

Adlerian Play Therapy
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Research has shown that there are over 500 types of therapies in use today, none of which has been proven to be the "true cure." In great measure, the success of therapy depends on the therapist's ability to select a theory which matches his or her beliefs about human nature and to apply the selected theory consistently. Within the chosen theoretical framework, a variety of techniques may be called upon, but the theoretical underpinnings must remain the same. A therapist cannot believe one theory about children and hold another set of beliefs about the nature of adults. To that end, therapists are now extending their fundamental theories to the application of play therapy.

Adlerian Play Therapy is based on the precepts of Individual Psychology. Individual Psychology began with the compilation of ideas of Alfred Adler, a colleague of Freud and Jung, and has been advanced by such professionals as Dreikurs, Dinkmeyer & Dinkmeyer, Ansbacher & Ansbacher, Manaster & Corsini, Christensen, and Walton. Individual Psychology (IP) has been expanded into the play therapy arena primarily through the efforts of Terry Kottman. IP is a basic, simplistic theory from which many other therapies, including RET, TA, Reality Therapy, Family Systems, Cognitive Therapy and Neo-Freudian Psychology have borrowed principles. Even Freud adjusted a portion of his theory after reviewing Adler's concepts.

As with any theory, IP has certain fundamental principles to keep in mind when working with a client: behavior is purposeful and goal-directed, people have feelings of inferiority, people are socially embedded and have a desire to belong, people are self-determined and creative, people are unique, integrated, holistic systems, reality is subjective. Unlike Freud who believed people's lives are pre-determined and unlike Rogers who believed a person has everything he or she needs already within him or herself, IP suggests that a person is born as, more or less, a blank slate and he or she "creates" his or her life. This unique "lifestyle" is based on how an individual discerns, develops, maintains, and utilizes feelings of inferiority, courage, and social interest, and how he or she incorporates these concepts into his or her personal attitudes about self, others and the world. Maladjustment is a function of an individual's feelings of inferiority, lack of social interest and courage, increased discouragement, and movement toward a misdirected and useless goal. Discouraged children move toward the misdirected goals of attention, power, revenge, or inadequacy. It is important for the Adlerian play therapist to distinguish between these misdirected

goals and determine which goal fits the child because intervention strategies are, for the most part, goal specific. Knowing the child's goal is helpful in developing a relationship with the child, in understanding the child's intrapersonal and interpersonal dynamics, in planning treatment strategies, in planning parent and teacher consultations and in progressing through the four stages of play therapy.

Stage 1. Adlerian therapists believe that therapy is a journey between two people and their relationship is an egalitarian one in which the counselor and the child share the responsibility, the power and the right to have input into what happens in the sessions. The counselor may begin the counseling process by telling the child that the therapist and the child will work and play together to solve the child's difficulties. The child is treated just as if he or she were an adult client, retaining power and choice in most aspects of therapy, being kept informed of all aspects of therapy including what the parents said about the presenting problem, the child's right to confidentiality, reports to and from parents, and consultations with teachers.

The playroom is furnished with five types of toys: family/nurturing toys, scary toys, aggressive toys, expressive toys, and pretend/fantasy toys. In the playroom, the therapist establishes an atmosphere of unconditional acceptance, trust, and respect for the child's right and ability to make conscious, rational decisions and to be responsible for his or her behaviors. The counselor may use tracking, restatement of content, reflection of feelings, questioning and answering strategies, and limit-setting with logical consequences, and may actively interact with the child using role-playing, mutual story-telling, puppets, or other play techniques. In addition, the therapist will generate ways for the child to develop a sense of belonging, will model the courage to be imperfect and make mistakes, and will always use an abundance of optimism, patience, and encouragement.

Encouragement consists of conveying unconditional acceptance, showing faith in the child's abilities, giving recognition for effort, focusing on strengths and assets, emphasizing the deed and the joy of doing, not the deed, giving credit for the good part that was done and ignoring the deficient parts, showing involvement in the child's interests, letting the child know that sometimes you make mistakes too, helping the child realize he or she can learn from mistakes and that mistakes do not have to be negative or devastating, and making sure the child discovers a positive way to gain significance.

Stage 2. A key element to helping a discouraged child develop behavior on the useful side of life and establish a useful attitude towards life and society is insight.

Insight involves understanding the "symptom language," discovering, recognizing, and disclosing fundamental mistaken beliefs, and engaging choice, courage, and activity to modify the effects of the client's self-defeating beliefs. The therapist assists the child in gaining insight by understanding the child's lifestyle or the child's patterns of thoughts, behaviors, and emotions. The therapist begins this process by gathering information by observing the parents and child, both separately and together, by taking a family history, by soliciting early recollections, and by investigating and asking questions about the family atmosphere. Family atmosphere consists of parental attitudes, methods of discipline, lifestyles of the parents, family values and ethics, the status of the marital relationship, and the quality of parenting skills. The therapist may also acquire information from the child's perceptions of the family and the world through play and through art techniques such as the Kinetic Family Drawing. From this accumulated information, the counselor formulates tentative hypotheses about how the child views self, others, and the world, and how his or her behaviors reflect these perceptions.

