--positive or 
negative

A flipper, flapper, flapper, flopper. I'm not Ben 
today cause I'm Ben tomorrow. An unilaterator hookalator.
A late, late board is just like other boards except it comes late.

29. Asking for Information

How long do I stay in reading? When will I come back after vacation? What happened to that other secretary? Do you know where the bathroom is?

30. Ambivalent statements

I'll shoot you dead but I hope you'll get well. He's not a bad guy but he's getting hung anyway. I ain't that bad at forgetting. You have a feeler but your feelers kinda wrong this morning.

Categories similar to Finke's revised categories

Treatment of the Data

All accumulated data for each subject were examined by the observer and placed into the appropriate categories that had been previously derived through the analyses of the protocols. The categorized data for each subject and for each group were then divided into three groups of four sessions each. For the Beginning Group, the first group of sessions included the first through the fourth sessions; the second group of sessions constituted the fifth through eighth sessions; and, the third group of sessions were the ninth through the twelfth sessions. For the Continuing Group, the first group of sessions included roughly the thirteenth through sixteenth sessions; the second group of sessions
roughly comprised the seventeenth through twentieth; and, the third group of sessions roughly comprised the twenty-first through twenty-fourth.

All categorized data from the play therapy sessions of subjects in the Beginning Group were analyzed to investigate the general patterns of feelings and needs expressed in play activities, nonverbal expressions, and verbal statements during the first twelve sessions of play therapy. Categorized data from the play therapy sessions of subjects in the Continuing Group were analyzed to investigate the general patterns of feelings and needs expressed in play activities, nonverbal expressions, and verbal statements during the later phases of play therapy.

Reliability of categorization was determined by submitting twelve protocols to an independent judge. The protocols categorized by the independent judge represented approximately 10 per cent of the total number of protocols and were selected by use of a table of random numbers. Reliability, computed by Pearson Product Moment Correlation Coefficient, was obtained for verbal, nonverbal, and play activity categories for the randomly selected protocols. The reliability coefficient computed for play activities was .96. The reliability coefficient for both verbal expressions and nonverbal expressions was .99.

The categorized data were converted to percentage-frequencies by dividing the total frequency in each category
by the total frequency of all categories in each group of
sessions. A total percentage-frequency for each verbal and
nonverbal category in each group was computed by dividing the
total frequency in each category by the total number of
responses in all twelve sessions. A total percentage-
frequency for play activity categories in each group was
computed by dividing the total amount of time spent in each
category by the total amount of time spent in the twelve play
therapy sessions.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA, RESULTS AND DISCUSSION

To investigate the patterns of play activities, non-verbal expressions, and verbal comments during the process of client-centered play therapy, ten subjects were selected for this study. Five of these subjects were beginning their play therapy sessions, and the other five subjects had a minimum of twelve sessions prior to this study. As was noted in Chapter III, throughout this study the Beginning Group is referred to as Group I. The Continuing Group is referred to as Group II. The sessions for Group II were arbitrarily identified as the thirteenth through the twenty-fourth sessions which are rough approximations.

Play Activities

The categorized, play-activity data were converted to percentage-frequencies by dividing the total time engaged in each categorized activity by the total time spent in play therapy during each group of sessions. The play-activity categories often spanned broad blocks of time. While play activities were recorded for a block of several minutes, other types of activities were interspersed occasionally within the
block of time. However, the behaviors demonstrated over a period of time were considered to be more significant than the interspersed activities. The percentage-frequencies of each play activity category are shown in Table I.

**Table I**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I Sessions</th>
<th>GROUP II Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-8</td>
</tr>
<tr>
<td>Exploratory</td>
<td>16.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Noncomittal</td>
<td>29.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Absence of Play</td>
<td>1.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Incidental</td>
<td>.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Aggressive</td>
<td>7.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Messy-Destructive</td>
<td>1.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Creative</td>
<td>57.8</td>
<td>32.6</td>
</tr>
<tr>
<td>Messy-Constructive</td>
<td>1.8</td>
<td>.6</td>
</tr>
<tr>
<td>Dramatic and Role</td>
<td>3.7</td>
<td>5.1</td>
</tr>
<tr>
<td>Affectional</td>
<td>.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Relationship</td>
<td>.3</td>
<td>4.4</td>
</tr>
<tr>
<td>Environment, Expansion</td>
<td>7.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Environment, Modification</td>
<td>6.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Infantile</td>
<td>7.2</td>
<td>.0</td>
</tr>
<tr>
<td>Late arrival, etc.</td>
<td>.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Removal from room</td>
<td>.0</td>
<td>.0</td>
</tr>
</tbody>
</table>
On the basis of the data presented in Table I, the following general patterns of play activities in the process of client-centered play therapy were observed. Initially, curiosity about the playroom and its contents, as illustrated by exploratory play, was expressed during the beginning sessions (16.6 per cent of the total time in the first four sessions). As the process continued, curiosity decreased (1.7 per cent of total time in twenty-first through twenty-fourth sessions). In the beginning four sessions children's play activities gave no clear indication of their attitudes or feelings as noted by noncommittal play (19.7 per cent). During later sessions however, definite activities were engaged in which more clearly expressed the children's feelings and attitudes. For example, there was an observed increase in aggressive play (from 7.9 per cent in the first four sessions to 15.2 per cent in the fifth-eighth sessions).

It is noteworthy that 7.2 per cent of the total time in the first four sessions was spent in infantile play and that no infantile play behaviors were demonstrated in any of the other sessions. This could imply that if children are to regress to earlier levels of development, they will do so during the beginning sessions of play therapy.

Only one child in the Beginning Group and no child in the Continuing Group was removed from the playroom for deliberately and consistently breaking the rules, specifically for damaging expensive toys and irreplaceable materials. This occurred
during the ninth through twelfth sessions and may suggest that if children are to test the limits of the room, they will do so after satisfying their initial curiosities about the play therapy situation. It may be (as in sessions nine through twelve) that the child in his new found freedom needs assistance in distinguishing between wishes and deeds. By consistently setting and enforcing limits, the child learns that he may feel all of his feelings but that he may not act as he pleases; therefore, the child develops more self-discipline and is able to control his behavior and regulate self-defeating expressions of his feelings.

Aggressive play, as indicated in Table I, increased during the beginning sessions (7.9 per cent during the first four sessions to 15.2 per cent during the fifth through the eighth sessions). Aggressive play was also a major activity during later sessions (14.6 per cent during the thirteenth through sixteenth sessions and 12.1 per cent during the seventeenth through twentieth sessions) but decreased sharply during the final sessions (1.2 per cent during the twenty-first through twenty-fourth sessions). An examination of play activities and verbal statements categorized as aggressive in the individual protocols indicated that during the beginning sessions, aggressive play was generalized and during later sessions was directed at specific people or situations causing the child concern. A noticeable decrease in aggressive play (4.2 per cent during the ninth through twelfth sessions) may
suggest that the child's angry attacks on the toys released some of the child's intense feelings in an undifferentiated way. After expressing his hostility and anger, the child may have been frightened by his behavior and felt the need to verify the acceptance, understanding, and respect of the counselor as noted in the increase in relationship play (24.6 per cent during the ninth through twelfth sessions). As the counselor accepted these generalized, negative expressions, the child evidently felt free to directly express and release more and more of his anger, hostilities, and frustrations as noted by the amount of aggressive play during later sessions (16.6 per cent during the thirteenth through sixteenth sessions and 12.1 per cent during the seventeenth through twentieth sessions). In the last sessions there was a noticeable decrease in aggressive play (1.2 per cent during the twenty-first through twenty-fourth sessions) and an increase in relationship play (25.5 per cent during the twenty-first through twenty-fourth sessions). Having expressed his negative feelings, the child was perhaps less affected by these negative feelings and began to feel more adequate than in earlier sessions. He could, therefore, try out this changed attitude toward self by directly interacting with the counselor.

As play therapy continued, more positive feelings were expressed towards the room and its contents and the counselor as illustrated by the increase in affectional play (5 per cent during the twenty-first through twenty-fourth sessions).
As negative feelings were expressed, these feelings possibly became less intense; and positive feelings began to emerge.

