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## CHAPTER FOUR

### PLAY TECHNIQUES WITHIN THE FRAMEWORK OF PLAY THERAPY

#### 4.1 INTRODUCTION

According to the article Play Therapy (2006a), “play is the method that children use to communicate and process their world”. Play is thus an essential part of a child’s world, because it is the means by which the child learns and copes within his/her environment.

As mentioned in Chapter 1, the goal of this study is to develop a play *technique* programme, as opposed to a play *therapy* programme for autistic children in middle childhood. The reason for this is that the researcher aims to develop a programme that can be used widely within the autism field, and not only by qualified play therapists. It is therefore necessary to focus on appropriate play techniques, rather than play therapy as the means of attempting to assist autistic children. Play techniques can be considered the mechanisms or methods used within the field of play therapy, in order to assist a child within the therapy process (Oaklander, 1988: 10).

In this chapter the researcher will focus on play techniques within the framework of play therapy, specifically focusing on the play techniques relevant for autistic children. The previous two chapters have focused on autism as a phenomenon; autism in middle childhood; and the impact of autism on the family. In order to attain the goal of the study, namely the development of a play technique programme for autistic children, it is necessary to discuss the play techniques that will be focused on.



The researcher was not able to identify a play technique programmes for autistic children that have been documented up to now. The researcher could identify a few incidences of play therapy being done with autistic children. Josefi and Ryan (2004) documented their case study of a six-year-old boy, titled "Non-directive Play Therapy for Young Children with Autism". Kenny and Winick (2000) documented a study with an autistic girl aged 11, titled "An Integrative Approach to play therapy with an autistic girl". Another study was done by Hess (2006) titled "I would like to play but I don't know how: a case study of pretend play in autism". Lowery (1985) completed a study titled "Autistic aloofness reconsidered: a case report of two children in play therapy". All these studies were done with one or two children, diagnosed on the autism spectrum, rather than a group of children. The researcher was also able to identify studies completed with high-functioning autistic children, such as the study done by Bromfield in 1989 and in 2000 ("Psychodynamic play therapy with a high-functioning autistic child" and "It's the tortoise race: long-term psychodynamic psychotherapy with a high-functioning autistic adolescent"). As noted, these studies were completed specifically with a high-functioning autistic child. The researcher was also able to identify research within other fields of play therapy, such as the study completed by Rinquist (2005) in which animal assisted play therapy was used to assist autistic children in communicating and socializing. Garry Landreth (2001) published a book titled "Innovations in Play Therapy: Issues, Process, and Special Populations" in which a section focuses on play therapy with special populations, such as autistic children. Hellendoorn (1986) also completed a study titled "Play-Play Therapy-Play Research, focusing specifically on research into play therapy as treatment/therapy. In addition to these studies, the researcher is also aware of play therapy being done with autistic children on a regular basis at various centers within South Africa and internationally. However, at this stage, the researcher was not able to identify any specific structured programme that had been developed, using play techniques with autistic children, which are available to the autism field. This highlights the necessity for a study such as this one.



With a good understanding of what autism is, particularly within the middle childhood phase, it is now necessary to look at the nature and content of play therapy, in order to understand the benefits and use of specific play techniques within the play therapy framework.

The aim of this study is to develop a play technique programme for autistic children, as opposed to a play therapy programme. However, in order to get a clear understanding of the various applicable play techniques that will be focused on in this study, it is necessary to put them into context within the play therapy framework. It is also necessary to focus on the play therapy framework when developing the specific play technique programme that will be used in this study, in order to ensure that the programme is structured on a scientific basis. Play therapy will therefore be discussed in the following sections.

## **4.2 THE NATURE AND CONTENT OF PLAY THERAPY**

Play, according to Axline (1974: 9), is a “child’s natural medium of self-expression”. Axline (1974: 1) also writes “there is frankness, and honesty, and vividness in the way children state themselves in a play situation”. Play Therapy UK (2006) defines play as “a physical or mental leisure activity ... it assists in learning and self-development, involving individuals or groups, either spontaneously or part of a planned activity”. Play Therapy (2006b) states that play is “the child’s natural means of expression”. Wikipedia (2006) comments that play is “an unrestrained, amusing interaction with people, animals, or things, often in the context of learning”.

Gaining an understanding of play through the above definitions leads the researcher to the belief that play can fulfill many roles for a child. It can aid in learning and development, on a physical, mental and emotional level. It aids in



the development of relationships and bonds with other individuals and it allows a child to express him/herself freely.

The researcher is of the opinion that play is a very beneficial way to get in contact with children and specifically autistic children, as it is also an autistic child's natural means of communication. In some instances with autistic children, play may be their only means of communication. Play is thus the medium, element or focus in the context of play therapy. But what is the true meaning of play therapy?

What is Play Therapy? (2003a) defines play therapy as therapy that "helps children work through emotional and behavioural issues and helps address a type of mental health or developmental intervention which is designed to help children grow up as happy and well adjusted as possible".

Adding to these descriptions the article, Play Therapy (2006c), defines the concept play therapy as follows: "It is a technique whereby the child's natural means of expression, namely play, is used as a therapeutic method to assist him/her in coping with emotional stress or trauma".

