

## **FEATURE ARTICLE**

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### **ENHANCING SELF-ESTEEM THROUGH THE USE OF PLAY THERAPY**

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SELF-ESTEEM, THE EVALUATION ONE PLACES ON SELF, HAS BEEN SAID TO BE THE NUMBER ONE SOCIOECONOMIC ISSUE OF OUR TIMES. ITS IMPACT IS SO PERVASIVE THAT IT EFFECTS ALL ASPECTS OF THE LIVES OF CHILDREN AND ADULTS. A MEASURE OF SELF-ESTEEM IN CHILDREN HAS BEEN FOUND TO BE A BETTER PREDICTION OF ACADEMIC ACHIEVEMENT THAN ARE ACADEMIC ACHIEVEMENT TESTS THEMSELVES. PSYCHOLOGISTS ARE IN COMMON AGREEMENT THAT AN UNDERLYING CAUSE OF CHILDREN'S AND ADULT'S PSYCHOLOGICAL PROBLEMS IS LOW SELF-ESTEEM. IN ADDITION, HIGH SELF-ESTEEM IS AMONG THE DISTINCTIVE QUALITIES OF GOOD CONFLICT MANAGERS. PARENTS TEND TO RAISE CHILDREN WHOSE SELF-ESTEEM IS SIMILAR TO THEIR OWN.

IN YOUNG CHILDREN THE CONCEPT OF THE "LOOKING GLASS SELF" IS OFTEN DISCUSSED. IT SEEMS THAT YOUNG CHILDREN DEVELOP SELF-ESTEEM ACCORDING TO THE OPINIONS OF OTHERS AROUND THEM. PRIOR TO THE AGE OF EIGHT OR NINE, A CHILD'S VIEW OF SELF IS VERY DEPENDENT ON HOW SIGNIFICANT OTHERS VIEW THE CHILD AND COMMUNICATE THAT VIEW TO THE CHILD.

THERE ARE NUMEROUS WAYS TO RECOGNIZE CHILDREN OF LOW SELF-ESTEEM. OFTEN THESE CHILDREN MAKE NEGATIVE STATEMENTS ABOUT THEMSELVES. THEY MAY ALSO BE FEARFUL OF NEW EXPERIENCES, HAVE EXAGGERATED REACTIONS TO FAILURE, ENGAGE IN EXCESSIVE BOASTING, HAVE AN EXTREMELY STRONG NEED FOR POSITIVE FEEDBACK, HAVE A PHYSICAL APPEARANCE WHICH REFLECTS NEGATIVE

FEELINGS ABOUT SELF, HAVE AN INTENSE INTEREST IN THE ACQUISITIONS OF MATERIAL OBJECTS, REFLECT A RELUCTANCE TO EXPRESS THEIR IDEAS, ABDICATE RESPONSIBILITY, DEMONSTRATE LOW ENERGY LEVELS, EXPRESS A LACK OF SELF AWARENESS, EXPERIENCE EXCESSIVE ANXIETY, DISPLAY AN INORDINATE SENSITIVITY TO CRITICISM AND MANIFEST PSYCHOSOMATIC COMPLAINTS. THESE CHILDREN ALSO OFTEN ISOLATE THEMSELVES PSYCHOLOGICALLY AND ENGAGE IN EXCESSIVE APOLOGIZING. CHILDREN CAN MANIFEST THESE SYMPTOMS IN CLUSTERS OR SIMPLY HAVE ONE SYMPTOM BUT EXPERIENCE IT WITH GREAT INTENSITY, FREQUENCY, OR DURATION (FREY AND CARLOCK, 1989).

