Play and the Creative Arts:
A review of Concepts and Techniques in the Psychotherapeutic Tradition

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The purpose of this paper is to explore how play and creative arts have been applied in psychotherapy. Toward this end, we conduct a review of academic and practitioner-oriented literature. We find that play and the creative arts typically occur within the psychoanalytic and humanistic paradigms of psychology, and only to a limited extent within the behaviorist paradigm. Whereas play therapies have traditionally been used with children, creative arts therapies have traditionally been used mostly with adults. However, we find that play and the creative arts frequently (though not always) have similar functions: as a means of gaining access to inner resources, and as healing processes in themselves. We also find that the psychotherapeutic field is evolving in such a way as increasingly to blend concepts and techniques from different traditions, and to employ creative methods both for children and adults. We close by briefly considering the implication of these trends for organizational research.

1. Introduction

Over the last three years, research at the Imagination Lab Foundation has focused on the importance of play in organizational life, particularly as a mode of making strategy.[1] As we presented our findings to field of management and organization studies, we were repeatedly reminded of the thriving and diverse traditions of psychotherapy in which play is embraced as a technique for diagnosis, assessment and treatment.

We therefore began to explore some of these traditions in preliminary detail[2] and presented an initial account of our own play-based method of organizational intervention at the Association for the Psychoanalysis of Culture and Society.[3] In early 2003 we began to collaborate with four practicing psychotherapists on a project designed to explore the therapeutic potential of the activities we referred to as 'serious play' in organizational contexts. After six months of conversations, that project stalled in the design stages, and so we did not have the opportunity to gather any empirical data on 'serious play' in therapeutic contexts. And yet we were intrigued enough by these initial attempts to continue with our exploration of written accounts of the field.

This working paper presents what we have learned by reading peer-reviewed scientific publications as well as practitioner-oriented accounts of play-based (and as we will see, art-based) techniques in psychotherapy. We

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[1] For example: Roos, J. and Victor, B. 2001. Roos, J, Victor, B. and Statler, M. 2004. Bürgi, P., Jacobs, C. and Roos, J. 2004.

[2] Statler, M., Roos, J. and Victor, B. 2002.

[3] "Play in Organizations: A Brief Introduction to an Ongoing Research Program." (2002). Presented at the Eighth Annual Conference on Psychanalysis and Social Change, sponsored by the Association for the Psychoanalysis of Culture and Society, Philadelphia.

employ the method of genealogy[4] to present our account of these traditions – this method allows us to trace out lines of historical descent and development, while reflecting critically on apparent divergences and convergences of practice as they appear in the literature. Indeed, although a great deal of scientific theory and empirical research has been conducted to describe the methods and outcomes of play-based psychotherapy, the discipline itself remains primarily one that is carried out in practice by therapists who develop and employ different techniques in direct response to specific problems and symptoms. In recognition of this fact, we have included not only peer-reviewed publications, but also websites, practitioner journals and handbooks, and other how-to materials in our review.

We begin by considering various definitions of play. We then outline the context for our inquiry by providing an overview of the most significant paradigms in psychotherapy that have developed over the last century. Then we present a genealogical account of how specific traditions of practice that involve play and the creative arts have taken shape within those paradigms. We close with a discussion of the trends that we see currently emerging in the field, and we briefly consider the implications of these trends in the context of our ongoing organizational research.

2. Defining Play: Ambiguity and Paradox

"Play" is one of those compelling social phenomena (along with e.g., love, war, work, etc.) that remain very difficult to define clearly or conclusively in spite of the fact that everybody seems to have experienced it at one time or

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[4] This method has been employed to present the outlines and major figures in a historical tradition of research methods in e.g. Romme, A. (2003). "Making a Difference: Organization as Design," *Organization Studies* 14(5), p. 558-573.

