

Child Self-Emancipation in Play Therapy

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Abstract

The play therapy room is a therapeutic environment that a child can enter into that is not branded and is neutral in nature. Unlike the real world, the play therapy room is the only space in the world that provides a child with nearly limitless power to control and manipulate their world the way they want it to be. Once a child engages in play, they have the ability to act out forms of oppression, privilege, and various isms, but also work through these issues and overcome them. Through their engagement, they find ways to solve forms of oppression and privilege, and most of it is self-guided. As children play, the therapist acts as a mirror so children can use their imaginations to explore different aspects of themselves, different ways to build relationships, different methods for solving problems, different attitudes and perspectives and different ways of being in the world. When children are beginning to find these solutions, they have the outcome of increased self-esteem, a better positive identity and an increase in their academic inclination, to name a few. Being aware of social injustice and implicit biases present in children is important for the therapist to recognize because this can affect the child in the playroom environment. Also, multicultural competency is increasingly viewed as important in the playroom because culturally sensitive counseling is important when supporting the child towards self-emancipation. This paper highlights that child self-emancipation is possible in the play therapy room through the power structure that exists between therapist and child, the freedom of self-expression provided in the playroom by a multiculturally competent counselor, the inclusion of specific types of toys, and culturally sensitive interventions the therapist provides. The child-centered play therapy room provides a space where a child can resolve any gaps between their authentic self and the self that is created by the attitude and values of others in the world.

Child Self-Emancipation in Play Therapy

Play therapy is an interpersonal way of working with children in order to communicate effectively with them. Children use play as their language, which means that toys are their words. Some benefits of play therapy include improved self-esteem, limit creation, increased coping skills, gives children the opportunity to express their emotions symbolically, and helps children make the connection between abstract and concrete thoughts (Pehrsson et al., 2010, p. 85). Child-centered play therapy, developed by Rogers and Axline, is an unconditional approach to working with children. This type of therapy provides the child with ways to grow on their own and in their own time. According to Pehrsson et al. (2010) “the practice of child-centered play therapy includes providing a stimulating but safe environment that encourages creative and expressing play, rigorous and creative development of the therapeutic relationship, use of therapeutic responses that reflect deep understanding and honoring of the child’s experience, and limit-setting that provides the necessary structure for safety and learning” (p. 93). The non-directive, child-centered play therapy room is the only place in the world where children can self-emancipate, because it is the only space that is intentionally designed to remove all brands and labels, environmental stereotypes, and discrimination in order to provide the child with a uniquely neutral space in which to act out, explore and rectify any ideas, beliefs and experiences that could cause the child to experience incongruence.

During the process of child-centered play therapy, the therapist gives the child an opportunity for self-emancipation; the process of releasing themselves from oppression and or privilege that they have been exposed to. According to Kottman (2011), “The faith that all people have an innate tendency to move in a positive direction, striving toward self-actualization and constructive growth, is a key concept in child-centered play therapy” (p. 13). In the

playroom, children can work through forms of oppression, privilege, and various isms using tools and toys to express their emotions, thoughts, and feelings. The play therapy room includes toys that facilitate the expression of the child's innate valuing system. The toys are not labeled or branded, which foster and facilitate a child's expression of a full range of human emotions and experiences. Child self-emancipation can be thought of as self-liberation from forms of oppression and implicit biases. Children don't necessarily understand these ideas but will act them out in play therapy. The child is allowed a safe space to demonstrate any injustices that they may have suffered through play without judgement. As therapists, we can help them foster this innate sense of oppression and privilege during play. An example of this idea of self-emancipation occurring was through a case study done with African American boys at the elementary school level. The key idea behind these play therapy sessions was to build the children's self-confidence and trust in order to overcome implicit bias that they had experienced in the world. The counselor's emotional support and trust in children's self-actualizing potential were key factors in helping the child cope and grow during play therapy sessions (Baggerly & Parker, 2005). During the play therapy sessions that were implemented, African American boys demonstrated a positive self-concept and internal strength when confronting racist comments and behaviors experienced in the group setting. For example, one African American boy placed a rope around the neck of an African American baby doll and hung it from the door. His brother calmly said, "Don't do that. That's wrong. It hurts my feelings" (Baggerly & Parker, 2005). Thus, child-centered play therapy helped African American boys develop an internal strength to overcome implicit bias in regard to racism. In the safe and supportive environment of the playroom, African American boys were able to self-emancipate from racist values and integrate a positive self-concept, thereby progressing in their racial and cultural identity and development.

