

# PSYCHOANALYTIC

## Play Therapy

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**P**sychoanalytic play therapy is mindful of the symbols in the child's play, which is a manifestation of the unconscious mind. The key concept of this theory is the exploration of the unconscious. The psychoanalytic community tends to view the therapist's role more as a professional posture than the use of a specific technique. Attention is focused on a child's anxieties, defenses, and fantasies (as they appear in play and verbalizations).

### Basic Tenets

Psychoanalytic play therapy finds its foundations in the works of Sigmund Freud, Hermine Hug-Hellmuth, Margaret Lowenfeld, Anna Freud, and Melanie Klein (Punnett, 2016). For the Freudian psychoanalyst, "the personality develops out of the need to fulfill the pleasure principle, all the while attempting to negotiate reality demands without incurring superego strictures" (Lee, 1997, p. 46).

Although Freud never worked with children, his followers extended the theories to include models suited for work with children and adolescents. Object relations theory, ego psychology, and self psychology expanded on Freud's concepts (Abraham, 1994; Blanck & Blanck, 1979, 1994; Kernberg, 1976, 1980; Klein, 1969, 1975; Kohut, 1971, 1977, 1978). These subsequent modifications are generally referred to as psychodynamic psychotherapies—a way of working with children that considers both the psychoanalytic and analytic traditions.

Psychoanalytic theory conceptualizes clients' difficulties according to Freud's developmental stages: oral, anal, and phallic stages. The hallmark is the resolution of the Oedipal conflict during this last phase, and the major components of the personality are developed by the end of the Oedipal period. During the latency period (6 years old to puberty), changes are consolidated. During the last phase, the genital stage, from adolescence onward, the primary task is to develop an intimate relationship.

### Psychopathology and Client Dysfunction

Psychopathology occurs with the development of an overly strong preference for any one instinct (a *fixation*), which could lead to potential regression in times of stress. When the therapist

encounters a child's regression, s/he looks for the underlying period of inadequate satisfaction in the child's life. Anna Freud observed blockages in a child's progression of development as the underlying cause of psychopathology; the goal of psychotherapy, then, is the removal of these blockages so a natural healthy development can proceed. According to psychoanalytic theory, removing blockages occurs by carefully interpreting the defenses, and later the drives, as repressed material becomes more conscious.

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In psychoanalytic psychology, problems are viewed as disturbances when regulating impulses between the id, ego, superego. The ego fails at regulating the demands of the id, the superego, and the external reality. This leads to anxiety and maladaptive defenses/behaviors. There are periods of deintegration and integration, that is, anxiety followed by the reestablishment of a steady state, or *regulation*. As the child grows, this interactive field brings the child into the mother-child adaptive relationship with the environment. Thus, growth moves from instinct-centeredness to ego-centeredness with resultant failures evidenced in developmental disorders and illnesses. Psychological growth occurs when a child relies less on the id or pleasure principle and more on the ego or "I," as we know it, to make more logical decisions.

### Applying the Theory

Muriel (pseudonym) was an upper-elementary school-aged African-American female residing in the southern US. She was referred for

treatment due to violent behaviors at home and school. Her maternal grandmother was given temporary custody four years prior, due to the mother's substance abuse disorder and the mother's use of parental alienation through a campaign of denigration against the child's father. Muriel engaged in contact refusal with her father and his family. At the onset of treatment, Muriel was playing out the unconscious and unresolved conflicts between her parents, especially during their contentious family dissolution. In Freudian terms, parents' projections of unsatisfied drives or desires become a burden to children.

Muriel was a lucid dreamer, and she enjoyed sandplay; she drew symbols from her dreams and painted them. Symbol work, exploring unconscious drives, is one of the hallmarks of psychoanalytic play therapy (Green, 2012; 2014). Through the engagement of the unconscious via sand, symbol, and dream, Muriel strengthened her ego by replacing maladaptive defenses, symptoms, thoughts, and behaviors with more functional ones. Reunification therapy was completed by the child and father as well, and parent-child contact resumed.

### Therapy Goals and Progress Measurement

The goal of psychoanalytic play therapy is to help children develop their unique identities and experiences so they can adapt, despite their particular life circumstances, and can meet the goals (i.e., healthy expectations) of family, school, and society. The goal for psychoanalysis is to allow for and support the normal processes of childhood, to allow the ego to work unencumbered to remove unconscious conflicts, repression, and fixations. This goal is attained through free association; and in child therapy, this is the play experience itself.