another. The simplest, perhaps most intuitive definition of play may be that it is fun.[5] But from this starting point, a number of more precise functional definitions have been developed within the social sciences, each with its own unique epistemological and ontological assumptions. It has been argued for example that: 1) play mirrors and consolidates the development of cognitive stages;[6] 2) play establishes zones of intersubjectivity within which the development of cognition can take place;[7] 3) play is the imitation of adult behaviour among children;[8] 4) play is an intermediary and transitional cathexis between human developmental stages;[9] 5) play is a form of socialisation that proceeds through a series of developmental stages and generates mastery and feeling of competence;[10] 6) play (especially of games) is a useful form of adolescent education;[11] 7) play (especially sociodramatic play) is advantageous to education; [12] 8) play has a complementary relationship to exploration;[13] and 9) play is a preparation for the future.[14]

It is not our intention here to attempt to reconcile all of these various functional definitions into one single claim or set of claims – nevertheless we do believe that together they indicate definitively that something called 'play' is thought widely to have significant importance for human life. If any doubt should remain on this point, one might consult the most widely circulated treatise on the subject, *Homo Ludens*, in which Dutch historian Johan Huizinga examines the role of play in law, war, science, poetry, philosophy,

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[5] Blatner, A. and Blatner, A. 1997, p. 7.
[6] Piaget, J. 1951.
[7] Vygotsky, L.S. 1967.
[8] Malinowski, B. 1944.
[9] Winnicott, D.W. 1971.
[10] Erikson, E. 1950. White, R.W. 1959.
[11] Coleman, J.S. 1961.
[12] Smilansky, S. 1968.
[13] Berlyne, D.E. 1960.
[14] Groos, K. 1901.

and art. Huizinga argues that the instinct for play is *the* central element in human culture – on his analysis, all human activities involve playing in some form or another: "Now in myth and ritual the great instinctive forces of civilized life have their origin: law and order, commerce and profit, craft and art, poetry, wisdom and science. All are rooted in the primeval soil of play."[15] This grand gesture opens up a number of horizons against which playful techniques of psychotherapy can be considered. And yet we must first ask: of what exactly does this 'central element' consist?

In response to this question concerning the 'essence' of play, we have been drawn to those definitions of play that focus on its ambiguous or paradoxical nature. Gregory Bateson has for example famously suggested that play is a paradox because it both is and is not what it appears to be – he claims to have developed this formulation by watching animals at play, and discovering that a playful nip connotes the meaning of a bite without delivering the pain of a bite. [16] Richard Schechner, dramaturge, picks up on this metaphor and suggests that the playful nip is not only a bite but it is also *not* a bite. [17] And yet while the playful nip may not be a bite, it is indeed what a bite means, and in this sense it is a symbolic performance of biting, paradoxically the positive sum of two negatives. The point here is that the essential ambiguity of play allows it to perform, symbolize or otherwise express many different, even contradictory meanings at the same time, as in the case of irony and satire. And while the effects of a symbolized bite can certainly

[15] Huizinga, J. 1938.
[16] Bateson, G. 1955.
[17] Schechner, R. 1988.

include pain, this pain differs from that which is felt from an actual bite.[18] So then, what is the effect of a playful bite?

Especially in view of animal play, it has been widely argued that the ambiguity of play helps intelligent, social animals to deal with and prepare for dangerous situations without taking risk, while at the same time allowing them to communicate with a lesser degree of offensiveness or threat. From a sociobiological perspective, it has been argued that these functional effects of the ambiguous experience of play appear to provide a space for adaptive variation.[19] Following this logic, the essential ambiguity of play makes it the place for the expression of all that can be imagined, and within this increased range of variability, adaptive behaviors can emerge. As Blatner has argued: "A major benefit of play in therapy, education, and recreation occurs because the basic process of accessing creative solutions, ideas, and actions is learned."[20] Such arguments, however compelling they may appear, beg a further, normative question about what play 'should be': why are people not playing all the time, deliberately learning how to adapt and innovate?

As it turns out, perhaps the most crucial ambiguity of play pertains to its instrumentality – as soon as play is instrumentally 'used' as a means to achieve another end, it loses a degree of spontaneity and becomes more arduous, more like work. This paradox requires our careful attention because it directly influences any endeavor to use play-based techniques in therapuetic contexts.