The American Association for Play Therapy (2007) defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development". Axline (in What is Play Therapy? 2003a) elaborates on play therapy in the following way:

Based upon the fact that play is the child's natural medium of self-expression, play therapy is an opportunity that is given to the child to "play out" his feelings and problems just as in certain types of adult therapy where an individual "talks out" his difficulties.



Schoeman and Van der Merwe (1996: 3–5) consider play therapy to be the use of play to assist children, in therapy, in dealing with their particular problem/s. This involves the use of various play materials and the therapist being in tune with the needs of each unique child.

Play therapy, according to the researcher, is based on the principle that play is the main medium of communication for a child, which can be seen in the above definitions. Through the use of play, the child is able to communicate to the therapist what he/she has experienced, what the resulting feeling of the experience is and how the feelings can be resolved.

Play therapy, according to What is Play Therapy? (2003b) "takes place in a playroom, especially designed, decorated, and furnished with toys and equipment children need to use as tools for the dramatic scenes they direct for the therapist".

Play therapy uses a variety of play and creative techniques to alleviate chronic, mild and moderate psychological and emotional conditions in children who are experiencing behavioural problems and/or are preventing children from realizing their potential (Play Therapy UK, 2006). The play material may include the following (Play Therapy, 2006b):

- Manipulatives (e.g. clay, crayons, painting supplies)
- Water and sand play containers
- Toy kitchen appliances, utensils, and pans
- Baby items (e.g. bottles, bibs, rattles)
- Toy guns, rubber knives
- Toy cars, boats, soldiers, and animals
- Blocks, erector sets
- Stuffed animals



Play therapy can be used to "address specific problems and to facilitate positive developmental progress" (Why Play Therapy? 2003b). The article, Play therapy (2006a), commented further on this, stating that play therapy is helpful for children who have experienced/are experiencing the following:

- Dealing with parental conflict, separation or divorce;
- Have been traumatized (sexual, physical or emotional abuse);
- Have been adopted or are in foster care;
- Dealing with issues of loss, such as illness or death of a loved one;
- Have been hospitalized;
- Have witnessed domestic violence;
- Suffering from a disability of some kind, either physical or emotional;
- Diagnosed with Attention Deficit Disorder (ADD/ADHD) ; and/or
- Have experienced serious accidents or disasters.

Elaborating on the above list, Play Therapy UK (2006) considers that play therapy is appropriate for children experiencing the following problems:

- He/she is not realizing his/her full potential – academically or socially
- Has nightmares or disturbed sleep
- Is at risk of being/is excluded from school
- Has suffered trauma
- Has suffered emotional, physical or sexual abuse
- Is (or is in the process of being) adopted or fostered
- Suffers because of separated/divorced parents
- Suffers from anxiety, stress or phobias
- Has suffered a loss or bereavement of any kind
- Is withdrawn or continually unhappy
- Is ill, disabled, or autistic
- Finds it difficult to make friends



- Quarrels frequently with peers or siblings
- Bullies others or is bullied him/herself
- Displays inappropriate behaviour
- Does not play

The researcher is of the opinion that an autistic individual will fit into some of the above categories, specifically under an individual suffering from a disability of some kind, in this case the diagnosis on the autism spectrum with all its characteristics.

The article *Play Therapy and its Assumptions* (2003) states that there are various underlying assumptions to play therapy. These include that play is revealing on many levels; intervention in the 'play world' generalizes to other life arenas; play therapy changes the child client by offering new understanding and greater awareness; the use of the child's language (play) to discuss needs and events relevant to the child, is essential; and there is motivation within the child to change. The researcher highlights the importance that some of these assumptions may be challenged when working with autistic children, such as discussing needs or offering new understandings.

Oaklander (1988: 53–56) gives the following guidelines in conducting the process of play therapy, and although she is specifically focusing on the technique of drawing in this section, the guidelines are also applicable to other techniques within play therapy. These techniques are aimed mainly at professional individuals and will therefore not be easily understood by a layperson. However, these guidelines are important for giving an appropriate theoretical framework of play therapy and are therefore included. The guidelines for conducting the process of play therapy include the following:



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- Motivate the child to share with you (the therapist) the experience he had, whilst drawing, focusing on the very feelings which were present when he was busy with his creation. How did he approach the task and how did he complete it? This in fact is a process in which the child shares part of himself.
  - Let the child share the drawing (activity) with you. Let him describe the drawing in his own words. This is further a manner in which the child shares himself.
  - The child is now motivated to expand on a deeper level as he expands on different parts of the drawing. Certain parts must be explained, such as the forms, colours, depiction, objects and people.
  - Ask the child to describe the picture as if he himself is in the picture. Use the personal pronoun 'I'.
  - Select specific objects in the picture with which the child should identify.
  - If you deem it necessary to help the process, questions may now be asked. This step creates the opportunity to 'move into the picture'. It creates an opportunity for involvement.
  - Focus the child's attention on the sharpening of awareness, by lifting out certain section of the picture and by over-accentuating it. Encourage the child to stick to this part as long as it is necessary. Encouraging questions may also be required. You may also supply your own answers and ask the child whether he agrees.
  - Get the child to have a pretend conversation between two parts of the picture.
  - Encourage the child to make a definite decision as to the colour he is going to use.
  - Be alert to 'meaning' in the child's voice, posture, facial expression, breathing and silences: these may mean that he is busy sorting something out, that he is thinking, remembering, regressing, is experiencing anxiety



and fear, or merely that he is aware of something. Use these clues to facilitate your work.