The largest percentage of time was spent in creative play during the first twenty sessions, but the percentage of creative play activities decreased during the last four sessions. One interpretation of this finding is that the free use of unstructured media served as tension reducers and allowed the child to be free and spontaneous in stating himself in his own terms. In the later stages of the process, the children used dramatic and role play activities (23.3 per cent during the twenty-first through twenty-fourth sessions) to express their feelings and attitudes. It was observed from an analysis of the individual protocols that dramatic and role play activities during the beginning sessions involved impersonal matters, such as using the puppets to enact a television program. During the later sessions of the process, the children used dramatic and role play activities concurrently with verbalization to express specific fears, anxieties, or hostilities. For example, puppets were used to express fear of an impending tonsillectomy, the army tanks were used to express dislike of two classmates, and the doll family was used to express relationships with parents and siblings.

The increase in incidental play (from .0 per cent during the first through fourth sessions to 7.4 per cent during the twenty-first through twenty-fourth sessions) suggested that as children continued in play therapy, they verbalized their
feelings, needs and attitudes to a greater extent without the use of play as a medium of communication.

To investigate the major patterns of play activities during the first twelve sessions and for twelve later sessions, the percentage-frequencies for all twelve sessions for both the Beginning and Continuing Groups were obtained. The percentage-frequencies were computed by dividing the total time each group engaged in an activity by the total time of the twelve sessions. These percentage-frequencies are shown in Table II.

**TABLE II**

**TOTAL PER CENT FREQUENCY OF PLAY ACTIVITIES**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I</th>
<th>GROUP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploratory</td>
<td>11.40</td>
<td>1.30</td>
</tr>
<tr>
<td>Noncommittal</td>
<td>13.00</td>
<td>4.83</td>
</tr>
<tr>
<td>Absence of Play</td>
<td>1.67</td>
<td>.90</td>
</tr>
<tr>
<td>Incidental</td>
<td>.87</td>
<td>5.17</td>
</tr>
<tr>
<td>Aggressive</td>
<td>9.10</td>
<td>9.30</td>
</tr>
<tr>
<td>Messy-Destructive</td>
<td>1.90</td>
<td>2.07</td>
</tr>
<tr>
<td>Creative</td>
<td>34.56</td>
<td>28.03</td>
</tr>
<tr>
<td>Money-Constructive</td>
<td>.50</td>
<td>.00</td>
</tr>
<tr>
<td>Dramatic and Role</td>
<td>3.66</td>
<td>13.40</td>
</tr>
<tr>
<td>Affectional</td>
<td>1.57</td>
<td>6.00</td>
</tr>
<tr>
<td>Relationship</td>
<td>9.92</td>
<td>21.37</td>
</tr>
<tr>
<td>Movement, Expansion</td>
<td>3.60</td>
<td>.77</td>
</tr>
<tr>
<td>Infatuation</td>
<td>2.44</td>
<td>.00</td>
</tr>
</tbody>
</table>
As noted in the data presented in Table II, similar patterns of play activities were expressed over a twelve session period as were expressed during sessions of shorter duration, for example sessions one through four, etc. That is, initially children expressed curiosity about the playroom and its contents (exploratory play), gave no clear indication of feelings or attitudes (noncommittal play), were free and spontaneous (creative play), expressed their anger, hostility and negative feelings (aggressive play), began to express their feelings or attitudes about self, family, etc. (dramatic and role play), and to interact with the counselor (relationship play). During later sessions, as illustrated by Group II, exploratory and noncommittal play greatly decreased. An observable increase was noted in verbalization as shown by incidental play.

From the data presented in Table I and Table II several major patterns of play activities in the process of client-centered play therapy were observed. A frequency of 10 percent was arbitrarily selected, with two exceptions, as an observable pattern. Infantile and incidental play categories were also included because of the wide difference in
percentage-frequency from beginning to later sessions. The major patterns of play activities are presented in Table III.

### TABLE III

**MAJOR PATTERNS OF PLAY ACTIVITIES**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I Sessions</th>
<th>GROUP II Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-8</td>
</tr>
<tr>
<td>Exploratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncommittal</td>
<td>19.7</td>
<td>11.8</td>
</tr>
<tr>
<td>Incidental</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Aggressive</td>
<td>7.9</td>
<td>15.2</td>
</tr>
<tr>
<td>Creative</td>
<td>32.8</td>
<td>32.6</td>
</tr>
<tr>
<td>Dramatic and Role</td>
<td>13.7</td>
<td>5.1</td>
</tr>
<tr>
<td>Relationship</td>
<td>0.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Infantile</td>
<td>7.2</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Play activities during the process of play therapy, as illustrated in Table III, differed from beginning sessions to later sessions. Initially, children became familiar with the playroom and materials (exploratory) and used the structured media (noncommittal). Aggressive play followed no marked pattern during the process as shown in percentage-frequencies. Feelings or attitudes about self, family, etc., were expressed through dramatic and role play during the beginning sessions and increased appreciably during later sessions. One interpretation of this observation is that as the children felt
safer, they expressed more and more feelings. Not having adult's verbal facilities, however, the children used dramatic and role play activities.

**Nonverbal Expression**

The categorized nonverbal data were converted to percentage-frequencies by dividing the total number of responses in each category by the total number of responses of each group of sessions. The percentage-frequencies of each nonverbal category are shown in Table IV.

As indicated by the data in Table IV, nonverbal expressions of pleasure or happiness were predominate during all sessions of play therapy but tended to increase during the last sessions (from 30.83 per cent during sessions one through four to 61.70 per cent during sessions twenty-one through twenty-four). The increase of nonverbal expressions of happiness could imply that the children responded quickly and positively to the play therapy experience wherein they were accepted and given the freedom and opportunity to release their feelings. Another implication of this finding might be that as play therapy progressed, so did the children's favorable response to the freedom to be self-directing.

Expressions of anxiety were noticeably exhibited during the beginning sessions (19.6 per cent in sessions one through four and 16.66 per cent in sessions five through eight) but markedly decreased during later sessions of play therapy (1.73 per cent in sessions twenty-one through twenty-four).
### Table IV

**PER CENT FREQUENCY OF NONVERBAL EXPRESSIONS**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I Sessions</th>
<th></th>
<th>GROUP II Sessions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-8</td>
<td>9-12</td>
<td>13-16</td>
</tr>
<tr>
<td>Phys. proximity</td>
<td>3.47</td>
<td>3.33</td>
<td>3.48</td>
<td>2.39</td>
</tr>
<tr>
<td>Expression of happiness</td>
<td>39.83</td>
<td>24.17</td>
<td>54.18</td>
<td>51.92</td>
</tr>
<tr>
<td>Bewilderment, disbelief, or disgust</td>
<td>4.01</td>
<td>5.28</td>
<td>3.87</td>
<td>7.66</td>
</tr>
<tr>
<td>Anger</td>
<td>4.93</td>
<td>5.38</td>
<td>2.19</td>
<td>6.46</td>
</tr>
<tr>
<td>Anxiety</td>
<td>19.46</td>
<td>16.11</td>
<td>3.39</td>
<td>2.44</td>
</tr>
<tr>
<td>Curiosity about surrounding area</td>
<td>5.11</td>
<td>13.05</td>
<td>4.60</td>
<td>2.15</td>
</tr>
<tr>
<td>Exploring self &amp; behavior as reflected in mirror</td>
<td>10.77</td>
<td>16.11</td>
<td>8.47</td>
<td>5.20</td>
</tr>
<tr>
<td>Verification of counselor's responses</td>
<td>1.09</td>
<td>.56</td>
<td>.48</td>
<td>5.02</td>
</tr>
<tr>
<td>Continuity and freedom</td>
<td>.00</td>
<td>.83</td>
<td>.73</td>
<td>1.91</td>
</tr>
<tr>
<td>Recognition reflex</td>
<td>.36</td>
<td>.00</td>
<td>.48</td>
<td>5.03</td>
</tr>
<tr>
<td>Checking with counselor</td>
<td>4.74</td>
<td>4.17</td>
<td>10.20</td>
<td>8.37</td>
</tr>
<tr>
<td>Shows counselor results</td>
<td>2.35</td>
<td>.56</td>
<td>.48</td>
<td>3.59</td>
</tr>
<tr>
<td>Curiosity about playroom and materials</td>
<td>9.03</td>
<td>4.94</td>
<td>2.63</td>
<td>.96</td>
</tr>
<tr>
<td>Displeasure</td>
<td>3.97</td>
<td>4.11</td>
<td>2.66</td>
<td>4.31</td>
</tr>
</tbody>
</table>
children are provided limited opportunities to be self-directing, a condition which creates expectations of being always told what to do by an adult. The play therapy relationship is often a new experience with an adult, the counselor, who does not direct the child. The opportunity for the child to make his own decisions creates feelings of confusion, which are manifested in nonverbal expressions of anxiety.

