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Therapeutic use of adolescent play activities

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Abstract

Play therapy is to the child what verbalization is to the adult (Landreth 1982). Play therapy is utilized by the major approaches in therapy: psychoanalytic, client-centered, Adlerian, group, behavioral, and family (Hughes, 1991; Schaefer, 1976; Schaefer & O'Connor, 1 1983). Play therapy provides the child a natural approach to the therapist, enabling the child to reveal ideas, wishes, fantasies and attitudes without embarrassment or fear of being censored or punished (Lebo, 1982). Whereas generally adults are able to put their feelings, frustrations, anxieties, and personal problems into some form of verbal expression, children are not.

THERAPEUTIC USE OF ADOLESCENT PLAY ACTIVITIES

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Introduction

Play therapy is to the child what verbalization is
to the adult (Landreth 1982). Play therapy is utilized
by the major approaches in therapy: psychoanalytic,
client-centered, Adlerian, group, behavioral, and family
(Hughes, 1991; Schaefer, 1976; Schaefer & O'Connor,
1983). Play therapy provides the child a natural approach
to the therapist, enabling the child to reveal ideas,
wishes, fantasies and attitudes without embarrassment or
fear of being censored or punished (Lebo, 1982). Whereas
generally adults are able to put their feelings,
frustrations, anxieties, and personal problems into some
form of verbal expression, children are not. Axline
(1982) defined play therapy as:

> a play experience that is therapeutic because it
> provides a secure relationship between the child and
> the adult, so that the child has the freedom and the
> room to state himself in his [sic] own terms,
> exactly as he [sic] is in the moment in his [sic]
> own way and in his [sic] own time. (p. 47)

The vast majority of classic and recent literature
on play therapy does not define the age of "children."
However, play therapy case studies almost always describe
a younger child, and the authors seemingly are referring
to children under the age of ten in the discussions on

toys, activities and theoretical rationale for play
therapy (Axline, 1947/1969; Cattanach, 1992; Landreth,
1982; Schaefer, 1976; Schaefer & O'Connor, 1983; Webb,
1991; Yawkey & Pellegrini, 1984).

Children over ten may not respond to conventional
play therapy, as they may see everything in the playroom
as being too juvenile for them (Dorfman, 1951). However,
expressing their thoughts and feelings verbally may still
be difficult for them. One way of solving this dilemma
is through the use of activity therapy, that is
activities involving games, free play, movement, drama,
or art. (Kottman, Strother, & Deniger, 1987). In this
paper, current literature was researched to explore the
usage of activity therapy with adolescents. The
following questions were researched: Can play activities
of the adolescent be used as therapeutic tools to provide
a secure relationship between the adolescent and the
therapist? Can normal developmental adolescent
activities be used to provide a medium for expressing
feelings, thoughts, frustrations and anxieties, or to
allow the adolescent to express him or herself in his or
her own terms? To answer these questions, literature on
adolescent's developmental needs, play, and play activity
therapy was researched.

Adolescent Developmental Needs and Play

Hughes (1991) stated, "the adolescent is engaged in a struggle to create a stable and permanent sense of self, and play often forms the context within which this need can be met" (p. 117). He believed that adolescent play is no less important than the play of childhood in accomplishing the adolescent's developmental tasks.

Adolescents are often dreamers or idealists (Hughes, 1991). Hughes cites Piaget in stating that as children approach adolescence, there is a qualitative change in the processes of thought. Adolescents begin to think about their own thought processes, personality traits, the meaning of political structures and religious ideologies, the nature of their feelings, and the significance of life. Whereas concrete reasoning of the child is focused on the real, the formal thought processes of the adolescent is focused on the possible. This allows the adolescent to go beyond the world as it exists and to speculate about how the world might be.

Adolescents believe that what is of interest to themselves is of equal interest to others and that others are as interested in them as they themselves are. This creates a feeling of always being on "center stage." As a result, adolescents may either become excessively self-conscious or play shamelessly to an imaginary audiences.

They maintain a belief that nothing bad could happen to them and that they are so unique that no one else could possibly share their thoughts and feelings (Elkind, 1981;Hughes, 1991).