Stage 3. After the therapist formulates these tentative hypotheses, he or she then helps the child, by communicating the interpretations or formulated hypotheses to the child, to better understand his or her lifestyle, purposes, and the behaviors he or she uses to gain significance and a sense of belonging. Adlerians believe that in order to make logical, useful and informed changes in his or her life, the child may need new information, new skills, and different perspectives which the therapist strives to provide. In addition to vocalizing tentative hypotheses, the therapist may use confrontation, immediacy, metacommunication, role playing, metaphor, mutual story-telling, bibliotherapy, and art techniques to help the child clarify experiences and attitudes. As the child reexamines his or her perceptions, attitudes, thoughts, feelings, and actions, the child gains insight into his or her lifestyle and gains clarity about the purposes of his or her behavior.

Stage 4. To effect change action must follow insight. Once the child begins to gain understanding, it is time to operationalize his or her discoveries. The child can begin to learn and practice new ways of viewing self, others and the world, new ways of behaving to reach his or her goals, and new ways to relate to other people. The therapist continues to make interpretations, but adds a new dimension, acting as a directive teacher, to his or her repertoire. The therapist may use brainstorming and problem-solving tactics, role-playing, the toys and other tools, and homework assignments to help the child substitute, practice, and generalize his or her new beliefs and perceptions. In addition, the therapist may assist the child in improving deficient

skills, such as social skills, anger management skills, problem-solving skills, and ways of sharing power.

An essential element in Adlerian Play Therapy is the involvement of the parents in the treatment process. Dreikurs and Soltz (1964) stressed the importance of the family atmosphere in the child's development: "A child watches all that goes on around him. He draws his own conclusions from what he sees, and he searches for guiding lines for his behavior" (pp. 16-17). Sywulak (1977) stated that the parents are a primary significance in the socialization and psychosocial development of the child. Adler (1992) also believed children are impacted by their perceptions of mother-child, father-child, and mother-father interactions. The mother is the child's first experience with another person and becomes the child's definition of cooperation. The father is a model for the child and exhibits ways in which to meet the tasks of life. The marital relationship also demonstrates the parents' level of cooperation and social interest of the child. If any of these relationships is poor, the child may choose to meet life from a discouraged standpoint.

Because the parents are the most influential and important people in the child's life, the Adlerian therapist strives to develop a successful working relationship with the parents. The parent can provide essential information in the life of the child and the family and are vital to the progress of the child. The therapist-parent relationship may consist only of encouragement of the parent or may involve working with the parent to change any family dynamics or parenting strategies that might be supporting useless or destructive behavior patterns. Typically, an Adlerian play therapist will meet not only with the child, but also with the parent during each counseling session.

Adler stated that "our inner life is nothing but forms of relationships" (1963, p. 166). For the child, these relationships begin to expand from family relationships to relationships outside the family when the child enters school. School becomes an extension of the family and must accomplish and correct those things which were not done in the family. The teacher picks up the tasks of becoming an example of a true fellow creature and of guiding the child's awakening social interest. It is helpful, then, for the Adlerian therapist to solicit information from the child's teachers and to work with them to implement procedures which will assist the child in his or her healthy development on the useful side of life.

Progress can be noted in a child as the child becomes more aware of his or her lifestyle and goals, and begins to develop more effective ways to reach useful goals. Measures of progress may include increased awareness of self, others, life, increased social interest, increased courage, increased acceptance of responsibility for self,

diminished feelings of discouragement, a more active and constructive role in society, and new and better feelings of belonging, accomplishment, and self-acceptance.

In summary, the Adlerian play therapist plays many roles: advocate, researcher, facilitator, encourager, and educator. It is his or her job to realize that all the child's behaviors and verbalizations have purpose, to understand those purposes and how they tie into the child's lifestyle and life situation, to articulate that understanding to the child, and to help the child actualize any changes the child may decide to make. The Adlerian therapist adheres to the underlying principles of IP but tends to be eclectic in his or her techniques. Adlerian play therapy progresses through four stages of play therapy and includes an active involvement by client, counselor, and care giver. Children who are experiencing a variety of emotional, behavioral, and/or academic problems such as poor impulse control and/or the ability to self-regulate, lack of self-responsibility, dependency, oppositional-aggressive behaviors, isolation and withdrawal, loss and abandonment, disturbed relationships with peers, inappropriate or infantile behaviors, disturbances in physical functioning without apparent cause, disturbances in interpersonal functioning, disturbances of speech, sexual disturbances, or difficulties in learning, find Adlerian play therapy helpful.

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