Curiosity about the play room and materials was expressed more during the beginning sessions of play therapy (8.03 per cent in sessions one to four and 4.44 per cent in sessions five through eight) than during later sessions. Curiosity about the surrounding area was expressed in beginning sessions (5.11 per cent in sessions one through four and 13.05 per cent in sessions five through eight). The implication may be that the children were attempting to familiarize themselves with the room and its contents and adjacent rooms in order to feel more comfortable in this new situation. There was a slight increase in curiosity about the surrounding area during the last sessions (4.21 per cent in sessions twenty-one through twenty-four). The increase in curiosity in the latter sessions may have been the result of unusual noise from adjoining rooms.

There was an observable increase in use of the mirror to explore self and behavior during the beginning sessions (10.77 per cent in sessions one through four and 16.11 per cent in sessions five through eight). Use of the mirror continued but
decreased as play therapy progressed (8.12 per cent in sessions twenty-one through twenty-four). An analysis of the individual protocols indicated that initially these children used the mirror to look at themselves, whereas in later sessions they used the mirror to watch themselves at play. For example, the mirror was used to see how fierce their facial expressions were when attacking Bobo.

The frequency with which the children checked the counselor's reactions, sought approval, confirmation, suggestions, etc., increased during the middle sessions (10.90 per cent in sessions nine through twelve and 8.37 per cent in sessions thirteen through sixteen). As the children engaged in more activities (as noted in play activity categories) their behavior at times startled them, and they checked to see the counselor's reactions. At other times during periods of limited verbal interaction, the children checked to see if the counselor was attentive to their play.

To investigate the major patterns of nonverbal expressions during the first twelve sessions and for twelve later sessions, the percentage-frequencies for all twelve sessions for the Beginning and Continuing Groups were obtained. The percentage-frequencies were computed by dividing the total nonverbal expressions recorded in each category by the total number of nonverbal expressions by each group. These percentage-frequencies are shown in Table V.

The following trends are observable from the data presented in Table V. There were observable increases in
TABLE V
TOTAL PER CENT FREQUENCY OF NONVERBAL EXPRESSIONS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I</th>
<th>GROUP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical proximity, etc.</td>
<td>3.43</td>
<td>2.06</td>
</tr>
<tr>
<td>Expression of happiness</td>
<td>36.39</td>
<td>57.37</td>
</tr>
<tr>
<td>Bewilderment, disbelief, or disgust</td>
<td>4.39</td>
<td>6.97</td>
</tr>
<tr>
<td>Anger</td>
<td>4.13</td>
<td>4.64</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12.89</td>
<td>1.35</td>
</tr>
<tr>
<td>Curiosity about surrounding area</td>
<td>7.58</td>
<td>3.99</td>
</tr>
<tr>
<td>Exploring self and behavior as reflected in mirror</td>
<td>12.12</td>
<td>6.74</td>
</tr>
<tr>
<td>Verification of counselor's responses</td>
<td>.71</td>
<td>3.09</td>
</tr>
<tr>
<td>Spontaneity and freedom</td>
<td>.52</td>
<td>1.03</td>
</tr>
<tr>
<td>Recognition reflex</td>
<td>2.28</td>
<td>.08</td>
</tr>
<tr>
<td>Checking with counselor</td>
<td>6.60</td>
<td>6.26</td>
</tr>
<tr>
<td>Shows counselor results</td>
<td>1.20</td>
<td>3.41</td>
</tr>
<tr>
<td>Curiosity about playroom, etc.</td>
<td>5.36</td>
<td>1.66</td>
</tr>
<tr>
<td>Displeasure</td>
<td>4.56</td>
<td>2.85</td>
</tr>
</tbody>
</table>

pleasant expressions (from 36.39 per cent to 57.37 per cent). There appeared to be more expressions of positive feelings as play therapy progressed. Observable decreases were noted in expressions of anxiety (from 12.89 per cent to 1.35 per cent),
in expressing curiosity about the surrounding area (from 7.53 per cent to 3.09 per cent), and in exploring self and behavior as reflected in the mirror (from 12.12 per cent to 6.74 per cent). It would seem that as play therapy progressed, the children felt more comfortable in the play therapy situation and became more involved in the playroom and their own activities.

From the data presented in Table IV and Table V several major patterns of nonverbal expressions in the process of client-centered play therapy were observed. A frequency of 8 per cent was arbitrarily selected as indicating a pattern. These percentage-frequencies are shown in Table VI.

As is shown by the data presented in Table VI, nonverbal expressions of anxiety decreased as children continued in play therapy. Pleasant or happy expressions increased during the process. Initially, children expressed curiosity about the surrounding area and about the playroom and materials; however, as they became familiar with their new surroundings, less curious expressions were observed. Use of the mirror to explore self and behavior increased during the first sessions (sessions one through eight) and then decreased. An examination of nonverbal expressions categorized as use of mirror to explore self and behavior in the individual protocols indicated that during the beginning sessions the children used the reflection in the mirror in a manner which indicated
TABLE VI

MAJOR PATTERNS OF NONVERBAL EXPRESSIONS

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>GROUP I Sessions</th>
<th>GROUP II Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-9</td>
</tr>
<tr>
<td>Expressions of happiness</td>
<td>30.83</td>
<td>24.17</td>
</tr>
<tr>
<td>Anxiety</td>
<td>19.16</td>
<td>16.11</td>
</tr>
<tr>
<td>Curiosity about surrounding area</td>
<td>5.11</td>
<td>13.05</td>
</tr>
</tbody>
</table>
| Exploring self & behavior as reflec
ted in mirror | 10.77 | 16.11 | 8.47  | 5.20  | 7.03  | 8.19  |
| Checking with counselor             | 4.74  | 4.17  | 10.90 | 8.37  | 5.67  | 4.71  |
| Curiosity about playroom, etc.      | 8.03  | 4.44  | 3.63  | .96   | 2.72  | 1.24  |

An increasing awareness of self; however, in later sessions the mirror was used to verify more specific behaviors, such as checking various facial expressions.

Verbal Statements

The categorized verbal data were converted to percentage-frequencies by dividing the number of statements in each category by the total number of statements made during each group of sessions. A total of 4,936 verbal responses were categorized for the Beginning Group and a total of 8,163 verbal responses were categorized for the Continuing Group.
During the first four sessions the Beginning Group verbalized less than either group during any group sessions. The increase in verbal statements coincided with a decrease in noncommittal play and an increase in incidental play. The percentage-frequencies of each verbal category are shown in Table VII.

The following verbal patterns in the play therapy process were derived from an analysis of the data in Table VII. Initially, curiosity about the playroom and its contents was expressed (6.51 per cent in sessions one through four) and decreased as play therapy continued (1.46 per cent in sessions twenty-one through twenty-four). This initial curiosity expressed verbally was also evident in the percentage of time spent in exploratory play (16.6 per cent). The percentage-frequency of nonverbal categories expressing curiosity about the playroom and materials (8.03 per cent) and curiosity about the surrounding area (10.77 per cent) increased during the same sessions (one through four).