A major developmental task of the teenager is to resolve the identity crisis (Erikson, 1963). As Ginott (1969) stated, "The search for personal identity is the life task of a teenager" (p. 26). The onset of puberty is accompanied by such rapid and dramatic physical changes, adolescents must reacquaint themselves with their own bodies. At the same time, there is a change in social roles and expectations as adolescents are no longer expected or allowed to behave like children. There is an expectation that they begin to seriously think about who they are in terms of a work role to prepare for adult life. This is the crisis of identity, and adolescence becomes a trial-and-error process of identity resolution as teenagers test themselves in a variety of ways to deepen their level of self-awareness (Hughes, 1991).

Adolescent activities and relationships reflect their need for self-awareness, sexual identity, socialization, and intimate communication. Much of adolescent play is unstructured such as "hanging around." More emphasis is put on *being* with friends rather than

doing with friends. Movies, television programs or novels can provide opportunities for self-testing, identification with characters or life-styles, and speculation about a hypothetical world. "Hanging around" with friends provides social interaction that gives them opportunities to test and refine their social skills. Others' reactions to them help teenagers understand themselves. Talking to close friends helps them understand that they are not as unique or as weird as they had thought and that others share their feelings and experiences (Hughes, 1991).

Play Therapy with Adolescents

Play therapy with the adolescent reflects adolescent needs and characteristics. Usually this application of play therapy is referred to as activity therapy (Kottman, 1990; Kottman, Strother, & Deniger, 1987). Adolescents are not likely to be comfortable communicating emotional conflict through the use of miniature toys (Ginott, 1961; Kottman, Strother, & Deniger, 1987). Traditional "talk" therapy may be too passive or too threatening for the adolescent as he or she may have a lack of impulse control or a low tolerance for anxiety. Engaging the young adolescent in counseling is likely to be more successful when the counselor uses active and interactive methods that capitalize on the adolescent's development,

behavior, and attitudes (Kottman, 1990). Examples found
in literature are varied, but they are not numerous.
Activities with groups include games, (Crocker, Michael,
& Wroblewski, 1975; Kottman, 1990), role plays,
simulations (Kottman, 1990; Varenhorst, 1973) and planned
outings (Casella & Schrader, 1975). Mutual photo taking
(Mckinney, Seagull, & Turner, 1979), clown and dance
workshops (Nahme-Haung, Singer, Singer & Wheaton, 1977),
and client-centered play therapy (Zuchelli, 1993) are
more unique forms of group play therapy. Individual
activity therapy is often likely to consist of playing
games with the adolescent as a means of establishing
rapport, making assessment of the client and promoting
discussion (Kottman, Strother, & Deniger, 1987).
Sandtray worldplay therapy is reminiscent of play therapy
used with younger children, but is effective with
adolescents and adults (DeDomenico, 1992). Occasionally
the medium of imaginative play, using a variety of
modalities, such as toy figures, puppets, props fashioned
from styrofoam cups, cartooning and dramatic enactments
is appropriate and beneficial (King, 1993).

A ten week experiment was done with borderline
dropout high school students in California (Casella &
Schrader, 1975). Each week for ten weeks, twelve students

who were potential drop-outs, were driven off in a Ford
camper-van for an "urban experience." This consisted of
an on-the-scene meeting with people involved in urban
life, such as union representatives, fishermen and sailors
at the harbor, police officers in the Watts area,
personnel in a hospital emergency room, and so forth.
These encounters were followed by group sessions where
students exchanged stories, opinions, and strong feelings,
spurred by the fresh urban encounter. Casella and Schrader
stated, "This was not an academic urban studies course: it
was true counseling, with elements of interpersonal
struggle, modeling, trust-building, reality-testing, and
catharsis" (p. 48). The authors observed that the
unstructured part of the activity, riding in the van with
the music, smoking, conversation, and spontaneously
rearranging themselves on the open floor of the van, was a
significant factor in the whole experience. In this
study, the experimental group showed more improvement than
the control group in the areas of self-concept, credit
earning and productivity. However, the improvement never
reached a degree of statistical significance. The authors
suggested a study of longer than ten weeks be done and
that other dependent variables, such as items more related
to alienation, community spirit, or group cohesiveness, be
measured. They also suggested that measurement be done by

evaluating tapes of the group sessions rather than testing.