- Pay a lot of attention to identification. Help the child to own his creation.
- Make a connection between the picture and the child's own experiences.
- Now look for the missing parts of the picture and draw the child's attention to them.
- Stay with the child's presentation, his 'foreground'. The therapist may also share something of his own feelings.

Again, the researcher points out that the focus is on the specific medium of drawing, but it can be used with all the mediums of play therapy. Through following these basic guidelines, the researcher is of the view that play therapy could have a positive benefit for the child.

In this regard, Play Therapy (2006c) lists the following as benefits of play therapy:

- Reduces anxiety about traumatic events in the child's life;
- Facilitates a child's expression of feeling;
- Promotes self-confidence and a sense of competence;
- Develops a sense of trust in self and others;
- Defines healthy and comfortable boundaries;
- Creates or enhances bonding in relationships; and
- Enhances creativity and playfulness.

As previously mentioned, within this study the focus will not be on play therapy per se, but rather on the use of the various play techniques with autistic children. In play therapy and the various techniques there are however areas that the researcher feels are inappropriate for working with autistic children. Therefore, the researcher, through conducting this study, will aim to select the appropriate techniques for use with autistic children.



When looking at the history of play therapy, it is clear that play, play techniques and eventually play therapy, or the process thereof, has been in the minds and actions of various professionals and individuals. The following references verify this (Play Therapy, 2006b):

- 1903:** Sigmund Freud outlines the stages of childhood instinctual developments
- 1909:** Freud first applies psychotherapy with children
- 1913:** Hug Hellmuth interprets play in terms of Freud's drive theory
- 1925:** Anna Freud uses play to better understand her child patients
- 1927:** Advocacy for High School 'counsellors' to aid healthy developments
- 1930:** Goodenought developed the 'Draw-A-Man' test for assessments
- 1933:** Levy introduces the 'Experimental Play' method
- 1934:** Fred Allen and R. Rogeson begin non-interpretive play methods
- 1937:** Melanie Klein uses interpretations in play therapy
- 1938:** Strong advocacy for the use of play in the growing Child Guidance Field
  
- 1940:** Carl Rogers 'Client Centered Play Therapy'
- 1944:** Sand play (Sand table) therapy
- 1954:** Erikson's 'Eight Ages of Man' offers a broad epigenetic outline of tasks that address adaptation to external events
- 1955:** Hambridge 'Specific situations' instructing the child to enact specific events through play
- 1957:** Levitt's review suggests child therapy is ineffective
- 1960s:** Frits Redl writes pioneering work about treating children in residential placement
- 1961:** Ginott advocates widespread use of play
- 1962:** Piaget examines children's cognitive development, defines cognitive age spans
- 1964:** Winnicott develops the 'Squiggle Technique'
- 1971:** Gardener develops the 'Mutual Storytelling Technique'



**1971:** Davidson involves mothers directly in play therapy

**1972:** Woltman uses hand puppets in play therapy

**1980s:** Levine and Proskauer develop Brief and Time Limited models of play therapy.

**1990s:** Tremendous growth in books, games and charts linked to play therapy

**1992:** Standardized training in play therapy begins

This time line shows that play therapy has been in the minds of professionals and individuals for a long period of time.

Within play therapy there are various theoretical approaches that can be focused on. In this research the focus will be on the gestalt approach. As Yontef (1993: 129) comments, "Gestalt Therapy focuses more on process (what is happening), than content (what is being discussed). The researcher is of the opinion that when working with autistic children it will be more beneficial to use the gestalt approach, due to the fact that the focus is on the process and not the content.

In the following section the focus will be on the gestalt approach, as this is the theoretical framework for this particular study.

### **4.3 GESTALT APPROACH TO PLAY THERAPY**

The gestalt approach refers to the concept of gestalt, which is defined by Thompson and Rudolph (2000: 163) as "a form, a configuration or a totality that has, as a unified whole, properties that cannot be derived by summation from the parts and their relationship. It may refer to physical structures, to physiological and psychological functions, or to symbolic units". Carroll and Oaklander (in O'Connor & Braverman, 1997: 184) state that "gestalt therapy is a humanistic, process-oriented form of therapy that is concerned with the integrated functioning of all aspects of the person: senses, body, emotions, and intellect".



The goal of gestalt is defined as “to know who they (the clients) really are by clarifying those parts of themselves that they have carefully hidden from awareness. To become aware of what they are doing, how they are doing it and how they can change themselves and to learn to accept and value themselves” (Thompson & Rudolph, 2000: 163).