A large percentage of the verbal expressions made during the beginning sessions were simple descriptions, information, or comments about play or the playroom (26.83 per cent in sessions one through four) and increased during the process (40.56 per cent in sessions twenty-one through twenty-four). There was a decrease during the seventeenth through twentieth sessions (8.19 per cent). During sessions seventeen through
### TABLE VII

**PER CENT FREQUENCY OF VERBAL EXPRESSIONS**

| CATEGORY                  | Group I Sessions |   |   |   |   |   |   |   |
|---------------------------|------------------|--|--|--|--|--|--|
|                           | 1-4              | 5-8|9-12|13-16|17-20|21-24|
| Curiosity                 | 6.51             | 8.38|3.85|1.14 |2.59|1.46|
| Resp. to counselor        | 1.98             | 3.86|0.96|1.04 |1.52|0.53|
| Description, etc.         | 26.33            | 25.97|27.37|32.98|2.19|40.56|
| Inconsistencies, etc.     | 3.02             | 3.62|3.00|4.46 |2.75|2.24|
| Definite decisions        | 5.04             | 3.92|7.63|6.99 |8.02|4.52|
| Commands to materials     | 2.43             | 1.88|1.15|1.88 |1.58|0.99|
| Aggression                | 2.35             | 1.07|2.34|4.80 |10.94|5.38|
| Resp. to things           | 0.27             | 0.06|0.05|0.07 |0.49|0.09|
| Resp. to others           | 0.07             | 0.00|0.20|0.05 |0.05|0.00|
| Assumes responsibility    | 0.13             | 0.57|0.31|0.13 |0.05|0.12|
| Exclamations              | 7.96             | 3.37|4.27|5.71 |8.27|4.66|
| Relationship              | 3.29             | 5.51|6.01|5.63 |9.53|5.41|
| Directing counselor       | 0.47             | 1.36|0.86|0.67 |0.11|0.24|
| N谁能作助手              | 1.07             | 1.49|0.56|0.57 |0.71|0.18|
| Int. quest., etc.         | 1.23             | 1.73|1.63|0.24 |0.49|0.39|
| Story units               | 0.13             | 0.13|0.00|0.13 |0.49|1.09|
| Info. about self, etc.    | 11.42            | 12.46|15.61|14.00|13.01|10.60|
| Sound affects             | 1.31             | 0.92|0.87|4.30 |4.36|4.66|
| Negative about self       | 1.68             | 0.90|1.58|0.81 |1.47|0.36|
| Negative about others     | 0.27             | 0.71|2.03|1.21 |1.69|1.19|
TABLE VII-Continued

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I</th>
<th></th>
<th>GROUP II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-8</td>
<td>9-12</td>
<td>13-16</td>
</tr>
<tr>
<td>Negative about things</td>
<td>5.57</td>
<td>4.64</td>
<td>2.86</td>
<td>3.12</td>
</tr>
<tr>
<td>Positive about self</td>
<td>3.36</td>
<td>2.47</td>
<td>4.83</td>
<td>3.02</td>
</tr>
<tr>
<td>Positive about others</td>
<td>0.40</td>
<td>0.52</td>
<td>0.61</td>
<td>0.64</td>
</tr>
<tr>
<td>Positive about things</td>
<td>2.08</td>
<td>2.21</td>
<td>2.14</td>
<td>2.52</td>
</tr>
<tr>
<td>Insightful</td>
<td>0.60</td>
<td>0.24</td>
<td>1.07</td>
<td>0.83</td>
</tr>
<tr>
<td>Fraudible</td>
<td>1.07</td>
<td>1.13</td>
<td>1.17</td>
<td>0.87</td>
</tr>
<tr>
<td>Verifying responses</td>
<td>5.10</td>
<td>5.52</td>
<td>4.72</td>
<td>4.37</td>
</tr>
<tr>
<td>Nonsensical, etc.</td>
<td>0.34</td>
<td>0.93</td>
<td>0.61</td>
<td>1.88</td>
</tr>
<tr>
<td>Asking for info.</td>
<td>1.77</td>
<td>1.43</td>
<td>2.49</td>
<td>0.91</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>0.07</td>
<td>0.06</td>
<td>0.25</td>
<td>0.10</td>
</tr>
</tbody>
</table>

Twenty aggressive statements (10.94 per cent) and nonsensical statements, (4.84 per cent) appeared to peak.

Although aggressive play was highest in sessions five through eight (15.2 per cent) for the Beginning Group, it is noteworthy to cite that during the same group of sessions fewer aggressive statements were made (1.07 per cent). During the later sessions, when aggressive play was again a major activity (14.6 per cent in sessions thirteen through sixteen and 12.1 per cent in sessions seventeen through twenty), more aggressive comments were made (4.89 per cent and 10.94 per...
cent respectively). This finding tended to substantiate the observations made from an examination of the individual protocols which indicated aggressive play in later sessions tended to be focused on specific fears, situations or people of concern to the child.

The percentage-frequency of the category of definite decisions increased slightly as play therapy progressed (from 5.44 per cent in sessions one through four to 6.02 per cent in sessions seventeen through twenty) and then decreased (4.54 per cent in sessions twenty-one through twenty-four). This observation could be related to creative play as the decrease in creative play (17.6 per cent in sessions twenty-one through twenty-four) coincides with the decrease in definite decisions. The decrease in definite decisions may be related to the decrease in nonverbally checking with the counselor which decreased during the same group of sessions.

Information about self, family, school, etc. was given from the beginning sessions but increased during the middle sessions (15.61 per cent in sessions nine through twelve and 14.00 per cent in sessions thirteen through sixteen) with a slight decrease in the following sessions. It is noteworthy that during the same sessions (nine through sixteen) creative play was at its highest percentage-frequency. This may indicate that while engaged in free and spontaneous play these children concurrently engaged in verbal self-expression.
Negative statements about things, etc., decreased as play therapy continued (5.57 per cent in sessions one through four to 1.52 per cent in sessions twenty-one through twenty-four). There was no marked change in the percentage-frequency of negative statements about self or others or in positive statements about self, others or things during the process. This observation could suggest that children did find it possible in the play therapy process to bring out unfavorable feelings towards things. This finding may also suggest that the children were not able to give verbal expression to negative feelings about self or others or positive feelings about self, others, or things, but these feelings were expressed through play activities.

There was no appreciable difference observed in the percentage-frequency of verifying counselor's responses. Other verbal categories fluctuated some but received such a low percentage-frequency that no pattern was observed.

Attempts to verbally establish a relationship with the counselor increased as play therapy continued (3.29 per cent in sessions one through four to 9.35 per cent in sessions seventeen through twenty) and then decreased in the last group of sessions (5.41 per cent in sessions twenty-one through twenty-four). Relationship play, however, did not show an appreciable increase until later sessions (24.6 per cent in sessions nine through twelve). Relationship play also increased during the last sessions (25.5 per cent in sessions twenty-one through...
twenty-four). Children who engaged in relationship play were establishing an interpersonal relationship with the counselor primarily through activity mediums rather than verbal means which is consistent with the rationale for play therapy (i.e., that play is their natural medium of expression).

To investigate the major patterns of verbal statements during the first twelve sessions and during twelve later sessions, the percentage-frequencies for all twelve sessions for the Beginning and Continuing Groups were obtained. The percentage-frequencies were computed by dividing the total number of responses of each group in each category by the total number of responses for each group. These percentage-frequencies are shown in Table VIII.

The data in Table VIII reveal the largest percentage-frequencies for both the Beginning and Continuing Groups to be simple description, information, or comments about their play or the playroom (26.44 per cent for Beginning Group and 30.66 per cent for the Continuing Group) and straight information about self, family, etc. (13.79 per cent for Beginning Group and 12.39 per cent for Continuing Group).