Zuchelli (1993) suggested that "client-centered play therapy" is a beneficial approach to troubled junior high school students. He used a group setting in which the therapists took a warm, accepting, non-directive stance towards the students. He provided an environment for the adolescents in which their needs came first, their feelings were solicited and respected. This involved a relationship in which who they were and not who they were "supposed to be" was validated and encouraged. Zuchelli stated, "In order to successfully implement this approach, the play activities unique to junior high students need to be recognized and accepted for what they are" (p. 15). Group rules were kept to a minimum since, according to Zuchelli, "they [group rules] tended less to organize than to incite" (p. 21). This was in keeping with one purpose of the group, which was to minimize external restraints and encourage self-expression, self understanding and the development of internal controls.

The play activities Zuchelli described for the boys were *fighting, pranking* and *thrashing*. Fighting provided physiological release for tension and aggression caused by their increased levels of testosterone. Zuchelli

believed that fighting helped the subjects establish a gender identity and sublimate homosexual fears and impulses. Pranking was a "game" that included various annoying behaviors, such as producing obnoxious smells and noises from the human body, and the intended consequence of exasperation on the part of the counselor. This "game" communicated familiarity, privilege and acceptance. The students used pranking to camouflage a desire for closeness and acceptance. "Pranking" the counselors allowed the students to experience a relationship that was not based on power. Trashing was a social game in which the idea was to demonstrate to another person the extent to which he or she is inadequate. This also, when played with and tolerated by the counselor, took on affectionate tones and communicated privilege, acceptance and familiarity.

Zuchelli (1993) found that girls also played pranking and thrashing, but were less intense and more apologetic about it. They preferred *reporting* which was telling the group about an event in their life. This was a means of expressing personhood and establishing a social identity. *Make up* was a game that consisted of trying on each others make up and telling each other how pretty she looked. Writing and passing notes, typically about boys, and writing "I luv (boy's name) 4 EVA"(p. 25) on

everything available were activities commonly engaged in by junior high girls.

Zuchelli's (1993) groups consisted of students who were depressed, extremely discouraged, dependent, impulsive, and easily frustrated. About two thirds were acting out by poor academic performance, disruptive behaviors, or remarkable affect which drew negative peer reaction. The remaining third sought support from the counselor on their own. Participation in the group was open ended for two years. Zuchelli stated that this is an anecdotal paper, and that he recognized the efficacy of this approach is speculative and biased. His impression was that half of the students demonstrated some degree of improvement, and ten percent underwent "absolutely miraculous transformations in some aspects of in-school performance" (p. 29). His impression was:

> Virtually all who became involved in the group for students whose appearance and manner caused negative peer reactions improved dramatically in terms of mood and adjustment. Prior to group involvement, the names of these students were continually on the lips of administrators and guidance counselors....[after group participation] Their names were no longer raised at building meetings, indicating less

problematic entanglements with other students and

faculty. (p. 30)

He concluded that these activities, although problematic

for most adults, if accepted as part of a client-centered,

group play therapy format, can provide therapeutic

benefits to troubled junior high students.

The use of games and game theory in counseling can be

useful with adolescents, individually and in groups

(Crocker & Wrobleski, 1975; Varenhorst, 1973; Nickerson &

O'Laughlin, 1983). Crocker and Wrobleski (1975)

maintained that games are an important aid in counseling,

but warn that they cannot provide a panacea. They

identified six helping functions of playing recreational

games in a group setting. Discussion and observation

during and following the playing of a game can sensitize

the players to feeling and attitudes that they hold but

were previously unaware of. A game may help the client

overcome feelings of powerlessness if it sets up a

situation in which anxiety about a certain situation can

be confronted and dealt with. The rules of the game can

be used as an analogy to the norms or expectations of

society. Those who expect preferential treatment from

peers, teachers, or counselors need to abide by the same

rules as everyone else. This expectation can be useful in

helping delinquent young people in accepting the reality

of rules in society and in learning skills such as
negotiating, compromise and competing. A game temporarily
allows a player's childlike playfulness to emerge. Games
allow a permissive climate in which the client can
experiment with new behaviors. Games give the client
opportunities to explore feelings surrounding losing and
winning which can transfer into skills for coping with
aggressiveness, defeat, hostility and praise (Crocker &
Wroblewski, 1975).