Yontef (1993: 129) commented that gestalt therapy focuses more on “process (what is happening) than content (what is being discussed). The emphasis is on what is being done, thought and felt at the moment rather than on what might be, could be, or should be”. Carroll and Oaklander (in O’Connor & Braverman, 1997: 189) comment that “the purpose of treatment is to restore the alive, graceful functioning that places a child once again on her rightful path of growth”.

By looking at the above definitions one can get the understanding that the gestalt approach focuses on the whole process of the therapy experience, rather than the specific parts/content that takes place within the therapy experience. The researcher is of the opinion that this approach is appropriate for working with autistic children as one will need to look at the whole process to see the impact of the therapy, rather than the specific events or experiences.

Fritz Perls and his wife Laura founded gestalt therapy in the 1940s. Walter (2000: 47) emphasizes that Perls was not the incarnation of gestalt theory pure and simple, but he had impressed so many people in his concrete work with them that it (gestalt) spread. The movement originated in Germany and later spread to the United States and other countries (Walter, 2000: 48).

Much of Perls’s doctrine is summarized in his famous gestalt prayer as quoted by Thompson and Rudolph (2000: 165):

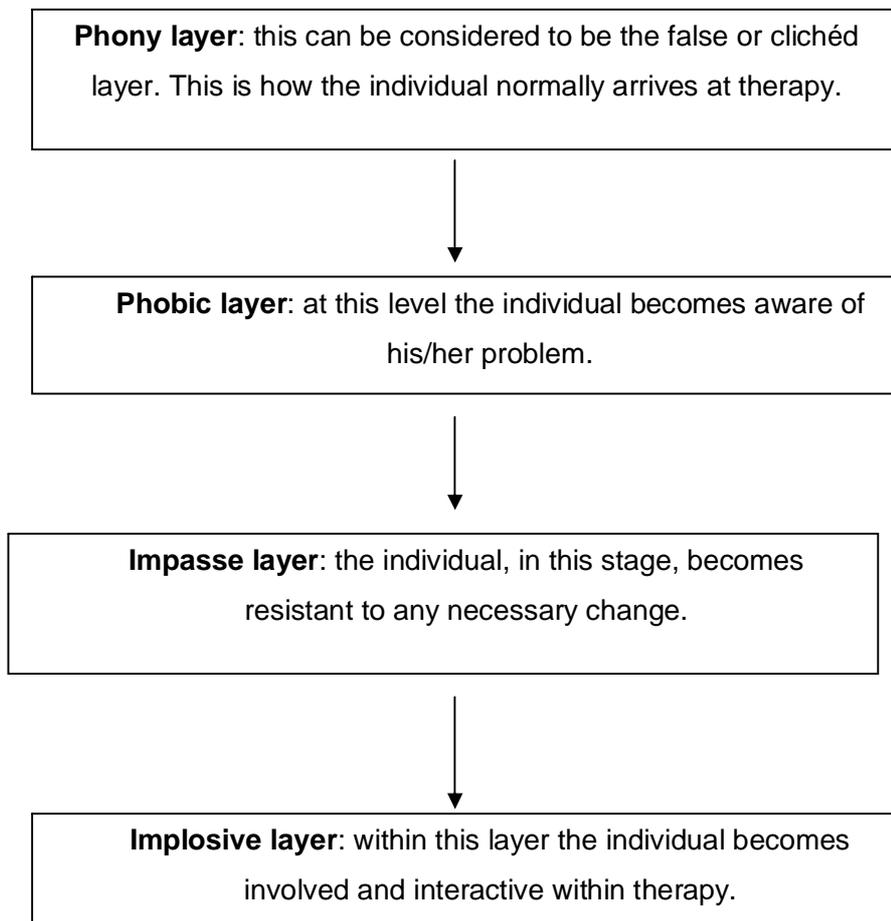
*I do my thing and you do your thing.  
I am not in this world to live up to your expectations,  
And you are not in this world to live up to mine.*



*You are you and I am I.  
And if by chance we find each other, it's beautiful.  
If not, it can't be helped.*

The above quotation seems to suggest that the goal of gestalt therapy is to know who he/she (the individual child) really is by clarifying those parts of him/herself that he/she carefully hides from his/her awareness. The researcher also needs to become aware of what he/she is doing, how he/she is doing it and how he/she can change him/herself and learn to accept and value him/herself, and have honesty and purity in him/herself.

Thompson and Rudolph (2000: 166–167) note that Perls based the counselling stages of gestalt therapy on five neurotic layers or stages, which he considered to be the basis of all human thinking. Diagram 3 outlines these neurotic layers:





**Explosive layer:** this is the final layer, when the individual comes in contact with self, and change begins to take place.

### Diagram 3: Five Neurotic Layers

When assuming the role of the therapist within gestalt therapy, the therapist's function is to "facilitate the client's awareness in the 'now'". The gestalt therapist can be considered an aggressive therapist who frustrates the client's attempts to deny an awareness of the here and now. The focus remains on the immediate present (Thompson & Rudolph, 2000: 167).