There was an observable difference in expressions of curiosity between the first twelve sessions and twelve later sessions (5.38 per cent and 1.58 per cent respectively). Aggressive statements were more frequent for the Continuing Group than for the Beginning Group (6.40 per cent to 2.98 per cent). There was no appreciable difference between the two.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I</th>
<th>GROUP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curiosity</td>
<td>5.98</td>
<td>1.58</td>
</tr>
<tr>
<td>Response to counselor</td>
<td>1.08</td>
<td>.98</td>
</tr>
<tr>
<td>Description, etc.</td>
<td>2.44</td>
<td>3.66</td>
</tr>
<tr>
<td>Inconsistencies, etc.</td>
<td>3.16</td>
<td>2.80</td>
</tr>
<tr>
<td>Definite decisions</td>
<td>6.68</td>
<td>6.21</td>
</tr>
<tr>
<td>Commands to materials</td>
<td>1.36</td>
<td>1.44</td>
</tr>
<tr>
<td>Aggression</td>
<td>2.06</td>
<td>6.40</td>
</tr>
<tr>
<td>Response to things</td>
<td>.12</td>
<td>.17</td>
</tr>
<tr>
<td>Response to others</td>
<td>.10</td>
<td>.02</td>
</tr>
<tr>
<td>Assumed responsibility</td>
<td>.34</td>
<td>.20</td>
</tr>
<tr>
<td>Exclamations</td>
<td>6.30</td>
<td>3.67</td>
</tr>
<tr>
<td>Relationship</td>
<td>5.02</td>
<td>6.50</td>
</tr>
<tr>
<td>Directing counselor</td>
<td>.90</td>
<td>.37</td>
</tr>
<tr>
<td>Exploring limits</td>
<td>1.00</td>
<td>.44</td>
</tr>
<tr>
<td>Time questions, etc.</td>
<td>1.84</td>
<td>.35</td>
</tr>
<tr>
<td>Story units</td>
<td>.08</td>
<td>.20</td>
</tr>
<tr>
<td>Information about self, etc.</td>
<td>13.39</td>
<td>12.39</td>
</tr>
<tr>
<td>Sound effects</td>
<td>1.18</td>
<td>3.20</td>
</tr>
<tr>
<td>Positive about self</td>
<td>1.40</td>
<td>.77</td>
</tr>
<tr>
<td>Negative about others</td>
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<td>1.31</td>
</tr>
<tr>
<td>Neutral about things</td>
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<td>2.37</td>
</tr>
<tr>
<td>Positive about self</td>
<td>3.66</td>
<td>2.32</td>
</tr>
<tr>
<td>Negative about others</td>
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<td>.49</td>
</tr>
<tr>
<td>Neutral about things</td>
<td>2.14</td>
<td>1.91</td>
</tr>
<tr>
<td>Insightful</td>
<td>.86</td>
<td>.71</td>
</tr>
</tbody>
</table>
TABLE VIII—Continued

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I</th>
<th>GROUP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaudible</td>
<td>.82</td>
<td>.39</td>
</tr>
<tr>
<td>Verifying counselor's responses</td>
<td>7.08</td>
<td>4.74</td>
</tr>
<tr>
<td>Nonsensical statements, etc.</td>
<td>.64</td>
<td>2.62</td>
</tr>
<tr>
<td>Asking for information</td>
<td>1.94</td>
<td>1.13</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>.14</td>
<td>.16</td>
</tr>
</tbody>
</table>

groups in other frequently used categories, such as definite
decisions, exclamations, relationship, or verifying counselor's
responses.

On the basis of the data in Table VII and Table VIII, the
following identifiable patterns of verbal expressions were ob-
served. A frequency of 5 per cent was arbitrarily selected as
an observable pattern. These major patterns are shown in Table
IX.

Initially, children made verbal statements dealing with
the playroom and their play and shared information about them-
selves, their families, etc. (approximately 30 per cent of the
total responses). As play therapy proceeded, statements about
the playroom, play and themselves, etc., increased to approxi-
mately 50 per cent with more statements made concerning the
playroom or their play. An examination of categorized verbal
statements in the individual protocols indicated that during
the beginning sessions, children commented most frequently
### TABLE IV

**MAJOR PATTERNS OF VERBAL EXPRESSIONS**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GROUP I Sessions</th>
<th>GROUP II Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-4</td>
<td>5-8</td>
</tr>
<tr>
<td>Curiosity</td>
<td>6.51</td>
<td>8.16</td>
</tr>
<tr>
<td>Description, etc.</td>
<td>25.43</td>
<td>25.04</td>
</tr>
<tr>
<td>Info. about self, etc.</td>
<td>11.42</td>
<td>12.46</td>
</tr>
<tr>
<td>Definite decisions</td>
<td>5.44</td>
<td>6.92</td>
</tr>
<tr>
<td>Aggression</td>
<td>2.35</td>
<td>1.77</td>
</tr>
<tr>
<td>Exclamations</td>
<td>7.26</td>
<td>8.37</td>
</tr>
<tr>
<td>Relationship</td>
<td>3.29</td>
<td>5.32</td>
</tr>
<tr>
<td>Negative about things</td>
<td>5.57</td>
<td>4.54</td>
</tr>
<tr>
<td>Verifying responses</td>
<td>5.10</td>
<td>5.52</td>
</tr>
</tbody>
</table>

about specific features of materials in the playroom (e.g., farm set, transportation toys, etc.). During later sessions their comments tended to describe their activities as if to include the counselor in their activities or to keep her informed of what was occurring in their play.

The frequency of curiosity statements during the beginning sessions (one through eight) appeared to indicate that these children tried to understand the play therapy situation in the beginning sessions. Then, after satisfying their initial curiosity, this type of statement decreased.
Negative statements about things were made more frequently during the beginning sessions (one through eight). Aggressive statements, however, increased in later sessions (thirteen through twenty-four). An examination of categorized negative and aggressive statements in the individual protocols indicated that negativism and aggression were generally undifferentiated and frequently concerned materials in the room. However, during later sessions negative and aggressive statements tended to be directed to specific people or situations.

Exclamations fluctuated during the process with apparently no observable trend. Exclamations seemed to peak in sessions five through eight and sessions seventeen through twenty. The increase in exclamations may be related to the increase in aggressive play in sessions five through eight and to the increase in dramatic and role play activities in sessions seventeen through twenty.

In the beginning sessions of play therapy, children stated definite decisions. They continued to do so in the following sessions with a slight increase during sessions five through twenty and then a decrease in the final sessions (twenty-one through twenty-four). This observation may suggest that as these children continued in play therapy, they felt less need to state their decisions but felt free to act upon them.

Verification of counselor's responses was frequently made during the entire process of play therapy. Though some attempts
to establish a relationship with the counselor were made during the beginning sessions, there was a noticeable increase as play therapy continued.

The major patterns indicated in Table IX are in agreement with Landisberg and Snyder (1) who concluded that the child's responses were largely to give information. The data in this study also indicate agreement with Kouastakas's (2) conclusion that the levels of the emotional process and the changes in "feeling tones" are not always identifiable as a child goes through the play therapy experience. Changes occur, according to Kouastakas, in the child's play and in his emotional behavior in the play therapy session in no specific sequential order but in individually varying sequences. Kouastakas further concluded that the levels of the play therapy process overlap at many points as do the child's feelings and attitudes.

**Emotional and/or Social Development**

To determine whether phases of emotional and/or social development existed during the process of client-centered play therapy and to describe any identified phases, the major patterns of play activities, nonverbal expressions, and verbal statements were analyzed. Individual protocols were also examined.

Although there were general patterns of emotional and/or social development there were no identifiable sequences of the levels of the process. That is, not all children used
the play therapy experience in the same way. There were, however, general characteristics observed which suggested emotional and/or social growth.

Initially, the children's curiosities were aroused by the new situation. Glancing around the room, checking adjacent rooms, engaging in exploratory play, and verbally expressing curiosity about the play therapy experience may have been attempts by the children to reach their own decisions about the relationship and play therapy experience. Then, seemingly satisfied, they moved on to other activities.