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[18] For example, when the dolls in a Punch-and-Judy show satirize a political situation people can laugh because it is "only" play, but at the same time the message can be taken quite seriously.
[19] Sutton-Smith, B. 1997.
[20] Blatner, A. and Blatner, A. 1997, p.14.

On one hand, to the extent that the ambiguity of play provides a space for innovative or adaptive thoughts and behaviors, it would appear to provide a ready tool in situations (whether educational or therapeutic) where such outcomes are considered desireable. And yet on the other hand, if the play does not remain an 'autotelic' end in itself,[21] it ceases to function as effectively, and the adaptive potential inherent in the activity is constrained by the conscious or unconscious expectations of the participants. The challenge then becomes how to frame the autotelic activity of play within the therapist's intentions (as they are determined within particular therapeutic traditions).

However vexing this paradox may be, its structure should be quite familiar especially to those who believe that the creative arts exist purely 'for their own sake'. According to a basically Romantic conception[22] of creative expression, the performative process of playing or making art is also the goal or outcome of the activity. To be sure, distinctions between play and art are easy enough to identify – play does not necessarily entail the production of some artistic artifact (e.g., projective play) and the production of art need not be particularly playful (e.g., photorealistic painting). And yet, the creative act of making or expressing something new has been described as equally playful and artistic.[23] Indeed, it has been argued that "play and art are the same activity because neither subserves, in any direct way, the process conducive to life and neither refers to ulterior benefits, and the proximate ends are the only ends."[24] While this logic of argumentation may ultimately collapse in

[21] Csikszentmihalyi, M. 1990.
[22] Spariosu, M. 1989.
[23] Malchiodi, C.A. 1998. p. 56-57
[24] Spencer, H. 1896, p. 694, as cited in Sutton-Smith, B. 1997, p. 133.

ambiguity as well,[25] we nevertheless suggest that the close alignment of playful and artistic activities in therapuetic contexts appears to proceed from their uniquely paradoxical instrumentality.

In this regard, whether a creative activity is referred to as playful or as artistic, the technical or methodological challenge faced by psychotherapists appears to involve setting the experiential frame within which an individual (or a group) can engage in that activity for its own sake, without regard for any determinate outcome. While for the participants the 'adaptive potentiation' must itself remain autotelic, affirmed immanently as an end in itself, for the therapist the very same process should serve instrumentally to produce the desired therapeutic results.[26]

In this sense, the ambiguity of play has a temporal experiential dimension as well – even though the ultimate therapuetic goal of psychological well-being might remain relatively fixed in accordance with certain theoretical definitions and assumptions, the proximate goal of a particular therapeutic intervention may remain indeterminate before, during and after the fact, always contingent upon the presenting symptom.

Thus as we begin to clarify the significance of 'play', we find that its role in psychotherapy cannot be considered a unified phenomenon. Instead, precisely as we identify ambiguity and paradox as the 'essence' of play, we

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[25] "To have a sense of play is extremely important to art making, especially when one is using art for therapeutic benefits" Malchiodi, C.A. 1998 p. 57.

[26] We are tempted to say that this frame is the artefact or outcome of the therapist's artistry, whereas the play that occurs within that frame for the participant remains an end in itself for both patient and therapist. The psychic benefits that emerge from that creative activity are the emergent outcomes that could not, in accordance with the paradox as we have defined it here, be known or determined in any way in advance by the patient. Cf. *The Art of Play,* Blatner, A, and Blatner, A. 1997.

must consider how this ambiguity is interpreted and enacted within distinct therapeutic traditions.[27]

As we turn to consider those different traditions, we can characterize our point of departure as follows: we consider play as a mode of experience defined 'essentially' in terms of ambiguity and paradox. This ambiguity itself appears functionally to enable the expression and development of adaptive, creative, innovative, imaginative expressions (i.e., thoughts, behaviors, habits). And while in principle it may always be possible for people to affirm this mode of experience, in practice it can be difficult or impossible to seek out or achieve as an end in itself. For this reason, the role of the 'play' therapist appears to consist generically of enabling patients to engage in playful modes of experience, whereas the outcomes of such interventions generically involve an intensification of the desired therapeutic effects.

