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Play therapy with adults

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Abstract

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Play therapy has been adapted to fit different theoretical orientations and multicultural considerations, and it can be demonstrated through a variety of mediums and formats. There is a lack of adequate information and research concerning play therapy. The purpose of this paper is to review the current literature concerning play therapy with adults and provide further recommendations.

Play Therapy with Adults

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Abstract

Play therapy is a type of therapy that utilizes play as the method for communication instead of the traditional talk therapy. It is most often used with children, but it can also be used with adults regardless of age, ethnicity, or background. Play allows people to experiment with different roles, learn and try new skills, and create or recreate events from life. Play therapy has been adapted to fit different theoretical orientations and multicultural considerations, and it can be demonstrated through a variety of mediums and formats. There is a lack of adequate information and research concerning play therapy. The purpose of this paper is to review the current literature concerning play therapy with adults and provide further recommendations.

Play Therapy with Adults

The renowned Greek philosopher, Plato, once said, You can discover more about a person in an hour of play than in a year of conversation. Plato understood the power and the benefits of play. In order to understand play therapy, one must first understand the experience of play. Play allows people to experiment with different roles, learn and try new skills, and create or recreate events from life. People can let their guard down, be silly, and act out their fears and dreams through play. Play provides a non-threatening atmosphere for facing traumatic emotional issues which allows some of the hidden issues and their meaning to surface during play. Children lack the developmental ability to identify and express their feelings and thoughts verbally; therefore, play therapy offers children a different method for expressing feelings and thoughts (Schaefer, 1993; Boik & Goodwin, 2000). This idea can be applied to adults as well. Adults who experienced traumatic events as children may be unable to describe the event or their feelings or resist exposing their past.

Play provides many different functions that allow the clients to feel safe to explore their issues. Landreth (2001) describes play as the “most complete form of self-expression developed by the human organism” (pg. 4). Play often allows people to express their subconscious thoughts and fears, therefore, play therapists are able to help clients deal with serious issues in a less threatening manner (Gallo-Lopez & Schaefer, 2005). Play has been used in therapy because of the above mentioned benefits that allow clients to feel comfortable and explore their issues in a less formal manner.

Although most of the play therapy literature focuses on children, it is important to remember that similar to children, adults may also have difficulty talking about very

personal issues in traditional talk therapy and therefore may benefit from the use of play therapy. This difficulty is due to the intensity of emotions that adults may experience, rather than the lack of developmental ability to express themselves in words. With play therapy, adults can feel more at ease addressing issues and may view a dilemma from a new perspective through their play. "In recent years the rediscovery of the power of the child within each person, young and old, male and female, has encouraged mental health workers to use play therapy and other experiential therapies for all clients" (Boik & Goodwin, 2000, p. 10). The potential benefits of play therapy are not restricted by age; adults can find play therapy helpful by finding their inner child and giving it a voice.

Adequate research and information regarding play therapy is lacking (Bratton, et al., 2005). One possible explanation for the lack of research is that there are numerous different theoretical orientations for play therapy that makes it difficult to research play therapy as an overall type of therapy. Play therapy is often integrated with other techniques and is not used separately.

The majority of the current play therapy research focuses on play therapy for children; however, the purpose of this paper is to review the current literature concerning play therapy with adults and provide a rationale for using play therapy with adults. Some of the topics that will be explored in this paper include the history of play therapy, pioneers in play therapy, techniques used in play therapy, and multicultural considerations with play therapy. Although it will not be a focus in this paper, play therapy can also be used with groups, couples, and families.

It is important to note that the term expressive art therapy is sometimes used instead of play therapy, especially when referring to play therapy with adults. Expressive

art therapy techniques include art and drawing, play, sand tray, writing, and storytelling (Snyder, 1997). For the purpose of this paper the term play therapy will be used in reference to expressive art therapy techniques and other play therapy techniques.

History of play therapy

When reviewing the literature regarding any topic, it is important to examine the foundations of that topic and to determine the progress or lack of progress that has been made. Also, it is necessary to know the history of a topic in order to determine where the future will lead. Play therapy has grown and expanded over the years. For example, sand play therapy was originally created for use with children, but it has now been expanded and used with adults, couples, families, and groups for multiple therapeutic benefits (Boik & Goodwin, 2000).