Although the children in this study would not be described as happy children when play therapy began, they did express delight in the play therapy situation during the beginning sessions. It may be that these children quickly responded favorably to the freedom and opportunity to be self-directing. Their nonverbal expressions of happiness, joy, and delight increased as the process continued. These children apparently felt safe and accepted in the play therapy situation and could express their feelings, desires, and wishes without hesitation. In expressing repressed feelings and needs, some of their intensity was lost; consequently, the children came to have more positive feelings about the play therapy situation and themselves.

Children beginning play therapy expressed ambivalent feelings about the new situation. That is, nonverbal expressions of anxiety and happiness were observed during the
beginning sessions. There was an observable reluctance to express their feelings as demonstrated by the amount of time spent in noncommittal play. A noticeable decrease in anxiety and a noticeable increase in happy expressions and in actively engaging in a variety of play activities may suggest that the children responded favorably to the opportunity to gain independence and self-direction.

The children did not hesitate to express aggressive or regressive behavior. Infantile behavior, demonstrated during the beginning sessions, became nonexistent as the children moved on to what, for them, was a more satisfying type of behavior. Anger and negativism were expressed in a diffused way initially, but focused more clearly on specific people or situations as the process continued. As the children continued in play therapy, they were able to bring out their concerns in a more direct way which was more in accord with the reality of their situations.

The children were free and spontaneous, as demonstrated by creative play, during the beginning sessions and also during later sessions. This observation may imply a natural desire for creative action by children if given the opportunity and freedom to do so. A large variety of play materials were used, often in original ways. Creative, independent thought may have been fostered by the counselor's acceptance and respect for the child.
In early sessions the children did not attempt to establish an interpersonal relationship with the counselor. As the process continued, there was an observable increase in relationship play, verbal attempts to establish an interpersonal relationship, and nonverbal attempts to check with the counselor. This observation may indicate that during the play therapy process children came to feel better about themselves and to accept the reality of their situations. Thus, they felt more secure and could engage in interpersonal experiences.

Hypotheses

It was hypothesized there would be identifiable changes in the patterns of play activities, nonverbal expressions, and verbal comments during the process of client-centered play therapy sessions that could be categorized into phases. This hypothesis was partially accepted based on the data presented. Identifiable changes in the pattern of play activities were more observable than changes in nonverbal and verbal expressions. There appeared to be trends in nonverbal and verbal expressions, but no clearly identifiable patterns were evident.

It was further hypothesized that the number of sessions of client-centered play therapy would influence the patterns of play activities, nonverbal expressions, and verbal comments. This hypothesis was accepted based on the data presented. The
observable changes in play activities and nonverbal expressions and the increase in verbal statements during the process supported this hypothesis.
CHAPTER BIBLIOGRAPHY


CHAPTER V

SUMMARY, INTERPRETATIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

This study was concerned with a descriptive analysis of the process of client-centered play therapy. The specific purposes were to investigate and describe the patterns of play activities, nonverbal expressions, and verbal comments during the process of client-centered play therapy; to determine whether phases of emotional and/or social development exist during the process of client-centered play therapy; and, to describe identified phases of emotional and/or social development. The hypotheses were that there would be identifiable changes in the patterns of play activities, nonverbal expressions, and verbal comments that could be categorized into phases; and, the number of sessions would influence the patterns of play activities, nonverbal expressions, and verbal comments.

Ten boys, aged eight to ten, of average intelligence who were evaluated and diagnosed as having emotional and/or social maladjustments problems at the Pupil Appraisal Center were assigned to this study. Five boys were randomly selected from these boys currently enrolled in play therapy who had a minimum of twelve sessions prior to this study. In addition
five boys were assigned to this study to begin play therapy. The case counselor, playroom, and materials (or identical ones), and the same observer were used throughout the study.

Each subject, with the exception of one boy, had twelve sessions of play therapy, which were observed through a one-way mirror and were audio-recorded. Verbatim records were made of verbal comments, and descriptive records were made of play activities and nonverbal expressions. The different play activities were timed by using a stop watch. All accumulated data were analyzed; and categories were developed for play activities, nonverbal expressions, and verbal comments. The categorized data were converted to percentage-frequencies by groups of four sessions and then for the total twelve sessions for play activities, nonverbal expressions, and verbal comments. The percentage-frequencies were then analyzed to determine the major patterns of the play therapy process. A reliability check was obtained for categorized data by submitting approximately 10 per cent of the protocols, randomly selected, to an independent judge. The reliability coefficient computed for play activities was .96. The reliability coefficient for both verbal expressions and nonverbal expressions was .99.

Interpretations

The results of this study suggest the following general patterns of play activities, nonverbal expressions, and verbal statements:
1. During the first sessions of the play therapy process, the children expressed curiosity about the new situation as evidenced by glancing around the room, touching several objects in rapid succession, investigating the surrounding area, and verbally inquiring about the room and the situation. Concurrent with exploration of the room, the children began to explore self and behavior as reflected in the mirror. If the children were to appear anxious, they did so mostly during the beginning sessions as evidenced by nervous giggles and deep sighs and groans. If the children were to regress to earlier levels of development, they did so during the beginning sessions.

2. In the next pattern in the process, the children tended to indicate ambivalent feelings towards themselves and perhaps the situation. The children expressed their uncertainty by the use of structured media, such as transportation toys, accompanied by simple descriptive statements about their play and the playroom without clearly indicating their feelings. If aggression was expressed, it was of a generalized nature. Simultaneously, the children engaged in creative play and began to share more information about self, family, etc.

3. As the play therapy continued, feelings of anger, frustration, and anxiety began to be focused on specific concerns. Creative play yielded to dramatic and role-play during the final sessions of the process. Dramatic and role
play in the beginning sessions involved unemotional situations, but during later sessions the children identified their specific feelings and concerns.

4. During the final sessions of the process the children began to show more interest in an interpersonal relationship with the counselor as illustrated in the increase in relationship play and verbal communication.

The following major patterns in play activities, nonverbal expressions, and verbal expressions during the process of client-centered play therapy were observable although some of the behaviors occurred with consistent frequency throughout all sessions.

1. In sessions one through four, children engaged in exploratory, noncommittal, and creative play. Feelings of happiness and anxiety were observed in nonverbal expressions. Children explored themselves and their behavior as reflected in the mirror. Verbal comments and nonverbal expressions revealed that the children were curious about the playroom and materials. Simple descriptive and informative comments about their play and playroom were numerous. Information about self, family, etc., was volunteered.

In sessions five through eight, children continued to engage in exploratory, noncommittal, and creative play activities. There was an increase in aggressive play activities of a generalized nature. Nonverbal expressions of feelings of happiness and anxiety continued.
continued to explore themselves and their behavior as re-
lected in the mirror. Verbal and nonverbal expressions
revealed that the children's curiosity about the playroom
and materials and the surrounding area. Children continued
to explore themselves and their behavior as reflected in the
mirror. Simple descriptive and informative statements about
their play and the playroom continued. Spontaneous reactions
were expressed in the form of exclamations.

Exploratory, noncommittal, and aggressive play began
to decrease in sessions nine through twelve. Creative play
continued to be a major activity. There was an observable
increase in relationship play. Nonverbal expressions of
happiness predominated. Children continued to explore them-
selves and their behavior as reflected in the mirror. The
children nonverbally checked the counselor's reactions more
than during the beginning sessions. Simple descriptive and
informative comments about their play and playroom continued
to be offered. More information about self, family, etc.
was volunteered. Independent thoughts were revealed by
stating definite decisions. The children attempted to re-
late to the counselor by means of verbal interaction.

Creative play and relationship play continued to be
the major activities during sessions thirteen through six-
teen. There was an increase in aggressive play which focused
on specific concerns. Nonverbal expressions of happiness
continued to increase. There was an increase in nonverbal
expressions of bewilderment, disgust, and disbelief in regard to the results of their actions. The children continued to offer simple descriptions and information about their play and the playroom. Information about self, family, etc. continued to be volunteered. The children checked the counselor for her reactions regarding their activities. There was an increase in the children's nonverbal recognition of the counselor's responses. Independent thoughts were revealed by stating definite decisions.