Varenhorst (1973) stated that structured simulation
games can be used as an aid in group counseling as the
essence of a game is interaction, encouraging the
withdrawn into active participation. Games provide an
avenue for experiential learning, which may be the best
way to learn many complex behaviors and ideas. They
provide training in intuition-building, problem solving,
decision making and social behaviors. Games can utilize
other players as fellow instructors, providing the players
opportunity to learn individually on different levels.
Rather than depending on the skills of the facilitator,
games have a built in motivation (Varenhorst, 1973).

Mckinney, Seagull and Turner (1979) found that
"photo counseling, both 'mutual portrait taking' and the
sharing of photos are especially appropriate in the

counseling and education of emotionally-impaired
adolescents" (p. 70). The authors hypothesized that this
technique with adolescents is therapeutic because they
are at an age of being "notoriously 'self-conscious'"
(p. 70). They stated, "Changes in growth (both intra-
individual as well as inter-individual and the emergence
of sexual functioning and drive give rise to a heightened
awareness of the need to view him or herself as an object"
(p. 70). The photos give opportunities for the individual
to view self and therapist objectively, arrested in time,
allowing discussion about needs, feelings and ideas about
self and therapist. The sharing of photos from home in
group brought about discovery of mutual interests and
experiences. The authors suggested that photos allowed
the adolescent to discuss his or her experiences from a
safe, emotional distance.

Nahme-Huang, Singer, Singer and Wheaton, (1977) did
an empirical study with emotionally-disturbed,
hospitalized children, involving imaginative play
training and perceptual-motor interventions. The
children's average age in this study was twelve years and
three months. The 36 children in this study were
randomly assigned to the movement, clown or control
group. In both the movement and the clown groups, there
was a significant increase in imaginativeness during the

six weeks training period, which dropped off almost to the baseline level after the training was completed. The groups did not differ in their relative concentration exhibited before or after the training sessions. However, during the training period, the clown group showed significantly less concentration than the control group. In a similar fashion, the clown group was the only group to have a significant increase in aggression during the training which was no longer apparent in the post-training phase. Liveliness and excitement increased significantly during the training phase for both the clown and movement groups, but was not sustained beyond the training phase. Within the movement group, an increase in cooperation and helping among peers was sustained beyond the training period. The two other groups also increased along this dimension, although not attaining a statistically significant level. Within the movement group, there was a significant increase in the interaction with peers during the training phase which did not carry over into the post-training periods. There was an important sustained improvement in body image in the clown group. This was an important variable for this population of children, since many of them exhibit deficiencies in a sense of body integrity and coordination.

Nahme-Huang and her colleagues (1977) viewed these results as positive and stated that the major implication of this investigation was that only an hour a week training in a clown or dance workshop gave severely emotionally-disturbed children increases in spontaneous imaginativeness, liveliness, positive affect, cooperativeness, and body image. The authors attributed the temporary increase in aggression and decrease in concentration within the clown group to a lack of setting limits by the instructors and a too sudden transition from the play session to the daily routine. The authors found the clown workshop afforded the children an opportunity to "try on" a clown identity, as opposed to the negative labels they had picked up from parents. This was reinforced with positive reactions from staff, the taking of Polaroid pictures, and encouraging the children to dictate their stories. They gave a case illustration of a severely disturbed, low-verbal child, who was initially frightened, rigid and tense. After several sessions in the clown group, he constructed a spaceship fantasy and invited a classmate to accompany him in a journey to outer space. Nahme-Huang and her colleagues concluded that further investigation into the enhancement of the imaginative capacities of emotionally-disturbed children should be encouraged.

King (1993) wrote a case study of an adolescent who related to the therapist almost exclusively through the medium of imaginative play. Twelve year old, Guido, had a long history of depression, withdrawal, school failure and minor delinquency. In his two years of therapy, he played prolifically with puppets, toys, dramatic enactment, and cartooning. During this time, Guido's play became more organized, and more communicative as he developed a greater tolerance for his ambivalence. He had fewer episodes of disorganization, rage and despair. Recognizing that Guido had been a prolific cartoonist for some time before treatment, using many of the same mix of "sadomasochistic, perverse fantasies," King (1993) asked the question, "What was the different about his play in analysis?" He answered, "Although play offered Guido a means of representing his painful inner world, his interpersonal dilemmas, and his carefully guarded hopes and longings, it was the shared aspects of this representational activity that gave it mutative potential" (p. 153). Play permitted Guido to establish and maintain a relationship with the therapist in which his intense wariness was buffered through the use of play. He was able to create for himself "a secure setting in which he

could experience pleasure and a sense of emphatic containment and contact under conditions he could control" (p. 154).