Within the gestalt framework there are various techniques/mediums that can be used. These techniques may include the use of music to encourage particular feelings or the use of musical instruments to express feelings. This would take place in the form of both introducing a particular type of music and then discussing with the child what he/she feels when hearing the music, as well as encouraging the child to play along with various instruments. The researcher is of the opinion that this could also be effective with an autistic child: even though he/she may not be able to communicate what he/she is feeling, one would be able to observe his/her non-verbal reactions to the music. When using musical instruments to express feelings, the child would simply be encouraged to express what he/she is feeling by playing an instrument. As Dancer (2003) stated, autistic children respond incredibly well to drumming: this allows them the opportunity to express their frustration and simply be free. One may also use art activities, as well as one's tone of voice or body movement, as well as various relaxation techniques/activities.



The researcher is of the opinion that within gestalt there are many more techniques and activities that the therapist could use with a child, but the researcher has simply highlighted a few of the more prominent ones, focusing on the techniques which can be considered appropriate for autistic children. The researcher is of the opinion that the gestalt approach to play therapy could be considered a highly effective manner of conducting therapy with a child.

However, it is important to highlight the fact that these techniques have not been recorded to have been done with autistic children up until this stage, and therefore it would be necessary to change and adapt the techniques where necessary.

In the following section the focus will be on projection within play therapy. Again the researcher feels that it is important to note that projection may not be appropriate with autistic children, but it is important to focus on it due to its vital presence within the play therapy process.

#### **4.4 PROJECTION IN PLAY THERAPY**

When looking at the theoretical framework of play therapy, in order to get a better understanding of the techniques that will be used in this study, it is important to focus on projection. Projection is not an appropriate method/medium with the specific target group of this study, namely autistic children, given the fact that the goal of the study is not focusing on interpreting social behaviour but rather on improving/enhancing the social behaviour. However, it is an important aspect of the play therapy framework.

Projection is defined by Schoeman (1996: 64–65) as “imagining that our own (unwanted) feelings belong to someone else” and projection may serve “various objectives for the child, such as giving the child space to sort out the expectations



with which the world confronts him/her and to help a child dispel that which he/she cannot yet handle”.

The researcher has included this section in this study because projection is such a vital element of play therapy. However, when working with autistic children, the researcher must explore whether projection will be applicable or not, given the challenges and difficulties that the child may face. However, the researcher is still of the belief that it is important to focus on this topic in order to gain a good understanding of play therapy and therefore play techniques.

Thompson and Rudolph (2000: 73) defined projection as the following:

When children sense within their own personality a motive of which they are ashamed or which they fear, they may not admit its existence consciously to themselves, but instead may constantly see the motive in other people, attributing to others those unacceptable acts and feelings that their own id urges them to express.

Polser (in Schoeman, 1996: 65) defined projection as “the development of artistic and creative qualities but at the same time it is a primitive defense mechanism, used when one cannot accept his/her feelings and actions because one should not feel or act that way”.

Schoeman (1996a: 70) stated the following reasons for the use of projection:

- To get rid of certain feelings or to want to own the feelings. This is not only because of unfinished business but also a result of the fact that the child finds the feeling acceptable and therefore wants to own it;
- Often a child will want to try something out but is afraid and therefore gives the characteristic to someone else. If it is acceptable to the other person/people, then the child will act on or own the feeling/s; and/or
- A child may use projection as a method of escape.



Schoeman (1996: 65) postulated the following:

The basic principle underlying this technique is that the child must use natural media to communicate his responses, in cases where he would otherwise find it difficult to respond. The child organizes the material in terms of his own perceptions, motivations and attitudes to adapt to his own uniqueness. He uses the familiar and reformulates situations to suit him.

Projection, within play therapy, serves various purposes, which have been summarized by Schoeman (1996: 67–70). Firstly, it is important that projection takes place in the here and now, as it is much easier for a child to express and deal with things that are affecting him/her now. Secondly, projection can be used to stimulate self-growth. Finally, projection can be used to solve unfinished business.

There are various ways in which one can use projection within play therapy. These include the following:

- **Sand play:** this involves, according to Van Dyk (2000: 2), allowing the play-maker to experience a new learning process of picture making that is satisfying for the individual, providing a physical outlet of energy.
- **Water play:** Schaefer and Cangelosi (1993: 126–127) stated that through water, a child might develop a feeling of mastery and liberation, which allows a feeling of satisfaction.
- **Puppets:** Oaklander (1988: 104) wrote that “it is often easier for a child to talk through a puppet than it is to say directly what he finds difficult to express.”
- **Clay:** Oaklander (1988: 67) stated that through the use of clay those who are insecure and fearful could feel a sense of control and mastery, and clay can be considered the most graphic of media, allowing the therapist to observe the process of the child.



- **Art:** Kaduson and Schaefer (1997: 55) stated that “most children enjoy drawing and will find it less threatening than talking about an upsetting experience or loss, which is likely experienced as overwhelming and extremely confusing”.
- **Bibliotherapy:** Van der Merwe (1996: 109) considered various advantages to bibliotherapy, such as a development of insight, verbalization of problems, a result of clearer perspective and teaching the child a language through which feelings can be verbalized.
- **Drama/role play:** Mellou (1994: 77) defined dramatic play as “play that occurs when a child, or children, by means of interacting with the environment, adopt roles and use make-believe transformations to act out stories, real or imaginary, and create new stories as well”.
- **Music:** Oaklander (1988: 115) stated that “music and rhythmic beat are ancient forms of communication and expression ... [and they] fit in nicely with therapeutic work with children”.