Aggressive play focusing on specific concerns, creative play, and relationship play continued in sessions seventeen through twenty. Dramatic and role play became a major activity. Most nonverbal expressions indicated happiness. Nonverbal expressions of bewilderment, disgust, or disbelief continued. Children continued to explore themselves and their behavior as reflected in the mirror. Simple descriptive and informative comments about their play and the playroom continued to be offered. Information about self, family, etc. continued to be volunteered. There was an increase in aggressive statements which focused on specific concerns. Verbal interaction with the counselor increased.

Relationship play and dramatic and role play continued to be major activities in sessions twenty-one through twenty-four. Creative play continued but began to decrease in quantity. There was an increase in incidental play. Nonverbal expressions indicated feelings of happiness. The
mirror continued to be used to explore self and behavior. Simple descriptive and informative comments about their play and playroom were frequently made by the children. Information about self, family, etc. continued to be volunteered. Aggressive statements which focused on specific concerns continued. Verbal interaction with the counselor increased.

Further analysis of the individual protocols indicated that emotional and/or social growth did occur during the process of client-centered play therapy in varying sequences for each child. The feelings and attitudes overlapped to such an extent that clearly discernible stages of emotional and/or social growth were not identified.

Implications

The present study suggests that client-centered play therapy is an effective way to help children identify and communicate their feelings. Feelings which are denied expression usually grow out of proportion to the initial cause of the feeling; thus, if opportunities, such as the play therapy experience, are given for the child to express his feelings, he is helped to clarify his feelings, and he becomes able to control these feelings or express them in a socially approved manner.

Elementary school children work through their frustrations and concerns largely through play. Thus, counselors should utilize the technique of play therapy in working with younger elementary children. Furthermore, children
experiencing difficulty in coping with everyday life situations should be given the freedom to express and to explore themselves in an accepting climate such as offered in client-centered play therapy. Small children are often unable to verbalize their feelings and attitudes. Communication can be facilitated, however, by providing a small selection of flexible materials for the child to "play out" his feelings in the accepting atmosphere of client-centered play therapy.

Although there were general patterns of play activities, nonverbal expressions, and verbal statements in the process of client-centered play therapy, there were no clearly discernible stages through which all children moved in the same sequence. Each child tended to express his own feelings and concerns in his own unique way, at his own pace. It seems imperative, therefore, that counselors be aware of the general patterns of play activities, nonverbal expressions, and verbal comments, and yet regard each child as a unique individual.

This study involved more subjects and more sessions than previously reported process studies of client-centered play therapy. Yet, similar results regarding verbal patterns were obtained. The process of client-centered play therapy, as indicated by children's verbalizations in the playroom, does not seem to be the same for all children. The value of further investigations of the process of play therapy by analyzing verbal statements is questionable.
Further investigation of the process of client-centered play therapy by analyzing play activities and nonverbal expressions seems warranted. Specifically, video-tape records seem necessary to analyze more adequately the patterns of nonverbal expressions during the process of play therapy and to obtain a more accurate record of time spent in various play activities. Analysis of play activities and nonverbal expressions seems particularly relevant as the basic rationale for placing children in play therapy is that they are not able to adequately express their feelings verbally but use play as their medium of communication. It follows, then, that continued investigation of play activities would be of benefit in determining the process of client-centered play therapy.

Recommendations

On the basis of the data obtained in this investigation it is recommended that:

1. Further research into the process of play therapy utilize video-tape to analyze nonverbal expressions and play activities. If video-tape is not available it is recommended that three experienced observers be employed: one to record the play activities, one to record verbal comments, and one to record nonverbal expressions.

2. Other research techniques be investigated or derived as possible procedures by which the process of client-centered play therapy could be analyzed.
3. Process studies be conducted with children beginning play therapy and continue until the children are discontinued.

4. Research be conducted to determine whether the variables of age and sex of the child affect the patterns of play activities, nonverbal expressions, and verbal statements during the process of client-centered play therapy.

5. More descriptive studies be conducted concerning the emotional and/or social development of children by means of observational techniques.

6. Adults be concerned with the child's emotional needs and help the child find acceptable ways to express his feelings and needs by providing the freedom and the opportunity to be creative in thought and in action. The child could be helped to express his feelings and needs by accepting, respecting, and encouraging the child's creative ideas and endeavors by providing the materials and place which stimulate the child's freedom of self-expression.

7. Elementary counselor-education programs acquaint elementary school counselors with the play therapy process patterns observed in this study in order to assist elementary school counselors in becoming more fully aware of and sensitive to children in play therapy.
APPENDIX A

Protocol Illustrating Counselor's Approach

Cal: (Entered playroom carrying plane made in earlier session. Placed plane on table. Spied new ball and picked it up.) "You've got a new ball." (Tossed it up and caught it. Tossed it again and it went into wastebasket. Grinned.) "That's what we do all the time at home... bounce the ball... sometimes we kick it or hit it like this." (Illustrated)

Co: "You bounce it and then you either hit it or kick it."

Cal: (Bounced the ball and then dribbled it.)

Co: "Mr. Dribbler"

Cal: (Tossed the ball and hit it with hand... checked reading room) "Don't think they're gonna put Tom (fictitious name substitute) in that room no more."

Co: "Kinda hate it that Tom isn't in there any more."

Cal: "They're taking him to other room."

Co: "Oh, I see."

Cal: "Guess he gets in too many things."

Co: "Sorta gets in trouble so he's not gonna be in the big reading room."

Cal: "He crawls underneath the table."

Co: "Guess sometimes you wonder about things Tom does."

Cal: (Went to plane and painted it.) "Blue paint and red paint. I'm not gonna try to spill it. I Hope I don't... Hope I DON'T spill it."

Co: "You kinda lost all your blue paint last time but other than that it was ok."
Cal: (Looked on floor where paint had spilled last time.) "Don't even see a speck of it."

Co: "And you didn't even get in trouble for it."

Cal: "I always get in trouble."

Co: "Seems like somebody's always climbing on your back."

Cal: "Not everybody."

Co: "Not everybody but certain people."

Cal: "Wish it stayed that color like this." (Pointing to wet blue paint on plane.)

Co: "Uh-huh. Since you get in trouble, I guess that's why you're kinda interested in Tom getting in trouble."

Cal: "Tom always gets in trouble... every time he turns around he gets in trouble."

Co: "I guess that says that Tom gets in trouble more than Cal."

Cal: "He always does... I try to stay away from Jim (fictitious name)... get in too much trouble with him... but he always comes around."

Co: "You try to stay away from him because you get in more - (interrupted)

Cal: "Jim"

Co: "Then you but he always comes around you."

Cal: "Uh-huh... when he needs money he always comes and begs me." (Continued painting and blowing bubble gum.)

Co: "Guess that means that you're kinda important to people."

Cal: "Not all people."

Co: "And you'd really like to be more important to more people than you really are... guess Cal would really like to be a pretty popular guy."
Cal: (Continued painting plane...was very careful not to get paint on self or table...put paper down so that paint would not get on table...continued very carefully painting his plane...sat most of the time but stood to paint certain parts that were hard to reach...several minutes without conversation...blew bubbles) "Hope it stays like this...that color." (Referring to wet paint.)

Co: "You hope it isn't different when it's dry."

Cal: "Like it was a minute ago...if it isn't...gonna go back over it."

Co: "Have to put more coats of paint on it."

Cal: "Then someday I can fly it...I don't think it can fly unless you have lots of balloons on it."

Co: "Put lots of balloons on it and then send that dude up."

Cal: "I don't think it will really fly unless you have lots of balloons on it."

Co: "You're really trying to figure out a way to get it in the air."

Cal: "Uh-huh"

Co: "So that it sails around...wonder if you have any ideas about that."

Cal: "Don't really...but I imagine my daddy does."

Co: "Sometimes when Cal runs out of ideas he can go to Pop and say, 'Hey, you got any ideas?'"

Cal: "He always does...sometimes I get to scared to ask him."

Co: "Sometimes I guess some of the things you want to know seem pretty silly."

Cal: "Sometimes I ask him too many questions...Then he tells me to get lost."