As a step beyond these generic claims and toward a better understanding of how play is both theorized and practiced as a technique within specific psychotherapeutic traditions, in the following section we will present a short, genealogical account of how the modern disciplines of psychoanalysis and psychotherapy have developed, primarily since the time of Freud.

3. Three psychotherapeutic paradigms: behaviorist, analytic, and humanist

The late 1800's was a time of intensive and rapid scientific and technological advancement, and the pursuit of objective knowledge also

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[27] As noted above, our lack of empirical data and experience prevent us from considering how, within a particular tradition or even within a particular therapist/patient relationship, play might differ from session to session, or moment to moment.

focused in various ways on the human mind. Inspired by questions concerning individual differences, Wilhelm Wundt[28] observed human behaviour in various experimental situations. At around the same time, Pavlov conducted landmark experiments focused on the behavior of dogs. Watson experimented with human behavior in the early 1900's, and Skinner drew conclusions for human behavior based on experiments with e.g. rats and pigeons starting the 1940's. Many other researchers have subsequently tried to understand as well as influence human and animal behaviour through systems of stimulus and response.[29]

Other researchers interested in individual differences sought to develop methods of inquiry that enabled them to get beyond the ethological surface of human behavior and develop a more profound understanding of the depths of the human mind. Breuer for example used cathartic methods to release symptomatic emotional tensions that he hypothesized were the result of past events that had been forgotten.[30] Similarly, Freud studied hypnosis with Charcot as a means of accessing the unconscious part of the mind which they believed to contain repressed emotions and basic human instincts.[31]

Freud went on to develop the psychoanalytic technique of free associations as a way to encourage the patient to express freely whatever came to his/her mind, and in this way, to reveal the hidden depths of the unconscious. The interpretation of dreams was yet another method developed by Freud, based on the assumption that the unconscious mind would express itself more freely and openly in dream states. Freud's

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[28] www.ingenious.org.uk/Read/Health/Diagnosingcharacter/ThePuzzleSolver
[29] Pavlov, I.P. 1980 (1941/1928). Watson, J. 1913. Skinner, B.F. 1974.
[30] Davison, G.C. & Neale, J.M. 1997.
[31] www.ship.edu/%7Ecgboeree/freud.html

psychoanalysis assumed that the best technique to address what was revealed through these methods was to engage with the patient in the lengthy (requiring three to five sessions every week for a number of years) process of becoming more aware of the tensions and traumas being repressed in the unconscious.

One of Freud's closets followers, Jung[32], also stressed the importance of dreams for gaining awareness of the unconscious mind, but his theoretical assumptions about psychic life went beyond the personal to include the collective unconscious of humanity itself. He referred to the contents of this collective unconscious mind as archetypes, defined as an unlearned tendency to experience things in a certain way. Jung's conceptualization of these influences was, with respect to the theory of the unconscious mind, structurally similar to Freud's notion of biological instincts.[33] And like Freud, Jung believed not only that these unconscious signals revealed themselves in symbolic forms, but furthermore that by exploring these revelations through analysis a patient could identify his or her 'true self'.[34]

But whereas Freud believe that the unconscious mind communicated with the conscious mind only passively, in dreams and through free association, Jung's method additionally involved "active imagination" which he defined as "a sequence of fantasies produced by deliberate concentration" or "dreaming the dream onward."[35] In this regard, Jung theorized the unconscious not just as a receptacle for repressed material, but additionally

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[32] Jung, C.G. and Laszlo, V.S. 1993 (1959).
[33] www.ship.edu/%7Ecgboeree/jung.html
[34] Katharine Briggs and her daughter Isabel Briggs Myers found Jung's types and functions so revealing of people's personalities that they decided to develop a paper-and-pencil test. It came to be called the Myers-Briggs Type Indicator
http://www.ciadvertising.org/student_account/fall_01/adv382j/skatoulaki/personality/jung.html
[35] Malchiodi, C.A. 1998. Pages 225-226.

as a positive resource. His technique emphasized more direct interaction between the unconscious and the conscious mind,[36] in an effort to bring about the realization of the 'Self', an archetype that represents the transcendence of all opposition. Freud and Jung split over these and other differences in 1912.