THERE ARE MANY DIFFERENT WAYS TO ASSESS SELF-ESTEEM IN CHILDREN. THESE ASSESSMENT INSTRUMENTS ARE REVIEWED IN *ENHANCING SELF-ESTEEM* BY FREY AND CARLOCK, 1989. WHEN THE PLAY THERAPIST HAS AN UNDERSTANDING OF THE SYMPTOMS AND DEGREE OF LOW SELF-ESTEEM OF A CHILD S/HE IS THEN PREPARED TO PURSUE A TREATMENT MODEL. AMONG THE MANY FUNCTIONS OF PLAY THERAPY OFTEN DISCUSSED IN THE LITERATURE ONE IS EGO ENHANCEMENT. THEREFORE, THE THERAPY MODALITY OF PLAY PROVIDES THERAPISTS WITH NUMEROUS OPPORTUNITIES TO IMPROVE SELF-ESTEEM IN CHILDREN. AMONG THE CHILDREN MOST EFFECTIVELY HELPED IN SELF-ESTEEM ENHANCEMENT THROUGH PLAY THERAPY ARE THE RESISTANT CHILD, THE VERBALLY DEFICIENT CHILD, THE PSYCHOLOGICALLY UNAWARE CHILD, THE DENYING CHILD, AND THE INHIBITED CHILD.

ALTHOUGH IT WOULD SEEM THAT CHILDREN OF LOW SELF-ESTEEM WOULD WELCOME THE OPPORTUNITY TO RAISE THEIR SELF-ESTEEM, IT IS OFTEN THE CASE THAT SUCH CHILDREN HAVE BECOME HABITUATED TO LOW SELF-ESTEEM. THUS, THE LOW SELF-ESTEEM IS MORE FAMILIAR TO THEM AND NOT AS FEARED AS THE CONCEPT OF INCREASING SELF-ESTEEM. IT IS ALSO POSSIBLE THAT THESE CHILDREN HAVE SOURCES OF SECONDARY GAIN ASSOCIATED WITH LOW SELF-ESTEEM. EXCESSIVE GUILT CAN ALSO PRODUCE AND MAINTAIN LOW SELF-ESTEEM. PLAY THERAPY CAN EFFECTIVELY DEAL WITH THESE TYPES OF RESISTANCE TO IMPROVING SELF-ESTEEM.

THE VERBALLY DEFICIENT CHILD OFTEN HAS A DIFFICULT TIME EXPRESSING FEELINGS OF LOW-ESTEEM. SUCH CHILDREN MIGHT STATE THAT THEY FEEL NEGATIVE ABOUT

THEMSELVES BUT CAN NOT FURTHER ELABORATE. THE USE OF PUPPETRY, ROLE PLAYING, ART, MUSIC, CLAY, HUMAN AND/OR ANIMAL FIGURES, AND OTHER PLAY MEDIA CAN HELP THE THERAPIST TO ASCERTAIN THE NATURE OF SELF-ESTEEM CONCERNS WITH SUCH CHILDREN.

THOSE CHILDREN WHO ARE PSYCHOLOGICALLY UNAWARE OF HAVING LOW SELF-ESTEEM CAN OFTEN BE HELPED THROUGH PLAY THERAPY. IT COULD BE THAT SUCH CHILDREN HAVE CONSCIOUS OR UNCONSCIOUS DYNAMICS WHICH ARE DIFFICULT TO ANALYZE AND THUS VERBALIZE. THESE CHILDREN MIGHT NOT REALIZE THAT THEY HAVE LOW SELF-WORTH AND THAT THIS IS RELATED TO THE DIFFICULTIES THAT THEY ARE EXPERIENCING.

CHILDREN WHO DENY THAT THEY HAVE LOW SELF-ESTEEM CAN BE READILY HELPED IN PLAY THERAPY SINCE THE PROCESS OF PLAY OFTEN INVOLVES THE PROJECTION OF SELF TO PLAY MEDIA IN A NON-THREATENING MANNER. DENYING CHILDREN OFTEN DO NOT REALIZE THAT THEY ARE DISCUSSING THEIR OWN PERTINENT PSYCHODYNAMICS DURING PLAY.

INHIBITED CHILDREN CAN ALSO BE HELPED TO ENHANCE THEIR SELF-ESTEEM THROUGH VARIOUS PLAY ACTIVITIES. ALTHOUGH THESE CHILDREN HAVE DIFFICULTY RESPONDING TO DIRECT VERBAL APPROACHES, THEY FREQUENTLY RESPOND WELL TO PLAY THERAPY. SHY, WITHDRAWN, AND ELECTIVELY MUTE CHILDREN SEEM TO RESPOND BETTER TO PLAY THERAPY APPROACHES AS A TREATMENT FOR SELF-ESTEEM ENHANCEMENT THAN TO OTHER THERAPY APPROACHES.