DeDomenico (1992) used sand trays with adolescents as well as with children and adults. She described sand trays as an environment where people do not get hurt as they do the business of being a human being. The objects in the sand tray are tools that evoke and communicate experience. When the client handles the objects, the process of experiencing and thinking through the experience is already happening. As the client arranges the objects in the sandtray, he or she uses mind, heart, body and soul in taking images and sand and arranging them in a particular way that is unique in that moment of time. It is a thinking process and a personal process. It is *not* meaningless. If the therapist does not understand the meaning, it is because the therapist is not "getting it" or not initiated into it. The sand tray, itself, is not the beginning and end; rather it is the place of entry into experience. The therapist's main concern should not be the sandtray; but rather the experience that the person is working with. Instead of working on "What does it mean?," the therapist needs to work on "What am I experiencing?" This honors the

integrity and experience of the adolescent working on the sand tray.

DeDomenico (1992) invites the adolescent to use the sand tray as another way of talking. She reassures adolescents that adults do sand trays also and that she herself has done about a thousand sand trays and continues to do them. Some adolescents who are depressed or who have experienced a lot of trauma may not be ready, willing or able to do a sand tray because it takes too much energy or is too overwhelming at the time. It is important to watch body language and find another modality when the adolescent pulls away from the sand tray instead of going towards it.

<div align="center">Conclusion</div>

Play for young children is readily accepted as a necessity for development and a tool for therapy. Play for adolescents is not shown in literature to be as readily accepted as a tool for therapy. A search of the literature found that empirical research on play therapy with adolescents is almost nonexistent. The two empirical studies, Casella and Schrader (1975) and Nahme-Haung and her research partners (1977), gave very limited support to the efficacy of play therapy with adolescents.

However, these authors believed that their studies showed results in a positive direction. This indicates a need for similar studies with some modification in design and length. Other literature on the use of play activities in therapy with adolescents was in the form of reporting experience, anecdotal studies and theory. All of the authors researched were very positive about the usefulness of games and activities in therapy with adolescents.

Adolescents in their everyday lives use their normal activities to meet their developmental needs for self-awareness, sexual identity, socialization and intimate communication. These activities take the form of "hanging out," and "being with:" going to a dance, reading a book or watching a movie. Because these activities are very different from childhood play, activity therapy with adolescents usually takes on a different form than traditional play therapy. However, there are similarities in the rationale for play therapy with children and for activity therapy with adolescents. Games and activities in therapy that use the teenager's normal activities are beneficial in "creating and deepening the therapeutic relationship" (Kottman, 1990, p. 139). This parallels traditional play therapy in which "a play experience is therapeutic because it provides a secure relationship

between the child and the adult" (Axline, 1982, p. 47).
DeDomenico's (1992) sandtray worldplay therapy, King's
(1993) case study of using imaginative play with a twelve
year old boy, and Zuchelli's (1993) "client centered play
therapy" groups are anecdotal examples of successfully
using forms of play therapy to allow adolescents the
freedom and room to express themselves in their own terms
and in their own time, which is how Axline defined play
therapy.

Play activities such as role plays and simulations,
games, trips, and those allowed in Zuchelli's (1993)
"client centered play therapy" groups, provided
adolescents with a medium for expressing their feelings,
thoughts, frustrations and anxieties without embarrassment
or fear of being censored or punished. Activity therapy
with adolescents is more likely to enhance verbal
expression, whereas play therapy with children is more
likely to be a substitute for verbal expression. Activity
therapy, especially games and role plays may have an
educational purpose, which generally is not the purpose in
traditional play therapy.

Play therapy with young children generally deals
with children who have experienced some type of trauma in
their lives such as divorce, abuse, death of a parent or
a natural disaster. The literature on activity therapy

with adolescents does not specifically address any of these issues. One might suppose that adolescents who are acting out, in need of counseling, hospitalized, or at potential for dropping out of school are very likely also children who have experienced some kind of trauma. However, specific studies on the use of play therapy with traumatized adolescents were not found.