Although there is not an ample amount of research concerning play therapy, play therapy practices date back to the early 1900s (Bratton, et al., 2005). Anna Freud and Melanie Klein are considered the originators of play therapy with their development of psychoanalytic play therapy (Bratton, et al., 2005; Gil, 1994). Although psychoanalytical theory was the first form of play therapy, numerous theories have been adapted to play therapy and products have been created specifically for play therapy which reflect the different theories and adaptations. A few of the forms of play therapy will be mentioned.

Virginia Axline is another prominent figure in the history of play therapy. Axline was the first to use a nondirective approach in play therapy. Furthermore, Axline created interest in play therapy after writing about her play therapy experiences with a client, Dibs, as documented in the book *Dibs in Search of Self* (Axline, 1969).

Garry Landreth is a current contributor in play therapy. Landreth is one of the creators of child-centered play therapy, which is popular today. Landreth has also further developed filial therapy which was established by Bernard and Louise Guerney (Bratton, et al, 2005). Filial therapy includes the parents in the therapeutic process by teaching parents techniques to use with the child.

Some other well-known contributors to the field of play therapy include persons who created play therapy to fit with different theoretical orientations. These theories of play therapy include Gestalt play therapy (Oaklander, 1994), Adlerian play therapy (Kottman, 1995), ecosystemic play therapy (O'Connor, 2000), and prescriptive play therapy (Schaefer, 2001 as cited in Bratton, et al, 2005, p. 3). There are a number of other contributors to play therapy as play therapy is continuing to grow in the counseling field.

Adult play vs. child play

In order to understand the benefits of play therapy with adults, it is important to understand the type of play that adults engage. It seems there is a stigma linked to adult play. According to Schaefer (2003) "One of the reasons adult play therapy has not been as well developed may be due to a cultural taboo against it, seeing it as childish, frivolous, and contrary to the productive work required of us. This taboo may exist because we labor under the misperception that adult play is essentially similar to child's play" (p. 301). Due to the cultural taboo against adult play it seems reasonable that there is not much research regarding the use of play therapy with adults. However, it seems that therapists are using play therapy with adults, but may not be labeling it as such.

Contrary to society's view on play therapy with adults, Schaefer (2003) stated, "There are endless possibilities for the use of play therapy with adults" (p. 8).

Children and adults engage in different types of play. The type of play that children engage in is labeled freestanding which means that it is easily identifiable and a separate activity (Schaefer, 2003). On the other hand, adult's play is imbedded, meaning that adults playfully engage in activities that are also productive and purposeful (Schaefer, 2003). Adult play may be labeled team building or stress releasing activities.

Furthermore, adults engage in different types of play that may not appear the same as child's play. For example, dressing up for costume parties is a form of play for adults because they are able to role play and try out different characteristics. Also, adults often engage in multi-developmental tasking that incorporates play such as laughing while driving or dancing while vacuuming (Schaefer, 2003). Understanding the distinction between adult play and child play is important for play therapists to explain to their clients and to other colleagues.

Play therapy capitalizes on adult's enjoyment of play and utilizes different techniques that can benefit adults in a therapeutic manner. Some adults have suppressed issues for many years, but are able to let the difficult issues surface through the relaxed environment of play therapy and the subtle ways of approaching their issues.

Rationale for using play therapy

Play therapy can be used with children, adolescents, and adults. It can also be used with individuals, groups, couples, and families. The basic goals of play therapy are the same for any age group, but the methods or approaches may be adapted to appropriately match the developmental abilities of the client. The goal of play therapy is

to provide an environment and relationship in which clients feel at ease to express their thoughts and feelings through play. Playing also helps the therapist and client develop a relationship and deal with issues in a less threatening way (Gallo-Lopez & Schaefer, 2005).

Adults were once children and can benefit from the different aspects that play therapy can provide. Adults often deal with stress on a daily basis and are not able to feel comfortable enough to express their feelings without feeling judged or vulnerable. Adults have responsibilities and expectations to maintain self control, yet play allows them to relive their care-free days of childhood or if they did not experience a care-free childhood, they may be able to recover what was missed. Furthermore, Snyder (1997) claims that, "Because play is the medium of learning for children, adults who did not play much as children can benefit from returning to that medium" (p. 79). Adults can discover their inner child and address issues from childhood.