Interpretation is used once the therapeutic alliance is solid. Interpretation is directed to integrate unconscious/repressed representations in order to make them more consciously tolerable and improve ego strength/coping. The therapist works to strengthen the ego, to help children accomplish developmental reorganization, to address conflicts and defenses, and to make way for the emergence of the Self (Kohut, 1971, 1977, 1978). Progress is measured by a decrease or resolution of presenting symptoms, increased ego strength, ability to make reasonable decisions, and often decreased interest in coming to play therapy.

### Therapeutic Powers of Play

Essential to psychoanalytic play therapy is to provide a protected space in which the children or adolescents feel free to be themselves. Play comes natural to children, and thus, is the language in which the therapist and child communicate to resolve the issues. Specifically, psychoanalytic play therapy corresponds to Schaefer and Drewes's (2014) therapeutic powers of play in facilitating communication through *access to the unconscious* and ultimately through *self-expression*; fostering emotional wellness through *abreaction*, the expression and emotional discharge of repressed emotions and *catharsis*; enhancing social relationships through the *therapeutic*

*relationship, attachment* through the transference, resulting in increased *social competence* and *empathy*; an in increasing personal strengths through better *self-regulation*, increased *self-esteem*, better *problem solving* and *resiliency*.

The ability to play includes the freedom to be spontaneous on both the child and therapist's part, where the therapist empathizes without overidentifying with or being repulsed by the child's behavior. Understanding the dynamics transpiring between the child and the therapist, transference and countertransference, can lend further insight into the child's issues by bridging the child's inner and outer worlds. The use of ego-strengthening activities related to the developmental age of the child is important (i.e., age appropriate games or play).



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Therapeutic techniques include parallel play, conjoint play, and directed play in which the therapist models a strong dependable ego that can encourage and support development. The therapist uses his/her own ego to assess feeling states, emotions, and fantasies from within to analyze the child's play, and intervenes using these insights, always with the child's presenting symptom and history in mind.

### Summary

Psychoanalytically oriented play therapy emphasizes symbolic meaning and is focused on anxieties, defenses and fantasies in order to understand the underlying dynamics of the presenting symptom(s). The symptoms are dynamic and diverse, influenced by internal and external experiences. The goal for development is to keep pace with chronological and mental abilities, to free the flow of energy so it is not inhibited by the use of defense mechanisms, and to help children develop their unique identities such that they can adapt to meet the demands of family, school, and society (Punnett, 2016).

### References

- Abraham, K. (1994). A short study on the development of libido, viewed in the light of mental disorders (Abridged). In R. V. Frankiel (Ed.), *Essential papers on object loss* (pp. 72-93). New York, NY: Brunner/Mazel.
- Blanck, G., & Blanck, R. (1979). *Ego psychology II: Psychoanalytic developmental psychology*. New York, NY: Columbia University Press.

Blanck, G., & Blanck, R. (1994). *Ego psychology: Theory and practice* (2nd ed.). New York, NY: Columbia University Press.

Green, E. J. (2012). The Narcissus myth, resplendent reflections, and self-healing: A contemporary Jungian perspective on counseling high-functioning autistic children. In L. Gallo-Lopez, & L. Rubin (Eds.), *Play based interventions for children and adolescents with Autism spectrum disorders* (pp. 177-192). London, England: Routledge.

Green, E. J. (2014). *The handbook of Jungian play therapy*. Baltimore, MD: Johns Hopkins University Press.

Kernberg, O. F. (1976). *Object-relations theory and clinical psychoanalysis*. New York, NY: Jason Aronson.

Kernberg, O. F. (1980). *Internal world and external reality: Object relations theory applied*. New York, NY: Jason Aronson.

Klein, M. (1969). *The psychoanalysis of children*. New York, NY: Humanities Press.

Klein, M. (1975). *The psychoanalysis of children: Writings of Melanie Klein*. New York, NY: Delacorte Press/Random House. (Original work published in 1932).

Kohut, H. (1971). *The analysis of the self*. New York, NY: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York, NY: International Universities Press.

Kohut, H. (1978). *The search for the self: Selected writings of Heinz Kohut: 1950–1978*. New York, NY: International Universities Press.

Lee, A. C. (1997). Psychoanalytic play therapy. In K. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 46–78). New York, NY: Wiley.

Punnett, A. F. (2016). Psychoanalytic and Jungian play therapy. In K. J. O'Connor, C. E. Schaefer, & L. D. Braverman (Eds.), *Handbook of play therapy* (2nd ed., pp. 63-92). Hoboken, NJ: Wiley.

Schaefer, C. E. & Drewes, A. A. (Eds.). (2014). *The therapeutic powers of play: 20 core agents of change* (2nd ed.). Hoboken, NJ: Wiley. 🧑

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