All the above techniques can be used to encourage projection in the child, in order to assist the child in dealing with his/her problem. These techniques will be focused on again later in this chapter, specifically in relation to the use of these techniques with autistic children. The focus will then also be on how these techniques will be adapted in order for them to be used with an autistic child.

The researcher is of the opinion that the use of play techniques with autistic children, within the gestalt framework, could be highly beneficial but also a challenging endeavour. The focus in this chapter will now be on the various play techniques within play therapy.

#### 4.5 PLAY TECHNIQUES WITHIN PLAY THERAPY

Within play therapy there are various techniques that can be used. As previously mentioned, the researcher will focus on specific techniques that will be used with



autistic children, but feels that it is beneficial to mention several of the play techniques, in order to give an accurate account of the techniques.

Oaklander (1988: 160) states that "playing is how the child tries out his world and learns about his world, and it is therefore essential to his healthy development". She goes on to state that "play, for a child, is serious, purposeful business through which he develops mentally, physically, and socially ... play is the child's form of self-therapy, through which confusions, anxieties, and conflicts are often worked through" (Oaklander, 1988: 160).

Play Therapy UK (2006) states that it is necessary that a therapist should:

- Develop a warm and friendly relationship with the child
- Accept the child as she or he is
- Establish a feeling of permission in the relationship so that the child feels free to express his or her feelings completely
- Be alert to recognize the feelings the child is expressing and reflect these feelings back in such a manner that the child gains insight into his/her behaviour
- Maintain a deep respect for the child's ability to solve his/her problems and give the child the opportunity to do so. The responsibility to make choices and to institute change is the child's
- Not hurry the therapy along. It is a gradual process and must be recognized as such by the therapist.

The researcher is of the view that this highlights the necessary characteristics of a therapist, namely respect, compassion, a non-judgmental attitude and a general care for and understanding of children. The researcher is also of the opinion that the last comment, namely not to hurry the therapy along, will be important in working with autistic children, given that it could possibly take longer to develop the therapeutic relationship and give the child the opportunity to work with the therapeutic tools.



Various authors comment on the many play techniques. Within this section the researcher will focus on the literature provided by Oaklander (1988), Thompson and Rudolph (2000) Axline (1974) as well as Schoeman and Van der Merwe (1996), as these different authors offer a useful overview of the large spectrum of play techniques.

The researcher feels that it is important to note at this stage that two of the authors, namely Oaklander and Axline, can be considered to be older reference material. However, according to the researcher, these two authors can be considered vital to the field of play therapy and therefore need to be included.

The play techniques include the following.

- **Fantasy:** Oaklander (1988: 11) comments that "through fantasy we can have fun with the child and we can also find out what a child's process is. Usually her fantasy process (how she does things and moves around in her fantasy world) is the same as her life process". Schoeman (1996: 85) states that "fantasy forms a central part of the child's development". Oaklander (1988: 12) comments that "we can look into the inner realms of the child's being through fantasy".
- **Relaxation play:** Van der Merwe (1996: 77) comments that relaxation play "is mostly directed towards the attainment of process goals, namely, to prepare the child for the helping process by attaining the correct level of tension so as to ensure that he finds the helping process worthwhile". Relaxation play may include the use of music, puzzles, games, trips and outings and/or pets and animals getting involved in the process (Van der Merwe, 1996: 78–82).
- **Drawing and Fantasy:** Oaklander (1988: 21) states that when drawing/painting with a child, the child will again use his/her imagination and/or fantasy. Van der Merwe (1996: 138) comments that drawing "can be relaxing and can therefore create the correct atmosphere for further



- therapy". In drawing there are various specific activities that can be used, according to Oaklander (1988: 21–52), such as The Rosebush; The Squiggle; Family drawings; Anger pictures; Group drawing; Free drawing; painting and various others.
- **Biblio-play:** Van der Merwe (1996: 108) writes that "biblio-play is a form of play using books, reading, the written word and audio-visual media". Thompson and Rudolph (2000: 85) define biblio-therapy as "reading and discussing books about situations and children similar to themselves, in order to help the client in several ways". The advantages of biblio-play may include the development of insight for a child; verbalization of problems is encouraged; it can serve as an indirect communication medium between therapist and client; it provides alternative problem-solving mechanism; and/or it may offer possibilities for new positive behaviour patterns.
  - **Making Things:** This technique includes the use of clay; play dough; water; sculpture and construction; wood and tools; collages; pictures in books and magazines; and tarot cards (Oaklander, 1988: 67–84). Van der Merwe (1996: 139) states that making things "is a way of gaining information concerning the child's world and it offers the child the opportunity for examination and release of feelings".
  - **Storytelling, Poetry and Puppets:** The use of stories in therapy involves making up stories to tell children; the children making up stories; reading stories from books; writing stories; dictating stories; using things to stimulate stories such as pictures, projective tests, puppets, the sand tray; and using props and aids such as a tape recorder, video tape, walkie-talkie, toy microphone, or an imaginary TV set (Oaklander, 1988: 85). Thompson and Rudolph (2000: 86) consider storytelling to "assist children in understanding their own thoughts and feelings, and to communicate meaningful insights, values, and standards of behaviour to children".
  - **Assessment play:** Van der Merwe (1996: 98) considers various mediums to be used as assessment techniques, including board games, line