According to Boik & Goodwin (2000), "Humans have a need and desire for play to free creativity, inner feelings, perceptions, and memories and to bring them into outer reality" (p. 10). Play therapy capitalizes on this notion by allowing clients to physically create their feelings, perceptions, and memories and explore them. Furthermore, it can be quite effective to incorporate several different therapeutic modalities. Play therapy allows for with the use of talk therapy in addition to the play therapy techniques which allow for physical representations of things that may not come out through talk therapy (Strauch, 2007). Play therapy is effective for adults because "like children, adults can heal in the metaphor"(Schaefer, 2003, p.8). Play therapy utilizes metaphors as the toys become symbols to represent experiences, people, and feelings for the client. According

to Schaefer (2003), "Play is the most natural tool because, in a therapeutic context, it is impossible to do wrong" (p. 6). Clients are able to relax and allow their feelings and thoughts to freely come to the surface while playing. Play therapy helps adult clients express and explore their issues through the symbolic use of toys and games.

Similar to other specific populations, there is a lack of research regarding play therapy for the elderly. The elderly are a population that is often overlooked. The elderly deal with struggles that are somewhat similar yet somewhat different to those of any other age group. Age, medicine, and illnesses can create mental and physical limitations that can hamper identification and expression of problems with the elderly. Some common feelings with the elderly include worthlessness, depression, and grief from the loss of loved ones and the loss of abilities they once had. Play therapy provides a fun and accepting atmosphere which is suitable for the elderly, does not require talking. Similar to any other age group, the activities and therapy needs to be modified to suit the needs and abilities of the elderly in order to be effective.

There is minimal information regarding the effectiveness of play therapy with adults and the elderly although this is an area of research that could be explored more in depth. Landreth (2001) reported a small project conducted with 13 nursing home residents who received play therapy with a master's level therapist. The residents engaged in play therapy with the therapists 1-2 times per week for six to ten sessions. The residents were individually selected by the social worker and director of the nursing home as they were identified as being in need of therapy. After the sessions were complete, some of the benefits included less isolation, less forgetfulness, decreased depression, and increased self-esteem (Landreth, 2001). Although this project involved a

small sample size, it appears that the benefits seem reassuring that play therapy techniques are effective with all age groups. The elderly were once children and enjoy having fun as much as any other age group.

Techniques

Play therapy includes a variety of techniques and approaches including creative writing, sand tray therapy, art, music, games, among other methods. Play therapists use structured play through games and stories and unstructured play through puppets, humor, and sand tray therapy. The theory that a play therapist follows may provide more specific guidelines as to which techniques to use and what types of toys to have available. Most crafts, toys, or games can be utilized in play therapy if they are purposeful. It is important to remember that specific play therapy techniques may not be suitable for every person and every situation. Therefore, counselors need to be aware of the developmental, emotional, and physical abilities of the client and adjust the method of therapy to the clients' needs.

There are numerous methods and techniques that can be utilized with play therapy; however, only a few of the major categories of play therapy and a few specific techniques that have been used with adults will be discussed in this paper. Many modalities of play therapy can be combined to reach the ultimate therapeutic benefits. The limits of play therapy are only bound by the creativity of the therapist.

Sand tray therapy

Sand tray therapy, also known as sandplay, is a popular method of play therapy that is used by therapists of assorted orientations (Boik & Goodwin, 2000). Margaret Lowenfield is considered the creator of sand tray therapy (Bainum, Schneider, & Stone,

2006). Currently, sand tray therapy can be used with any age group and in an individual setting or with groups.

Sand tray therapy allows clients to use miniature figures to represent their world in the sand tray. Clients are able to represent themselves and the events in their life in a way that may be difficult for them to verbalize. Oftentimes, a client will create trays that bring out issues or feelings that they have been unable to acknowledge and the tray helps them bring understanding to the issues or feelings. The physical representation of their world provides a different perspective for the client and therapist to understand and deal with issues (Bainum, et. al., 2006). Clients can also physically change or recreate their world with sand tray therapy which “helps the client move from feeling like a victim of experiences to being a creator of experiences” (Boik & Goodwin, 2000, p. 15). Giving clients the power and control of their world has many therapeutic benefits, especially for clients who were victims of some form.

There are numerous symbols and metaphors that are created while using sand tray therapy. The therapist can gain much insight into the clients’ experiences by attending to the symbols and metaphors. The therapist has options of what the client creates in sand tray therapy. The therapist can choose to be nondirective and allow the client to create whatever they choose, or the therapist can direct the client to create a specific sand tray, such as creating a sand tray of objects they like and dislike, or creating a sand tray around a current issue that the client is dealing with.