Otto Rank was however able to focus his research and therapeutic practices on the active, or constructive forces within the individual psyche (including what he considered to be 'a will to health'[37]) while remaining Freud's colleague (from 1906-1926). Their collaboration only cooled off once Rank had already developed a more active and egalitarian psychotherapy, using techniques that were in turn profoundly influential on Carl Rogers. Rogers developed nondirective therapy[38] primarily for adults – his technique was later referred to as client-centered therapy[39] and today is known widely as person-centered therapy. This therapeutic technique was based on the assumption that all creatures strive to make the very best of their existence.[40] Rogers focused on what he considered to be the human actualizing tendency, the built-in motivation to become a fully-functioning person.[41] In the 1950s, Rogers was (together with Maslow) a co-founder of the American humanistic psychology movement.[42] The self-described goal of humanistic psychology is to bring about healing (i.e., self-actualization) through understanding and acceptance by reconciling true self and ideal self.[43]

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[36] Schaefer, C.E. 2003(a), p. 19.
[37] Lieberman, E.J. 1985, Freedheim, D.K.1992 p. 200, and www.ottorank.com
[38] Rogers, C. 1942
[39] Rogers, C. 1951.
[40] www.ship.edu/%7Ecgboeree/rogers.html
[41] As we will see, Rogers' idea resonates strongly with Kurt Goldstein's idea of self-actualization, *i.e.* a holistic view that extend the scientific finding of how other parts of the human brain compensate for brain damage, and to consider this function to be valid and possible for the entire organism: www.ship.edu/~cgboeree/gestalt.html
[42] brainmeta.com/personality/sa.php, www.ahpweb.org/aboutahp/whatis.html
[43] www.psychiatrictimes.com/p961245.html

Along a parallel branch of Freud's legacy, Alfred Adler assumed that all humans have the desire to fulfil our potentials and to come closer to our ideal – and he formulated this drive in terms of a natural 'striving for perfection'. On the question of therapeutic technique, Adler thought that understanding could occur only when the patient was considered as a unified whole rather than as a collection of bits and pieces – and furthermore, that this holistic understanding must also take account of the individual in a particular, physical and social environment. This approach is called holism.[44]

In view of Adler's 'holistic' approach, we find that there are certainly significant and fundamental distinctions between classical Freudian analysis (as it is still practiced today) and humanistic psychology in its various contemporary derivative forms. At the same time, not only the Jungian psychotherapeutic theories and techniques but also the other theories and techniques developed by early Freudian followers share significant assumptions and technical practices. And as we will see these assumptions and practices significantly shaped the conceptualization (as well as the practical techniques) of play and the creative arts.

Perhaps the ultimate confluence of these elements is Gestalt therapy[45] which though it is commonly ascribed to the humanistic paradigm has derived not only from psychoanalysis (via Freud and Rank), Gestalt psychology, and humanism, but also from phenomenology, existentialism, Reichian body therapy, and psychodrama. As with holism, the theoretical focus is on the whole being more than the sum of many parts. And yet, the technique places emphasis on non-verbal communication, and patients are encouraged to

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[44] www.ship.edu/%7Ecgboeree/adler.html
[45] Perls, F. et al. 1951.

intensify the use of the bodily senses.[46] In this manner, more attention is paid to what and how of human activity rather than the why (whether it be biological or spiritual), and the therapist focuses more directly on action processes rather than on problem-solving, assuming that self-awareness of process can lead to change and strengthening of the human self.

We began this short genealogy with a reference to behaviorism, and we end it by acknowledging that alongside the historical development of psychoanalytic and humanistic therapeutic techniques, behaviorism continued to thrive under the banner of psychology. But because this stream of research systematically excluded all the subjective data of human consciousness, and denied that it was possible to know, much less to intervene therapeutically in the 'inner complexity' of the human personality and its development, it was only indirectly connected to psychoanalysis and humanistic psychology.[47]

In view of these three, widely acknowledged paradigms in the recent history of psychotherapy, we now retrace our genealogical steps, this time with a more direct focus on how these different traditions of psychotherapuetic practice conceptualized and employed 'play'.