- drawing and picture completion, ecomaps and assessment forms. This will take place "before the change-orientated phase of therapy in order to assess certain aspects" (Van der Merwe, 1996: 98).
- **Sensory Experience:** Oaklander (1988: 109) states that through the various play techniques a therapist is attempting to "give the child experiences that will bring her back to herself, experiences that will renew and strengthen her awareness of that basic senses that an infant discovers and flourishes in: sight, sound, touch, taste, and smell". Activities can involve using clay; finger paints; sand; drawing; listening and discussing sounds; music; taste testing; smelling different things; using body movement; and/or discussing feelings through books, magazine or experiences (Oaklander, 1988: 109–135).
  - **Enactment:** Oaklander (1988: 137) writes that "play acting helps children get closer to themselves by them getting permission to go out of themselves". Van der Merwe (1996: 128) considers the advantages of enactment to include giving the child the opportunity to release his/her emotions while feeling less threatened as well as providing a special means of communication between therapist and child client. Enactment can involve various mediums, such as the empty chair; dreams; characterization; pantomiming situations; and/or polarities (Oaklander, 1988: 137–158).
  - **The sand tray:** Oaklander (1988: 166) comments that "sand is a marvelous medium for working with children of every age". Louwenfeld, in Oaklander (1988: 166), mentions the values of the sand tray, stating "sand lends itself to the demonstration of a large variety of fantasies".
  - **Play materials:** Axline (1974: 54) considers the following to be useful play materials: a doll family and house; toy soldiers and army equipment; toy animals; playhouse materials; dolls; puppets; crayons, clay and paint; sand; water; toy guns; cars; toy telephone; paper and old newspaper; magazines; books; and board games.



All these above techniques are methods and means used within the play therapy process, as can be seen from the writings of the various authors. However, in the researcher's opinion not all these techniques would be appropriate for children diagnosed with autism, owing to the characteristics of autism. In the following section the focus will be on the techniques which could possibly be appropriate for working with autistic children, from the point of view of the researcher.

#### **4.6 AUTISTIC CHILDREN AND PLAY TECHNIQUES**

Given that autistic children respond to all situations and circumstances differently from children not diagnosed with the disorder, an autistic child is likely to respond differently to the various play techniques. Therefore, the researcher is of the opinion that only specific techniques can be considered for therapy with autistic children.

These techniques, for the purpose of this study, will include fantasy techniques; relaxation play; drawing; biblio-play; making things; and sensory experiences. The researcher has chosen these techniques based on her knowledge and understanding of autistic children, both through literature and professional experience. The researcher is of the opinion that these can be considered appropriate techniques for autistic children. These techniques will be incorporated in the six phases that will be held with the individual autistic children (the respondents) at The Key School for Specialized Education. The content of the specific phases will be focused on in Chapter 5.

However, as the Autism Checklist (2006) states, "autism is not just one disorder with a well defined set of symptoms; autism is a broad spectrum of disorders, which ranges from mild to severe". Therefore the researcher feels that it is important to note that each individual child will have different capabilities according to the severity of his/her autism and therefore the techniques will need to be adjusted, as described in the following section.



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#### 4.5.1. Fantasy

Oaklander (1988: 12) comments that "we can look into the inner realms of the child's being through fantasy". Schoeman (1996: 85) states that "fantasy forms a central part of the child's development".

Therefore, according to the researcher, fantasy can be used to gain a better understanding of a child's world and feelings in order to encourage further development in the child.

The International Child and Youth Care Network (2006) comments that "all people with this disability (autism) are affected by a triad of impairment, which manifests in the following areas of development: language and communication; social interaction and imagination".

The researcher believes that this comment is particularly important given the impairment noted with an autistic child's imagination. This will have a direct impact on an autistic child's ability to engage in fantasy play.

However, as Oaklander (1988: 12) states, "children manufacture a fantasy world because they find their real world difficult to live in"; this, of course, is even more the case with an autistic child. The reason for this is that an autistic child may be frustrated within his/her own circumstances and will therefore create a fantasy world. The challenge could be linked to the autistic child's ability to communicate his/her fantasy world and experiences, rather than a lack of fantasy experience.

Fantasy play with autistic children may include the use of stories, music as well as the various other play mediums, such as dolls, play dough and paint, drawing and puppets.



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#### **4.5.2. Relaxation play**

Van der Merwe (1996: 77) comments that relaxation play "is mostly directed towards the attainment of process goals, namely, to prepare the child for the helping process by attaining the correct level of tension so as to ensure that he finds the helping process worthwhile".