Music

Music is another effective tool to use with play therapy. Music is able to provide therapeutic benefits that other techniques are unable to do. Clients may be incapable to describe a problem they have, but may be able to identify a song that depicts the problem or how they are feeling. This avenue of expression is a safe release of emotion that cannot be sufficiently expressed through conversation. Also, music can be used as a coping skill and relaxation tool that clients can use. Listening to and creating music both have therapeutic benefits. According to McClary (2007), “the modality of music therapy attempts to utilize the nonverbal and often non-threatening nature of music to provide a safe place to express the inexpressible. In this capacity the music created in a music therapy session becomes a musical representation of the illness” (p.155). A client may be able to express negative emotions in a more acceptable method by creating music. In addition, therapists may incorporate music with art therapy by having a client draw a picture while listening to music.

Writing

Creative writing, also known as scriptotherapy, is often used in therapy. Scriptotherapy is “the deliberate use of writing designed to enhance therapeutic outcomes” (Riordan, 1996, p. 264). Overall, the research on the effects of scriptotherapy has shown that it is an effective intervention, provides a variety of benefits, and can lead clients to change their thinking and behaviors (Park & Blumberg, 2002; Riordan, 1996). Scriptotherapy includes letter writing, journaling, story writing, song writing, and poetry. Scriptotherapy can be used in conjunction with other play therapy techniques. Poetry and play have often been paired together as both modalities allow for creative expression

(Gallo-Lopez, 2005). In addition, creative writing is often paired with music to enhance the writing process. Clients may write about the music or write about other issues while the music plays in the background (Buchalter, 2004).

Art

Art therapy is another aspect of play therapy that has been utilized and many mental health professionals are recognizing the benefits of incorporating art into the therapeutic process (Strauch, 2007). Drawings, clay, and drama therapy have frequently been utilized with play therapy. Art therapy permits a client to create a physical representation of their issue or problem which allows the client to remove themselves from the issue and/or gain a new perspective of the issue. According to Strauch (2007) "Art becomes a medium through which an individual can express his or her inner self nonverbally through symbols" (p. 207). Feelings and symbols may come through while drawing that the client may not have ever acknowledged or been aware. The client and therapist can then choose whether or not to verbally address the issues that became prevalent in the artwork.

Kottman (1995) describes a number of drawing techniques that are used with Adlerian therapy such as the Kinetic Family Drawing. The client draws each person in their family doing something. This simple drawing technique can contain numerous symbols that represent the relationship between the family members and how the family dynamics affect each member. The Rosebush is a popular technique that has been used with adults (Kaduson & Schaefer, 1997). The client imagines him or herself as a rosebush and then draws the rosebush. The client describes the rosebush through the therapists' questions, such as "Does the rosebush have thorns? How many?" etc. The

client and therapist can gain great insight into the client's feelings, wishes, needs, and wants through the metaphorical rosebush (Kaduson & Schaefer, 1997).

Theories

Play therapy is not linked to one specific theory; rather it has been adapted to fit the theoretical foundations of different theories. Solution focused brief therapy is one such theoretical orientation (Nims, 2007). Additional theories of play therapy include Gestalt play therapy (Oaklander, 1994), Adlerian play therapy (Kottman, 1995), ecosystemic play therapy (O'Connor, 2000), client centered, and prescriptive play therapy (Schaefer, 2001), among others (as cited in Bratton, et al). Each theory utilizes similar concepts of play therapy but adapts specific techniques to the theory.

Some theories focus on more of a directive therapeutic approach while others focus on a non-directive therapeutic approach. Play therapists may use directive techniques in which a client is instructed to create a specific object or event, or the play therapist may use a non-directive technique in which the client is able to create whatever they choose. Both directive and non-directive play therapy have therapeutic benefits. The therapist can choose whichever method is best for them, the client, and the situation. Some play therapists may have time restraints and choose to use directive methods in order to make the most efficient use of their time.

Prescriptive play therapy (Schaefer, 2001) allows a therapist to integrate different theoretical interventions into one treatment plan for a client. With prescriptive play therapy, the play therapist is educated in many theories of play therapy and is able to distinguish which theory will best fit with which client. This approach to play therapy is similar to therapists who follow the eclectic approach with talk therapy.