IT IS MOST EFFECTIVE TO TREAT SELF-ESTEEM IN A STEP-WISE PROGRESSION OF FOUR PHASES: 1. IDENTITY, 2. STRENGTHS/WEAKNESSES, 3. NURTURANCE, 4. MAINTENANCE. UNFORTUNATELY, MOST APPROACHES TO IMPROVING SELF-ESTEEM ARE RATHER HAPHAZARD AND CONSEQUENTLY PLAY THERAPISTS OFTEN INADVERTENTLY AUGMENT THE PROBLEM. FOR EXAMPLE, IF A PLAY THERAPIST BEGINS TREATMENT BY ASKING CHILDREN TO DRAW ALL THE THINGS THEY LIKE ABOUT THEMSELVES, CHILDREN INVARIABLY FIND THIS TOO DIFFICULT TO DO SINCE THEY ARE FREQUENTLY LACKING IN SELF-AWARENESS. THEY THEN BELIEVE THAT THEY HAVE FAILED ONCE AGAIN. IT IS A BETTER AP-

PROACH TO BEGIN WITH THE CHILD LEARNING MORE ABOUT HIS/HER OWN IDENTITY. (ALL PLAY THERAPY ACTIVITIES WHICH FOLLOW ARE FROM ENHANCING SELF-ESTEEM OR PRACTICAL TECHNIQUES FOR ENHANCING SELF-ESTEEM BY FREY AND CARLOCK, 1989, EXCEPT WHERE NOTED)

CHILDREN IN THE IDENTITY PHASE COULD BE ASKED TO MAKE A SELF-ESTEEM BANNER BY EITHER PASTING MAGAZINE PICTURES ABOUT THEMSELVES ON A BANNER OR BY DRAWING PICTURES OF SELF ON A BANNER. THE VARIOUS ASPECTS OF THE BANNER COULD REPRESENT THE CHILD'S IDEAL SELF, REAL SELF, SELF FOR OTHERS, PRIVATE SELF, OR FANTASY SELF. FOR YOUNG CHILDREN, OF COURSE, THE BANNER COULD JUST BE A COLLECTION OF PICTURES PASTED TOGETHER IN A COLLAGE. THE OLDER THE CHILD, THE MORE VARIED THE ASPECTS OF THE SELF THAT CAN BE INCLUDED.

ANOTHER IDENTITY PHASE PLAY TECHNIQUE IS CALLED FORTUNE COOKIE. CHILDREN ARE ASKED TO OPEN A FORTUNE COOKIE AND READ (THE PLAY THERAPIST CAN READ FOR YOUNGER CHILDREN) THE FORTUNE. THE PLAY THERAPIST FILLS THE FORTUNE COOKIES WITH VARIOUS SELF-ESTEEM MESSAGES. THE CHILD IS ASKED TO TELL HOW THE FORTUNE MIGHT REFLECT SOMETHING ABOUT THEMSELVES. THE CHILD MAY THEN EAT THE FORTUNE COOKIE.

ANOTHER IDENTITY PLAY TECHNIQUE INVOLVES THE USE OF IMAGERY; IT IS CALLED THREE BOXES. THE CHILD IS PRESENTED WITH A LARGE, MEDIUM AND SMALL SIZE BOX. THE CHILD IS ASKED TO IMAGINE WHAT MIGHT BE IN EACH BOX AND THEN TO GIVE THAT OBJECT, PERSON OR THING A VOICE. IT COULD SAY, "I AM..., I FEEL..." THE LARGEST BOX USUALLY REPRESENTS THE SELF WHICH IS PRESENTED TO OTHERS (FAÇADE AND/OR WHAT IS PERCEIVED AS BEING ACCEPTABLE OR REWARDING). THE MIDDLE BOX USUALLY REPRESENTS THE DEFENSE MECHANISMS THAT THE CHILD USES. THE SMALLEST BOX REPRESENTS THE CORE SELF. THE VOICE OFTEN TELLS THE THERAPIST A LOT ABOUT WHAT THE CHILD IS EXPERIENCING THE SELF. ONE CHILD WHO PRESENTED AS BEING VERY MACHO ONCE SAID THERE WAS A MOUSE IN THE SMALLEST BOX. THE MOUSE SAID, " I AM SMALL, I FEEL WEAK."