4. *Creative psychotherapeutic techniques: play and the arts*

Freud asked some of his patients to express themselves by drawings[48] and he also published the first case in which play was used in psychotherapy, "Little Hans", involving a five year old boy with a phobia. Based on Hans' father's notes about Hans at play, Freud conducted the treatment by advising

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[46] www.gestalt.org/wulf.htm
[47] www.ahpweb.org/aboutahp/whatis.html
[48] Malchiodi, C.A. 1998, p. 9 and 24.

Hans' father how to respond to Hans at play. [49] This technical case is notably also the first one in which a child's symptoms were attributed to emotional causes, rather than to the child's education and training.[50]

After Jung's emotional break with Freud in 1912, he opened himself up to inner impulses and remembered a boyhood experience playing in the dirt and constructing a miniature town. He was drawn to the idea and, overcoming his embarrassment at appearing childish, he started again to build in the dirt. He found how this activity allowed him better not only to express his emotional turmoil, but also to process and reintegrate the emotional material in a less threatening way.[51] Jung went on to explore both play[52] and art[53] as methods for unleashing the symbolic and communicative powers of the creative imagination. And yet from this point forward, 'play therapy' and 'art therapy' branch off from each other as traditions of practice.

American doctor Beatrice Hinkle came to Europe in the 1910's to study psychoanalysis. She became deeply fascinated with Jung's work, and brought his ideas to the USA.[54] Through this path, Jung's theories were carried forward in the name of 'art therapy' by the psychoanalytically oriented educator and psychologist Margaret Naumburg (who was herself analyzed by Hinkle).[55] Along a parallel track, Jung's techniques and Freud's ideas were also adopted by Melanie Klein, Anna Freud and others, first in Vienna and later in London, still later in the United States and elsewhere in the name of 'play therapy'.

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[49] Freud, S. 1909, cited e.g. in Freedheim, D. 1992, p. 459-460 and in Schaefer, C.E. 2003 (a), p. 52.
[50] Reisman, J. 1966, cited in Landreth, G.L. 2002, p. 28.
[51] Schaefer, C.E. 2003 (a), p. 17-18. Jung, C.G. 1965, p. 174, cited in Schaefer, C.E. 2003 (b), p. 2.
[52] Schaefer, C.E. 2003 (a), p. 19.
[53] Malchiodi, C.A. 1998 and www.positivehealth.com/permit/Articles/Regular/litt58.htm
[54] Hinkle, B. 1923 and Karier, C. 1986, both cited in www.webster.edu/~woolflm/hinkle.html
[55] Malchiodi, C.A. 1998, p. 35.

We will in the following subsections of this paper begin with the analytic and humanistic traditions in play therapy and see how certain techniques developed, in most cases for use with children, but in some cases also/or for adults. We will then consider how the tradition of creative arts therapies has unfolded along adjacent, sometimes converging lines. As an illustration of this ambiguity, we also present a more detailed account of the concepts and techniques used in psychodrama.

4.1 Play therapies

It has been argued[56] that play therapy really began as psychoanalysts noticed that children differed from adults insofar as they were unable to describe their anxieties verbally as adults did, and they seemed not the least bit interested in free associating, exploring their past or discussing their earliest memories. These limitations inspired therapists to develop a range of play-based techniques based on their own conceptions of what media, and what activities would be most appropriate for children.

So after Jung's mud city, the development of psychoanalytic play therapy continued with Melanie Klein, a follower of Freud's who lingered within his circles and began in 1919 to employ the technique of play as a means of analysing children less than six years of age.[57] Klein assumed that child's play was as motivationally indeterminate as the free association of adults, an her analytic techniques relied heavily on interpretations of preconscious and unconscious meanings of child's play.

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[56] Landreth, G. 2002.
[57] Klein, M. 1955.