The researcher is of the opinion that relaxation play can be considered a vital part of the process of working with children, given that a child will need to feel relaxed and comfortable to be able to make changes and progress within him/herself.

Robledo and Ham-Kucharski (2005: 27–42) consider the following to be some of the manifestations of autism: lack of eye contact; inability to read/recognize facial expressions; inappropriate play; increased aggression towards other or him/herself; and unusual behaviour such as echolalia, 'stimming' and perseveration.

This comment brings to one's attention that an autistic child may battle with relaxation. Therefore, the researcher will have to focus a great deal on relaxation play, all throughout the process, allowing the child extra time to relax.

Relaxation play may include the use of music, puzzles, games, drawing and/or books (Van der Merwe, 1996: 78–82).

#### **4.5.3. Drawing**

Van der Merwe (1996: 138) comments that drawing "can be relaxing and can therefore create the correct atmosphere for further therapy".



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The National Alliance for Autism Research (2006) states that autism is “a complex brain disorder that often inhibits a person’s ability to communicate, respond to surroundings and form relationships with others”.

From the researcher’s point of view, drawing has the potential to be an appropriate technique to use with autistic children, as a means of communication, replacing verbal communication.

In drawing there are various activities that can be used, according to Oaklander (1988: 21–52), such as the rosebush; the squiggle; family drawings; anger pictures; group drawing; free drawing; and painting.

#### **4.5.4. Biblio-play**

Van der Merwe (1996: 108) writes that "biblio-play is a form of play using books, reading, the written word and audio-visual media". Thompson and Rudolph (2000: 85) define biblio-therapy as "reading and discussing books about situations and children similar to themselves (the client), in order to help him/her in several ways". This could be an appropriate technique with autistic children, in order to encourage recognition of similar circumstances, and if possible, discussions regarding these situations to encourage positive changes in behaviour. This technique can also be used as an alternative means of communication for the autistic child, again focusing on non-verbal communication rather than verbal communication.

The Autism Checklist (2006) states that “autism affects thought, perception and attention” and the researcher is of the opinion that this could have an impact on the use of biblio-play, given the possibility of an autistic child battling with concentration. However, the researcher will use all the techniques for short periods of time and will attempt always to be in tune with the child.



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#### **4.5.5. Making things**

Van der Merwe (1996: 139) states that making things "is a way of gaining information concerning the child's world and it offers the child the opportunity for examination and release of feelings".

This technique includes the use of clay; play dough; water; sculpture and construction; wood and tools; collages; pictures in books and magazines; and tarot cards (Oaklander, 1988: 67–84).

The researcher is of the opinion that this technique could be beneficial with an autistic child, as it will allow him/her to express him/herself without verbal language. It can also be a good opportunity to release frustration, which in the researcher's opinion, is something that many autistic children battle with. This can be noted in the comment made by Williams (1996: 1) when describing autism as "one bucket with several different jigsaws in it, all jumbled together and all missing a few pieces each but with a few extra pieces that didn't belong to any of these jigsaws".

#### **4.5.6. Sensory experiences**

Oaklander (1988: 109) states that through the play techniques of sensory experiences, a therapist is attempting to "give the child experiences that will bring her back to herself, experiences that will renew and strengthen her awareness of that basic senses that an infant discovers and flourishes in: sight, sound, touch, taste, and smell".

Williams (1996: 8–9) considers autism to include certain 'bizarre' behaviour/s; 'bizarre' responses to sensory stimuli; and impairment in the use of imaginary play.



The researcher is of the opinion that an autistic child is likely to respond dramatically to sensory input, as commented by Williams in the above statement, and therefore it is likely to be effective. However, this will need to be guided with care in order to avoid a sensory overload, which will cause further frustration for the child.

Activities within this technique can involve using clay; finger paints; sand; drawing; listening and discussing sounds; music; taste testing; smelling different things; using body movement; and/or discussing feelings through books, magazine or experiences (Oaklander, 1988: 109–135).

The use of all the above techniques will have the potential to be highly beneficial for autistic children, having a positive impact on their social behaviour. However, the researcher feels that it is vital to stay aware and in tune with the many differences of an autistic child in order to adjust the techniques accordingly.

#### **4.7 SUMMARY**

In this chapter, the researcher focused on various aspects of interest to this particular study. This included an in-depth look at play therapy, including the gestalt approach to play therapy as well as the use of play techniques with autistic children. The amount of information on the above-mentioned topics can be considered overwhelming. However, the researcher has aimed to describe what is relevant for this particular study.

Play therapy is an empirically tested effective manner of therapy, especially when working with a child. Given the aim of this study, the focus of this chapter was on specific play techniques to be used with autistic children. As mentioned, there are various play techniques that can be used in working and playing with autistic children, but it is necessary to conduct an empirical study in order to establish the effectiveness of these techniques.



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Up to this point the researcher has aimed to describe autism as a phenomenon, autism and middle childhood and its impact on the family. This chapter looked at play techniques, within the context of play therapy, particularly with autistic children.

In the following chapter (Chapter 5) the researcher will describe the specific play technique programme that will be used with the autistic children, in order to allow for an assessment of the effectiveness of the techniques and the programme as a whole.