THE NEXT PHASE, STRENGTHS/WEAKNESSES, HELPS THE CHILD TO BUILD ON THE IDENTITY PHASE AND DISCOVER HIS/HER STRENGTHS AND WEAKNESSES. A CHILD

COULD MAKE A T-SHIRT WITH PICTURES ABOUT VARIOUS POSITIVE ASPECTS OF SELF. IN GROUP PLAY THERAPY, CHILDREN COULD MAKE STROKE SHEETS. A PIECE OF PAPER IS PLACED ON EACH CHILD'S BACK AND OTHER CHILDREN ARE ASKED TO WRITE OR DRAW POSITIVE FEEDBACK TO THE CHILD. STROKE SHEETS ARE THEN READ AND PROCESSED WITH THE GROUP. CHILDREN COULD ALSO PLAY WITH A "MAGIC BOX" AS DESCRIBED BY CANFIELD (1976). THE PLAY THERAPIST CONSTRUCTS A MAGIC BOX IN WHICH A MIRROR IS PLACED IN SUCH A WAY AS TO REFLECT THE FACE OF ANYONE WHO LOOKS INSIDE. THE CHILD IS TOLD THAT IN THE MAGIC BOX S/HE HAS THE CHANCE TO DISCOVER THE MOST IMPORTANT PERSON IN THE WORLD. AFTER ASKING THE CHILD WHO THIS MIGHT BE, THE CHILD IS GIVEN A CHANCE TO LOOK INSIDE THE BOX. DISCUSS WITH THE CHILD, "HOW DOES IT FEEL TO SEE THAT YOU ARE THIS SPECIAL PERSON?" A DISCUSSION ABOUT THE SPECIAL QUALITIES OF THE CHILD MAY THEN ENSUE.

AFTER THE CHILD LEARNS ABOUT HIS/HER IDENTITY AND STRENGTHS AND WEAKNESSES, S/HE IS THEN READY TO PURSUE THE NURTURANCE PHASE OF ENHANCING SELF-ESTEEM. IN THIS PHASE THE CHILD LEARNS HOW TO NURTURE SELF-ESTEEM BY DEALING WITH VARIOUS EVENTS HAPPENING TO HIM/HER. IN ORDER TO HELP CHILDREN DEAL WITH THREATS TO THEIR SELF-ESTEEM, THE JELLY BEAN GAME IS HELPFUL TO PLAY (ADAPTED FROM CLARKE, 1983). THE PURPOSE OF THE GAME IS TO HELP CHILDREN DIFFERENTIATE BETWEEN CONSTRUCTIVE AND DESTRUCTIVE FEEDBACK. JELLY BEANS (OR DRIED BEANS OR NOODLES) ARE PLACED IN A BOWL. THE THERAPIST EXPLAINS THAT THERE ARE FIVE KINDS OF COMMUNICATION. THE TYPES OF MESSAGES INDICATE: 1. YOU ARE LIKED AS A PERSON, 2. YOU LIKE WHAT I DO, 3. YOU DON'T LIKE WHAT I DO, 4. YOU SEND PLASTIC MESSAGES (MESSAGES THAT HAVE POSITIVE/NEGATIVE MEANING), AND 5. YOU WISH I WASN'T HERE.