Social Justice and Advocacy in the Play Therapy Room

The five faces of oppression include: marginalization, exploitation, powerlessness, cultural imperialism and violence and extermination. Oppression is when people reduce the potential for other people to be fully human and make other people feel less human (Heldke, 2004). At a young age, children recognize these forms of oppression and privilege and can work through these issues in the play therapy room. One form of oppression that is present in the play therapy room is the idea of powerlessness. Powerlessness says one group has while the other does not. People who are powerless are usually ruled by the powerful. The actual definition would be “lack of decision-making power, and exposure to disrespectful treatment because of the lowered status” (Heldke, 2004). In a study by Rawan Charafeddine and her colleagues, children were observed during play involving two puppets. One puppet, who was the dominant one, repeatedly decides the game that they will play. The children then had the opportunity to distribute large and small pieces of candy to the two puppets. Three- and four- year olds were likely to give the big piece of chocolate to the dominant puppet, five-year-olds were equally likely to favor either the dominant or the nondominant puppet, but the eight-year olds were able to favor the nondominant puppet and distribute the larger piece of chocolate to them (Kennedy-Moore, 2016). In this example, at a certain age, the children in the playroom were able to offer rationales of fairness. In other words, as children get older, they are able to understand the idea of powerlessness and show increasing concern for fairness and greater willingness to act in order to rectify what they see as unfair.

Another form of oppression that may be present during play therapy with a child is the idea of Marginalization. Marginalization is “the act of relegating or confining a group of people to a lower social standing or outer limit or edge of society” (Heldke, 2004). In a study done by

Kristina Olsen and her colleagues, children were told about two groups of children that were treated unequally, because members of one group received one cookie instead of two. Then the children had the opportunity to make up for this inequality by how they allocated cookies to the new children that came into the room of the same groups. When group membership was based on White versus Asian ethnicity, the majority of children ages 3 to 11 acted to perpetuate the inequality. In this instance, "Olsen and colleagues suggest that these findings point to the idea that children can understand and sometimes even act upon the need to address inequality and that having learned about the historical and/or modern racial issues involving Blacks and Whites may have sensitized them to this need" (Kennedy-Moore, 2016). Marginalization expels a whole category of people from useful participation in activities and social life, and children recognize this form of oppression, even at a young age. With proper support and guidance from the therapist, children are able to work through this form of oppression on their own in the playroom setting.

Advocacy by children has not largely been a topic of concern since "children are not seen as agents in their own lives. They are only visible as they relate to the adult world" (Grover, 2005, p.528). However, child self-advocacy is possible in the playroom setting and children display resilience in the face of substantial adversity that they face in the world. Although there are many different definitions of social justice, in practice "social justice action involves advocacy-related interventions that address issues of self-determination, social responsibility, and the equitable distribution of opportunities and resources in our society" (Green, 2018). Therapists have a responsibility to help support children during the process of self-emancipation in the play therapy room. According to Young & Cashwell (2017), "Social justice counseling refers to counseling where the mental health counselor recognizes the oppression, privilege, and

discrimination have an impact on the mental health of clients” (p. 57). Helping children overcome various forms of oppression, privilege and other isms is important to a child's growth and overall wellbeing. When children can work through these various forms of injustice, they are better able to embrace this idea of social justice, increase their self-esteem, and build a positive sense of identity needed for a successful future.

Implicit Bias in Children

Implicit biases are attitudes or stereotypes that unconsciously affect our understandings and actions in a given situation. Research shows that these biases are activated unconsciously, involuntarily, and without one's control. They can be positive or negative, are pervasive, and everyone is susceptible to having implicit biases, including children (Schubert Center for Child Studies, 2014). Although children have implicit bias when they enter the playroom, they also have the innate ability to overcome these biases through non-directive, child-centered play therapy. According to the Schubert Center for Child Studies (2014) , "Implicit biases are formed in numerous ways such as through exposure to the media, cultural stereotypes, and one's own experiences" (p.2). These influences can affect a child during their formative years in a profound way. In fact "research indicates that children are not only aware of biases, but that they too have the potential for developing biases at least as young as age four" (Schubert Center for Child Studies, 2014, p. 3). An example of implicit bias in children was from a study done in the 1940's called the Doll Studies. In the 1940's, African American psychologists Dr. Kenneth and Mamie Clark conducted a series of experiments to study the psychological effect of segregation on African American children. In this colloquially called “doll studies”, the doctors brought together African American children between the ages of three and seven to present them with four dolls who were identical in nature except for their skin color. There were two black dolls and two