Co: "Oh, kinda like you might be bugging him."

Cal: "Sometimes he gotta to do his work."
Co: "Oh, I see...and he says 'don't bug me now.
I've got to do my work'."

Cal: "Uh-huh"

Co: "Guess even though you kinda understand it...it
makes you feel kinda pretty bad."

Cal: "Can I go get some clean water?"

Co: "Do you really have to ask me?"

Cal: (Grinned and left to get some water.)

Co: "May I help you?" (Opened door) "Thought maybe
you were stuck outside with no way to get in."

Cal: "Say! That red sure is tough."

Co: "It's thick and goosy."

Cal: (Began repainting red parts of plane.) "Hope the
red stays like this too."

Co: "You want it to look just like that except dry
when you come next time...you said while ago
that you were kinda scared to ask Poppa sometimes."

Cal: "Sometimes he loses his temper like I do...sometimes
when my sister comes along and hits me
on the back and I lose my temper...then I get
caught and get in trouble."

Co: "Guess sometimes you feel that losing your temper
is a bad thing...or like it's something maybe
you shouldn't do cause..." (interrupted)

Cal: "I don't even get whopped...sometimes I do and
sometimes I don't."

Co: "Just kinda depends I guess."

Cal: "Sometimes my sister just likes to start fights...that's all she likes to do."

Co: "Sometimes it just seems like that's all big
sisters want to do."

Cal: (Grinned...got paint on hands) "Ought oh!"

Co: "Duck."
Cal: "Blue's staying like it was and red looks like it is to. . .gonna have to go over blue right there."

Co: "Because of red spots."

Cal: "Uh-huh." (Painting continued. . .scratched ear . . .looked at counselor. . .cleared throat. . .continued painting silently) "My friend. . .he's an artist and he can draw good pictures. . .sometimes he draws pictures for me. His name's Robert Smith." (Fictitious name)

Co: "He can really do fine things."

Cal: "Uh-huh."

Co: "Sometimes he does something special for you."

Cal: "Not all the time but if I ask him sometimes he will. He's real nice. He brings us dimes sometimes."

Co: "Uh-huh."

Cal: "He's big. . .out of school. Sometimes we're just kidding and he knows it and we say if you don't bring us a dime we'll lock you out of the house. Sometimes he brings 'em and sometimes he don't."

Co: "Guess he kinda knows you're putting on."

Cal: "He giggles. . .He goes to Hamilton with us sometimes. . .He's not married."

Co: "Hamilton"

Cal: "It's a city."

Co: "Oh. . .so sometimes he takes trips with you."

Cal: "Uh-huh. We got a bunch of cows up there and bunch of pigs."

Co: "So I guess he's a pretty important person to you. Sometimes he draws you pictures and takes trips with you and seems to know when you're kidding and when you're not about some things anyway."

Cal: (Continued painting and blowing bubbles."

Co: "I guess Cal's really saying I wish I could do something really good like draw pictures or paint or have good ideas about how to get airplanes to fly, something super special. . .OOPS. (As paint splattered on her.)"
Cali: "Did it get on you?"

Co: "That's okay. I'm wash 'n wear."

Cal: "What does that mean?"

Co: "That I wash out easy. That I don't usually get too upset when I get a little paint on me."

Cal: "I'm gonna go ahead and paint blue over." (As he tried to get the red splotches off. Continued painting and blowing bubbles.) "Is time almost up?"

Co: "You have about ten more minutes."

Cal: (Began building with boards). "I've finished with that plane now. All I need to do is put the string on."

Co: "Uh-huh. Through but need to put the string on."

Cal: "Look at this board. Never seen one like this before." (Peeked into reading room)

Co: "Just checking to see who's over there... see if maybe they put Tom in there."

Cal: "Uh-huh." (Continued digging in boards and measuring them to see if the same length.) "Oh!" (As he found two boards the same size and then a third.)

Co: "Now you have three."

Cal: "Need one more like this." (Dug in pile of boards.) "I'll paint this first."

Co: "Gonna paint them before you put them together."

Cal: "This color." (Put red and blue paints on floor. Checked other paints and then put them on floor.) "Need some more. Got to go fill these back up so I can paint." (Left to mix paints. Returned and put paints on table and looked at counselor.)

Co: "Hi"

Cal: (Grinned) "Hi"

Co: "Cal, you have about three more minutes."
Cal: (Put paints on floor and started painting board yellow. Left to add more paint as it was too thin. Came back stirring paint. Painted board.) "Got too much water still."

Co: "Isn't better now?"

Cal: "No. Got too much water." (But continued painting.)

Co: "Cal, your time is up for today."

Cal: "OK. This and this. Gonna put them outside."

Co: "See you next week. Bye."

Cal: "Bye."
APPENDIX B

Finke's Revised Categories for Quantifying the Play Therapy Process

A. Curiosity about the situation and things present in it.
(Why did you choose me? Anyone else been here? Who owns these toys? Who drew that picture?)

B. Simple description, information, and comments about play and playroom.
(This is an army. These are prisoners. More marbles. The room's different.)

C. Statements indicating aggression.
(All references to fighting, shooting, storms, burying, drowning, death, hurting, destroying, etc.)

D. Story units.
1. Unconnected with play. Stories obviously farfetched to too exaggerated and inconsistent to have occurred.
2. Any imaginary dialogue or story plot wound around the play, such as: He guards the opening. He's asleep. He doesn't know they're after him. I'm taking them to the army.

E. Definite decisions.
(I'm going to build a bridge. I said I'd do it and I did. Just way I wanted. Did it.)

F. Inconsistencies, confusion, indecision, and doubt.
(My mother has two children, no, one. My brother is half my age and he's much taller. My sister's birthday was the day before mine last year but mine is before hers this year. I'm not sure what I should do. I wonder if this will work.)

G. Exploring the limits of the playroom.
(Can I take this home? Can I get water? Can I paint this? I'm going to take this. One second. I can stay longer.)

H. Attempting to shift responsibility to the therapist.
(What should I do next? Is this deep enough? Is this good? Do you like this?)
I. Evidence of interest in the counselor.
(Were you here yesterday? What do you do? How are you? Can I trust you? Have you read such and such a book?)

J. Attempting to establish a relationship with the counselor.
(Guess. Bet you can't guess. What's this? Look at that. See. Do you know what I'm going to do? Want to see how cars crash? Will you help me? You do this and I'll do that.)

K. Negative statements about the self.
(I'm dumb. I'm afraid. I never win.)

L. Positive statements about the self.
(I'm good in school. I can do that. I play marbles best. I'll win it back.)

M. Negative statements about the family, school, things made or present in the playroom, the situation, activities, etc.
(Is there going to be new sand? I wish this was bigger. I don't like my sister. I wish I had more toys at home.)

N. Positive statements about the family, school, things made or present in the playroom, the situation, activities, etc.
(I like it here. This doll is so pretty. We just got a wonderful new puppy at home.)

O. Straight information and stories about the family, school, pets, teacher, self, etc.
(We have a big house. I went to the park yesterday. I have a sister. I was waiting for you. I thought you were my mother.)

P. Asking for information.
(Do birds have ears? Where is the paint? How does this work?)

Q. Questions or comments pertaining to time during the interview.
(How much longer do we have? I bet there are fifteen minutes left. Do I have time to play?)

R. Exclamations.
(Here we go again! Hey! Darn! Oh! Crazy! Ahhh!)

S. Unclassifiable.
(Yes, I mean yes. OK. Hello. Goodbye. Excuse me. Any answer to a question or a pure repetition of counselor's words.)
T. Insightful statements revealing self-understanding.
   (When I worried it made me steal, I wasn't loud but I was mean.)

U. Ambivalent statements.
   (I'm scared in here but I like to come here. I'd like to paint now and blow bubbles too.)

V. Sound effects.
   (Vocalizations which are not speech. Such noises as clucking, siren, machine gun, explosion, airplane, etc.)

W. Mumbling or talking to self in a voice too low to be heard.
   (Statements which cannot be heard and which the child does not direct to the therapist.)
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