During the same period of time, Freud's daughter Anna also began to use play in her therapeutic work with children.[58] Like Klein, Anna Freud stressed the importance of uncovering the past and strengthening the ego, and she also considered play as a medium through which children expressed themselves most freely. Unlike Klein, Anna Freud's direct interpretation of play was minimal because she used play primarily as a means for facilitating a positive emotional attachment between the child and the therapist, which in turn provided the access to the child's inner life. Also at the same time, Hermine Hug-Hellmuth, a teacher in Vienna, emphasized play as essential in child analysis and sought to provide children in therapy with play materials to express themselves.[59] While Hug-Hellmuth did not develop a specific therapeutic technique, she did call further attention to the difficulty of applying methods of adult therapy to children. This attention, in conjunction with Klein's continued attempts to integrate playful methods in her technique, shifted the emphasis within the emerging psychoanalytic tradition from ego development to this mother-child relationship.

Indeed it was Klein in particular who set the stage for the emergence of the object-relations tradition out of classical psychoanalytic approaches.[60] This tradition of play-based practice assumes that the core of psychological functioning is the relationship between the self and significant others,[61] and that these interactions become internalised during the primary phases of human experience in the form of object relations (or templates) that continue

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[58] Freud, A. 1946.
[59] Hug-Hellmuth, H. 1921.
[60] Fonagy et al. 1995.
[61] Glickhauf-Hughes, C. & Wells, M. 1997.

to provide structure for interpersonal dynamics throughout life.[62] The term "object relations" originates from the notion that the primary object, while it is usually a significant human (i.e., usually the mother), can also be an animal or any object that acquires emotional significance for the self.

Building on these assumptions, Margaret Mahler proposed three stages in a child's development from birth to the age of three (normal autism, normal symbiosis and separation-individuation).[63] D.W. Winnicott theorized the 'transitional object' as an ambiguous space between the self and the other, and claimed that these transitional spaces extended throughout human life in the form of religion, art, culture and philosophy. [64] Winnicott seeks to integrate concept and technique fully, claiming that "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative the individual discovers the self."[65] With respect to his technique, rather than solely observing children at play, Winnicott engaged directly in play with the patient – in this regard, object relations play therapy has been considered a relationship therapy, requiring the establishment of a secure emotional attachment between the child and the therapist.[66]

Along another branch of the psychoanalytic tradition, in 1929 London physician Margaret Lowenfeld developed an analytic technique involving play called the 'World Technique'.[67] Children were asked to use small toys in wet and dry sand on trays to 'make their world', thus the name. As a further aid to

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[62] Bowlby, J. 1988.
[63] Mahler, MS. & Furer, M. 1968.
[64] Winnicott, DW. 1971 and Schaefer, C.E. 2003 (a) p. 283.
[65] Winnicott, D.W. 1971.
[66] Schaefer, CE. 2003 (a).
[67] Lowenfeld, M. 1979.

analysis, Lowenfeld explored the possibility of photographing the world that the child had constructed. These techniques were taken further when Dora Kalff, a Jungian analyst, came in contact with the 'World Technique' in 1954. The analytic technique that Kalff developed based on Lowenfeld's techniques and Jung's concepts was called 'Sand Play'.[68]

Assuming that play could created a dialogue between the unconscious and the conscious mind, Kalff used Sand Play to encourage her patients to symbolize and express pre-verbal experiences and blocked energies. She believed that the medium of sand allowed the child naturally to express both the archetypal and intra-personal worlds, while providing a direct, physical connection between the inner world of the mind and outer, everyday reality. She hypothesized that the effect of using this medium for expression would be to activate the child's regenerative and healing energies. More specifically, she thought that when all these dimensions blended within the safe and protected space created by the therapist, a vital connection between the ego and self could be re-established. And once the ego-self axis was reactivated, Kalff theorised, the child would act in a more balanced and congruent manner.[69]

In view of all these different branches of the psychoanalytic tradition, we can say that play has been used primarily as means through which to access and analyze the unconcious mind. The positive affective association with play has been used to help children move beyond the immediate pain or symptom and resume healthy development, theoretically from where it has

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[68] Kalff, D. 1980.
[69] http://www.qterca.com.au/a%20brief%20history%20of%20sandplay.html

been halted or detoured by external trauma or untenable internal conflict (e.g., neurosis).[70]