THE PLAY THERAPIST ROLE PLAYS THESE DIFFERENT TYPES OF MESSAGES. THE CHILD PUTS A JELLY BEAN ON A DESIGNATED SPACE INDICATING WHAT KIND OF MESSAGE WAS SENT. THE THERAPIST PUTS A JELLY BEAN ON THE SPACE INDICATING WHAT MESSAGE S/HE MEANT TO SEND. THE CHILD MAY EAT OR KEEP THE JELLY BEAN IF THE MESSAGE IS CONSTRUCTIVE. IF THE MESSAGE IS DESTRUCTIVE, THE CHILD IS ASKED TO THROW AWAY THE JELLY BEAN. EXAM-

PLES: "I LIKE HOW COOPERATIVE YOU ARE." "I LIKE THAT YOU COME HERE TO PLAY WITH ME." "YOU MUST BE BRAIN DEAD." "YOU ARE DOING MUCH BETTER THAN I THOUGHT YOU WOULD."

ASK CHILDREN TO DISCUSS WHAT THEY LEARNED FROM THIS GAME. WHAT FEELINGS DID THEY HAVE? HOW DO THEY KEEP OR REJECT MESSAGES? HOW IS THIS RELATED TO SELF-ESTEEM?

CHILDREN CAN ALSO PLAY SELF-ESTEEM BINGO IN THIS PHASE. THIS GAME IS VERY MUCH LIKE REGULAR BINGO EXCEPT THE SQUARES HAVE STATEMENTS SUCH AS "TELL ABOUT SOMETHING THAT YOU ARE PROUD YOU CAN DO," "GIVE A COMPLIMENT TO SOMEONE," AND "NAME SOMETHING YOU'VE LEARNED ABOUT SELF-ESTEEM." THE GAME FORMAT PROVIDES AN OPPORTUNITY FOR CHILDREN IN INDIVIDUAL OR GROUP PLAY THERAPY TO PROCESS WHAT THEY HAVE LEARNED ABOUT SELF-ESTEEM AND TO FOCUS ON HOW THEY WILL CONTINUE TO FOSTER POSITIVE SELF-ESTEEM THROUGH DEVELOPING FRIENDSHIPS, FILTERING FEEDBACK FROM OTHERS, AND DEVELOPING THE OTHER ASPECTS OF THE NURTURANCE PHASE OF SELF-ESTEEM. SUCH A BINGO GAME COULD BE READILY MADE BY A PLAY THERAPIST AND, THUS INDIVIDUALIZED FOR A CLIENT OR IT IS AVAILABLE IN PRACTICAL TECHNIQUES FOR ENHANCING SELF-ESTEEM (FREY AND CARLOCK, 1989).

THE TECHNIQUE, CAR WASH, IS ALSO HELPFUL IN THIS STAGE (CANFIELD, 1976). IN GROUP PLAY THERAPY CHILDREN FORM TWO PARALLEL LINES THAT MAKE UP THE CAR WASH. A CHILD IS SENT BETWEEN THE TWO LINES AS IF S/HE IS A CAR. ALL THE CHILDREN SHOUT POSITIVE COMMENTS OR PAT THE CHILD ON THE BACK AS A METHOD OF OFFERING POSITIVE SUPPORT. CHILDREN DISCUSS HOW THEY FEEL AFTER GOING THROUGH THE CAR WASH. THIS TECHNIQUE INVOLVES DISCUSSING THE SUPPORTIVE VALUE OF FRIENDS IN ENHANCING SELF-ESTEEM.

IN THE MAINTENANCE PHASE OF ENHANCING SELF-ESTEEM CHILDREN CAN BE ASKED TO DRAW A PICTURE OF HOW THEY USED TO BE, HOW THEY ARE, AND HOW THEY WOULD LIKE TO BE. THESE THREE DRAWINGS HELP THE CHILD TO UNDERSTAND HOW MUCH S/HE HAS CHANGED AND TO ALSO VISUALIZE HOW S/HE WOULD LIKE TO BE. AN IMPORTANT PART OF THE MAINTENANCE PHASE IS GOAL SETTING. IT IS IN THIS PHASE THAT

CHILDREN LEARN HOW TO SUSTAIN POSITIVE SELF-ESTEEM. PART OF THE PROCESS INVOLVES GOAL SETTING AND RISK TAKING.