Issues

Play therapy has been and can be used with many different issues and concerns.

Play therapy is used with clients who are struggling with dementia, substance abuse, victims of abuse, dissociative identity disorder, among others (Schaefer, 2003).

Furthermore, play therapy techniques can contribute to restoring the

“cognitive/intellectual, emotional/affect, and creative/inspiration vacuums in today's stress-driven, technological, impersonal, and often unsafe world” (Snyder, 1997, p. 74).

Therapists need to choose their interventions and techniques that are most appropriate and beneficial to specific clients and their issues. Play therapy may be more effective with some issues than others. There is limited research on the use of play therapy with adults while addressing specific issues, but a few will be discussed.

One issue that play therapy has been used with is victims of abuse or clients who have witnessed abuse (Griffith, 1997; Dougherty & Ray, 2007). Play therapy provides a safe environment and empowers victims of abuse to re-enact events that they may not feel comfortable talking about due to shame or guilt. Anatomically correct dolls and other toys that are representative of genitals are important to have available for victims of sexual abuse or assault. Also, it is important for play therapists to understand other metaphors that may symbolize abuse in client's play as these may be difficult issues that clients may feel too constrained to verbally discuss. Play therapy allows a client to reconstruct an event or recreate their life in a manner that alters their perspective of the abuse and its effect on the client. Also, play therapy helps provide a physical release for working through an issue which may not be achieved through traditional talk therapy.

Art therapy in conjunction with CBT has been used with treating substance abuse (Matto, 2002). Clients may explore their issues and use symbols to express their feelings. Creating art can also serve as a stress reliever for the clients. In addition, “art therapy methodology can provide a mechanism for collecting such collateral information for assessment purposes, can be employed to facilitate therapeutic change, and is used to track and document client progress and clinical change over time” (Matto, 2002, p. 69).

Strengths

Play therapy has numerous strengths that add to its appeal. Play therapy encompasses a variety of techniques and modalities that can be effectively used in conjunction with other non-play therapy techniques. These techniques can be adapted to best fit the clients’ needs. The flexibility and universality are strengths for play therapy. The fun environment and atmosphere is a plus for clients and therapists. The environment helps the therapist and client build a relationship while discussing issues through play.

Oftentimes, therapy is viewed as something formal or forced, but with play therapy, the client may have a more receptive attitude as the therapy seems more user-friendly, less limiting, more fun, and not as threatening. Speaking ability is not needed for play therapy, which allows play therapists to interact with clients who have this limitation. Along the same line, clients with language barriers can experience the benefits of play therapy without verbally understanding the therapist.

Play therapy is continually expanding as it is growing in popularity. Also, play therapy can be used with most theoretical orientations as there are many different

adaptations and theories. There is most likely a type of play therapy that would fit with almost every theoretical orientation.

Limitations

With any type of therapy, there are always some limitations. One major limitation with play therapy is the lack of research and information available. Without much research to support play therapy and provide information therapists may not be as likely to engage in play therapy practices and clients may not understand the benefits of play therapy if there is a lack of research supporting the benefits. Another limitation is that some clients may stereotype playing as non-therapeutic. There is often a misunderstanding and lack of knowledge about the therapeutic benefits to playing. Furthermore, adult clients may be resistant to play therapy if they believe that it is exclusively for children. Although these areas are limitations to play therapy, they are also areas for growth that may improve the outlook and beliefs about play therapy once they are addressed.

Multicultural considerations

Similar to any type of therapy, play therapists must take multicultural issues into consideration. Although play is universal, there are some differences between and among cultures. In order to be effective, play therapists must have an understanding of cultural differences and be able to adapt to the cultural needs of a client. Language barriers can be an issue when working with diverse clients. However, in play therapy, the therapist can interact with the client without having to verbally understand one another. For example, according to Schaefer (2003) sand tray therapy can be used when “cultural differences need to be bridged; especially when the client’s primary language is different

from that of the therapist” (p. 207). The main focus of sand tray therapy involves the placement of the miniatures that the client chooses, and the client does not need to describe what he or she has created.