A review of the literature indicates a need for empirical studies on the efficacy of play activity counseling. Many therapists involved in this form of therapy believe in its usefulness with adolescents. However, empirical support is minimal, largely due to a lack of empirical studies.

References

Axline, V.M. (1969). Play therapy. New York: Ballintine

Books. (Originally published 1947)

Axline, V.M. (1982). Entering the child's world via play

experiences. In G. L. Landreth (Ed.), Play therapy:

Dynamics of the process of counseling with children

(pp. 47-57). Springfield, IL: Charles C Thomas.

Casella, D.A., & Schrader, D.R. (1975). "Tripping" with

borderline dropouts. The School Counselor, 23,

48-50.

Cattanach, A. (1992). Play therapy with abused children.

London: Jessica Kingsly.

Crocker, J.W., & Wrobleski M. (1975). Using recreational

games in counseling. Personnel and Guidance Journal,

53, 453-458.

DeDomenico, G. (1992). Sandtray worldplay therapy with

the adolescent. The Ninth Annual International Play

Therapy Conference. (Cassette Recording No. F28).

Boulder CO: Perpetual Motion Unlimited.

Dorfman, E. (1951), Play Therapy. In C.R. Rogers (Ed.),

Client-centered therapy: Its current practice

(pp. 235-277). Boston: Houghten Mifflin.

Elkind, D. (1981). The hurried child: Growing up too fast

too soon. Reading, MA: Addison Wesley.

Erikson, E. (1963). Childhood and society (2nd ed.) New
    York: Norton.

Ginott, H.G. (1961). Group psychotherapy with children.
    New York: McGraw-Hill.

Ginott, H.G. (1969). Between parent & teenager. New
    York: Avon Books.

Hughes, F.P. (1991). Children, play and development.
    Boston: Allyn and Bacon.

King, R.A. (1993). Cookies for the emperor: The multiple
    functions of play in the analysis of an early
    adolescent boy. In A. J. Solnit, D. J. Cohen, & P.
    B. Neubauer (Eds.), The many meanings of play (pp.
    135-154). New Haven: Yale University.

Kottman, T. (1990). Counseling middle school students.
    Elementary School Guidance & Counseling, 25, 138-
    145.

Kottman, T.T., Strother J., & Deniger, M.M. (1987)
    Activity therapy: An alternative therapy for
    adolescents. Journal of Humanistic Education and
    Development, 25, 180-186.

Landreth, G.L. (1982). Children communicate through play.
    In G.L. Landreth (Ed.) Play therapy: Dynamics of the
    process of counseling with children (pp. 45-46).
    Springfield, IL: Charles C Thomas.

Lebo, D. (1982). The development of play as a form of therapy: From Rousseau to Rogers. In G.L. Landreth (Ed.), Play therapy: Dynamics of the process of counseling with children (pp. 65-73). Springfield, IL: Charles C Thomas.

Mckinney, J.P., Seagull, A. & Turner, K. (1979). Fostering emotional growth through photography. Academic Psychology Bulletin, 1(1), 69-71.

Nahme-Haung, L., Singer, D.G., Singer, J.L., & Wheaton, A.B. (1977). Imaginative play training perceptual-motor interventions with emotionally-disturbed hospitalized children. American Journal of Orthopsychiatrist, 47, 238-249.

Nickerson, E.T., & O'Laughlin, K. (1983). The therapeutic use of games. In C.E. Schaefer & K.J. O'Connor (Eds.), Handbook of play therapy (pp. 174-187). New York: Paul Wiley & Sons.

Schaefer, C. (Ed.). (1976). The therapeutic use of child's play. New York: Jason Aronson.

Schaefer, C.E., & O'Connor, K.J. (Eds.). (1983). Handbook of play therapy. New York: John Wiley & Sons.

Varenhorst, B. B. (1973, February). Game theory, simulations and group counseling. Educational Technology, 40-43.

Webb, N. B. (1991). Play therapy with children in crisis.
    New York: Guilford.

Yawkey, T.D., & Pellegrini, A.D. (Eds.). (1984). Child's
    play: Developmental and applied. Hillsdale, NJ:
    Lawrence Erlbaum.

Zuchelli, P. (1993). Group play therapy with junior high
    school students. International Journal of Play
    Therapy, 2(1), 15-32.