ANOTHER PLAY TECHNIQUE WHICH COULD BE USED IN THIS PHASE INVOLVES ASKING THE CHILDREN TO DO SOME RISK TAKING. THEY ARE ASKED TO THINK OF FIVE THINGS THEY ARE AFRAID TO DO, SUCH AS CALLING SOMEONE, TELLING SOMEONE HOW YOU FEEL, AND/OR ASKING FOR SOMETHING. THEY SELECT ONE TASK WHICH COULD BE ACCOMPLISHED IN A FIVE MINUTE RANGE OF TIME THROUGH ROLE PLAYING. THIS ACTIVITY IS THEN PROCESSED WITH REGARD TO HOW DIFFICULT THE TASK ACTUALLY WAS.

ANOTHER ACTIVITY IS A ROLE PLAY CALLED THE "AS IF TECHNIQUE" (FREY AND CARLOCK. 1989). THE CHILD ACTS OR ROLE PLAYS "AS IF" S/HE ALREADY POSSESSED THE QUALITY, ATTITUDE, OR ABILITY S/HE WANTS TO DEVELOP. THE CHILD PRACTICES IN HIS OR HER IMAGINATION THIS NEW QUALITY. THE CHILD CONTINUES TO REFINED THE IMAGE THROUGH VISUALIZATION. THIS TECHNIQUE HELPS THE CHILD, THROUGH GOAL SETTING, TO MAINTAIN SELF-ESTEEM OVER TIME.

THESE TECHNIQUES ARE CERTAINLY ONLY A REPRESENTATIVE SAMPLE OF HUNDREDS OF DIFFERENT TECHNIQUES A THERAPIST COULD USE WITH CHILDREN IN PLAY THERAPY TO ENHANCE SELF-ESTEEM. FROM GROWTH IN SELF-ESTEEM STEMS MANY OTHER FACILITATIVE CHANGES IN CHILDREN. THE PROCESS OF IMPROVING SELF-ESTEEM IS MUCH AS FOLLOWS:

*"WHEN A CHILD IS BORN HE OR SHE IS LOVING, LOVABLE, INTELLIGENT, CREATIVE, ENERGETIC, POWERFUL, GENTLE, SOCIABLE, AND COOPERATIVE. WE NEVER LOSE THESE QUALITIES BECAUSE THEY ARE THE ESSENCE OF BEING HUMAN. OUR BODIES AGE, BUT THE CHILD WITHIN EACH OF US REMAINS THE SAME. EACH NIGHT THE STARS ARE SHINING, EVEN THOUGH ON SOME NIGHTS THEY CANNOT BE SEEN BECAUSE OF THE CLOUDS. SO IT IS WITH THE CHILD WITHIN US. WHAT MUST BE DONE, THEN, IS FOR THE CLOUDS, WHICH WE HAVE ACCUMULATED ALONG THE WAY, TO BE CAST OFF. AND THEN THE STARS WITHIN US WILL SHINE WITH ALL OF THE THEIR BRILLIANCE."* (MARTHALER, 1985)

IT IS HOPED THAT THESE TECHNIQUES OFFER PLAY THERAPISTS SOME ASSISTANCE IN CASTING OFF THE "CLOUDS" OF LOW SELF-

ESTEEM AND REVEALING THE "STARS" OF HIGH SELF-ESTEEM

### REFERENCES

CANFIELD, J. (1986) *100 WAYS TO ENHANCE SELF CONCEPT IN THE CLASSROOM*. ENGLEWOOD CLIFFS, N.J.: PRENTICE-HALL.

CLARKE, J. (1983). *OUCH. THAT HURTS!* PLYMOUTH, MN. DAISEY.

FREY, D. & CARLOCK, C. (1989) *ENHANCING SELF-ESTEEM*. MUNCIE, IN: ACCELERATED DEVELOPMENT.

FREY, D. & CARLOCK, C. (1989) *PRACTICAL TECHNIQUES FOR ENHANCING SELF-ESTEEM*. MUNCIE, IN: ACCELERATED DEVELOPMENT.

MARTHALER, D. (1985) *PICTURE ME PERFECT*. N. HOLLYWOOD, CA: NEWCASTLE.