Some cultures may view play and play therapy as non productive therapy, especially Asian cultures who value achievement and structure (O'Connor, 2005). African American parents may view play as only for young children and may disagree with its use with older children or adults (Gil & Drewes, 2005). Similarly, some Chinese parents want to see the educational value of play and may have difficulty recognizing the therapeutic benefits of play therapy (Gil & Drewes, 2005). It is important for play therapists to acknowledge and respect the differences, and know how to deal with these differences. Play therapists need to be knowledgeable in explaining play therapy and the benefits, but also understand that not all clients will be suitable for play therapy.

Another area of multicultural consideration that needs to be addressed by play therapists is the variety of toys that the play therapist presents to clients. It is important that the play therapist have dolls that accurately represent various ethnic backgrounds and non traditional families that include same sex parents, stepparents, and single parents. Furthermore, when the therapist makes interpretations about the clients' play, it needs to be culturally sensitive and reflect the values of the clients' culture. For example, a client may choose a dragon in which the therapist interprets as a scary item when the client is really trying to represent luck and fortune as the child is of Chinese descent (Gil & Drewes, 2005).

Another aspect that needs to be taken into consideration is the client's gender identity and sexual orientation. The toys should equally represent the roles of males and

females and avoid stereotypes as much as possible, although it may be difficult to find figures that are in non traditional roles. Therapists also need to be careful not to assume a clients' sexual orientation or gender identity. Therapists need to be aware of the impact that their toys and references can have on clients.

Recommendations

Play therapy with adults is an area of interest that seems to be just beginning to be explored. There is currently a lack of documented research and information concerning the use of play therapy with adults. More research would increase the support for play therapy and help others understand what it is and how it can benefit clients. Also, it may clear the misconception that play is only for children.

Furthermore, there is a lack of information and research regarding play therapy with multicultural clients who identify as gay, lesbian, bisexual, and transgender. Therapists will work with multicultural clients and the research needs to reflect this area. Another need for research is the use of play therapy with minority, biracial or mixed ethnicity clients to determine the effects of culture on the clients' play. As therapists are expected to have an awareness of cultural competency, it is important that the research represents information regarding play therapy with diverse populations.

Some further recommendations for research include research using play therapy with clients who have a severe and persistent mental health diagnosis. The current information regarding sand tray therapy with clients who have a severe or persistent mental health diagnosis is mixed. Some researchers suggest that sand tray therapy with severely emotionally disturbed clients may be damaging and ineffective, while others

recommend sand tray therapy with these clients as it may have great therapeutic benefits (Schaefer, 2003).

As the war in Iraq continues, there are numerous veterans who may be experiencing PTSD. Research regarding the use of play therapy with veterans is highly recommended as this may be a growing population that therapists work with. Sand tray therapy has been used with clients who have experienced or witnessed abuse, which has similar effects as witnessing a war. Sand tray therapy is a method that may be useful for the veterans to recreate and change their experiences. Also, play therapy may allow the veterans to explore their combat experiences in a less threatening atmosphere. It might be difficult for veterans to talk about what they saw or did during the war, but acting out their experiences with figurines may be easier.

Also, technology is becoming an increasingly integrated component of much of our lives and it would be beneficial to research the use of technology in play therapy. One possible use of technology would be computer programs in which clients are able to create characters. Through creating an ideal character, the counselor could process with the client differences between the client and the character they created. In addition, a computer program could help simulate different scenarios in which the client could decide how their character dealt with the event. This method of therapy may be similar to some other aspects of play therapy, such as sand tray therapy, yet it would involve the technological component.

There are numerous aspects of play therapy research that could add to the understanding of play therapy with adults. Also, there are many different topics and techniques that could be advantageous to use in play therapy with adults. It is hoped that

research with play therapy will continue and expand this area of study. With more research and information about play therapy, more therapists may be open to the idea of using play therapy with their adult clients.

Conclusion

Play therapy is a popular method for therapists working with children. However, there is a limited amount of information and research that describes the use and benefits of play therapy with adults. Adults can benefit from play therapy as it provides a safe environment for dealing with intense issues. Play therapy utilizes music, art, sand tray, and numerous other techniques.

Further research regarding play therapy with adults is highly recommended. This paper reviewed the current literature concerning play therapy with adults. The topics covered included the beginning of play therapy, pioneers in play therapy, rationale for using play therapy, techniques used in play therapy, and the benefits of using play therapy. Although play therapy is utilized and has been beneficial with a variety of issues and populations, the available literature is still lacking and further research needs to be conducted to support the continued growth of play therapy.

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