white dolls and the children were asked to identify the races of the dolls and which doll they preferred (Saad, 2020, p. 63). The subjects were presented with four baby dolls. The dolls were identical with the exception of skin color. There were two Black dolls with black hair, and two White dolls with brown hair. When presented to the subjects, the dolls' extremities were identically positioned. The results of the Clarks' Doll Studies revealed a marked preference among Black children for the White dolls on the evaluative dimensions and some ambiguity on the racial awareness and identification dimensions. In fact, it was reported that light-skinned Black children often "misidentified" White dolls as looking most like them. These results seemed to suggest that, in showing a preference for White dolls on the evaluative dimensions, the Black children held unfavorable attitudes towards the Black dolls and, by extension, their own race. Consistent with this interpretation, when rationalizing their preference for the White dolls, some of the participants described the Black dolls as "dirty" and "ugly" (Bagby-Young, 2008). As seen in this study, the results were that "a majority of the children preferred the white doll, assigning more positive traits to it than the black doll. The conclusion of the experiment was the prejudice, discrimination, and segregation had created a feeling of inferiority among African American children and damaged their self-esteem" (Saad, 2020, p. 63). For a long time, children have been demonstrating their bias which they adopted through culture, and even non-white children would say that the dolls who were non-white were dirty or bad. It is important for the therapist to understand and recognize the presence of implicit bias in the playroom in order to help the child work through these internal biases and overcome them. One way that the therapist can do this is to recognize implicit bias present in themselves so they are better able to support the child with their implicit bias in the playroom. Self-reflection and unlearning of biases takes time and

motivation to change, but is necessary in order to help the child self-emancipate in the play therapy room.

Multicultural Counseling with Children

Multicultural competency is increasingly viewed as a crucial skill for counselors who work with children in the play therapy room. Young and Cashwell (2017) states, "from a multicultural perspective, understanding one's culture is central to understanding human behavior, therefore, a mental health counselor cannot assess, evaluate, diagnose, or interpret a client's behaviors, or facilitate change, without considering the cultural context of the client and oneself" (p. 59). It is important for the therapist to know that a child's play is culturally specific, and it is important to be sensitive to the child's diverse background. There are "several strategies for addressing privilege and oppression both in training and in practice. These strategies include increased awareness of yourself as a cultural being, increased knowledge of clients' cultural heritage, fostering empathy, expanding dialogue of invisible minority statuses, and infusing non-Western therapies into instruction" (Young & Cashwell, 2017, p.63). Play therapists must fully understand the concept of culture and its potential impact on their own lives and in the lives of their clients in order to help children self-emancipate during the play therapy process. Second, play therapists need to develop adequate levels of culturally related awareness, skills, and knowledge so that they can ensure the work that they do is more culturally sensitive and competent in the playroom. According to O'Connor (2005), "One of the key problems faced by play therapists who attempt to do culturally sensitive work is the conflict between some of the basic assumptions of the majority of play therapy models and the value of certain groups (p. 567). This can be overcome through awareness, increased knowledge, and infusing culturally sensitive interventions into counseling with the child. One technique that can be used in the play

therapy room to help the child overcome oppression and develop a stronger self-identity is to have them put relevant symbols on a shield cut out of cardboard. The children are then encouraged to put identities about which they feel secure on the outside of the shield while putting identities about which they are uncomfortable or which make them feel vulnerable on the inside of the shield where they can be protected. The play therapist would then help the child develop strategies that would allow them to become sufficiently comfortable with the identities in the inside of the shield to consider moving them to the outside thus helping the child overcome forms of oppression they have experienced in society (O'Connor, 2005, p. 569). According to Kottman (2011), "socioeconomic, cultural, racial, ethnic, religious and political factors all have a tremendous impact on children and how they view and interact with the world" (p. 267). Identifying culturally sensitive counseling interventions and developing multicultural competence among mental health professionals is critical in the field of child-centered play therapy in order to help children self-emancipate in the play therapy room.

Conclusion

During a child's early life, the brain develops most rapidly and these years are crucial for improving educational, health and social outcomes later in life. Access to opportunities for imaginative play is foundational for later success in the life of a child. A body of research on play has shown that play is key to healthy child development. In fact, "pretend play has been linked to the development of a variety of skills such as creativity, problem solving, emotional regulation, and social and educational adjustment" (Schubert Center for Child Studies, 2014). Through non-directive, child-centered play therapy, a child is able to enter a therapeutic environment where they can create their own world and work through any forms of oppression, privilege, and all the isms - "racism, sexism, classism, discrimination, poverty, child exploitation,

racial profiling, educational achievement gaps, and violence against racial, ethnic, and sexual minorities” (Young & Cashwell, 2017, p. 61). Therapists have a unique position being in play therapy with the child where they can help the child explore their implicit bias through play. According to Nietzel (2018), "understanding the role of implicit bias in the use of exclusionary practices is a necessary first step in addressing the problem" (p. 240). It is important for therapists to identify their own implicit biases, reflect on how these underlying attitudes influence their interactions in the playroom, and work to unlearn these implicit biases to be the best possible support to the child. The ways in which children engage in play largely depends on their worldviews, background, and intersecting cultural identities. In order to be a culturally sensitive therapist, these factors must be carefully considered before working with children in the play therapy room and supporting them in the self-emancipation process. True cultural competence in play therapy requires that therapists have a good understanding of their culture and environment as well as the ability and desire to become fully aware of their child client's culture and their place within it. When a child feels safe in the playroom through the power structure that exists between therapist and child, they are able to engage in play that allows them freedom to express themselves and overcome both social injustices and implicit biases that they have experienced in the world.

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