But where earlier we noted how humanistic psychotherapy emerged from the psychoanalytic tradition, now we return to this juncture again, and find that whereas Rogers had been directly influenced by Rank,[71] he was also influenced by Jesse Taft[72] and Frederick Allen,[73] who had developed and described a technique they called 'relationship therapy'. While relationship therapy did owe a significant debt to psychoanalytic theory, its primary distinction was that Taft and Allen made no effort to explain or interpret past experiences. Instead, relationship therapy focused attention primarily on the present feelings and reactions of the patient in the therapeutic encounter. Working with these influences, Rogers the humanist stressed the inner strength of the child. His play-based technique sought to give the child as much freedom as possible with regard to play, based on the hypothesis that this playful freedom would enable a creative growth process for the child, through which the child could gradually develop a sense of responsibility and self-actualization.[74]

One of Roger´s students, Virginia Axline, developed a version of nondirective (i.e., client-centered) therapy[75] for children, now called child-centered play therapy. Using this technique the therapist makes no efforts to

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[70] Schaefer, C.E. 2003 (a) p. 2.
[71] Freedheim, D. 1992.
[72] Taft, J. 1933.
[73] Allen, F. 1934.
[74] Rogers' notion of creativity appears to be very close to Erikson's notion of generativity, which involves an extension of love into the future, for the next and all future generations: www.ship.edu/%7Ecgboeree/erikson.html
[75] Axline, V. 1947.

control or change the child, but instead (in accordance with theoretical presuppositions) trusts the child's drive for complete self-realisation. As the child plays freely in a well-stocked play-room, the therapist actively reflects on the child's thoughts and feelings, seeking to help the child to accept and deal with these thoughts and feelings once they have been expressed, identified and accepted. In this manner, the therapeutic objectives of self-awareness and self-direction on behalf of the child are achieved. [76]

Adler also came up with a play-based psychotherapeutic method based on the holistic assumption that people are socially embedded, goal directed and view reality subjectively.[77] The Adlerian play process goes through four stages: first, an egalitarian relationship is established with the child; second, the child's lifestyle is explored; third, the child is helped to gain insight into his or her lifestyle; and fourth, there is a phase of reorientation/reeducation.[78] The therapist uses toys, art materials, and books to go through these four stages, and over time the safe space of the play-room provides a forum within which the child can practice healthy skills and attitudes. Adlerian play therapy has been shown to work well with children who suffer from acting-out behaviour as well as for anxious or perfectionistic, and gifted children seem especially responsive.[79]

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[76] Many play therapists today continue to apply the basic techniques of child-centered play therapy. One variation of this tradition is filial therapy, in which the parents are also actively involved (Cf. Guerney, B. G., Jr. 1964). Many variations exist however, some of which have been developed to treat children also younger than 3 years of age (cf. www.playtherapy.org.uk/Resources/Articles/ArticleMBIntro1.htm#Directive%20v%20Non%20Directive%20Approaches)

[77] Adler, A. 1956, cited in Schaefer, C.E. 2003 (a), p. 55-75.

[78] Schaefer, C.E. 2003 (a), p. 62-67.

[79] Schaefer, C.E. 2003 (a), p.72.

All of these psychoanalytic and humanistic traditions continue to exist today, confirming the diversity (if not also the profound impact) of Freud's legacy. Again along the boundaries of these traditions we find that a play-based version of Gestalt therapy has been developed for children. Because experience is the key to awareness, in work with children Gestalt therapists use many different expressive, creative and projective techniques[80] to give the child new experiences to develop awareness about the self.[81]

In view of the Gestalt therapist's orientation toward action, we must also return to consider the use of play in behaviorist therapies. Cognitive behavioural play therapy does exist, primarily as an offspring of cognitive therapy as conceptualized by Aaron Beck.[82] In the mid 1980's, Phillips[83] hypothesized that incorporating cognitive-behavioural techniques into play interventions was fruitful. This hypothesis was later explored, and in 1990 the first case study was published in which cognitive behavioral interventions and play therapy were integrated in the treatment of a pre-school aged child. [84] Based on that precedent, play-based behavioural approaches to child management are often taught by therapists to parents or other caregivers, though they are also be implemented direct with the child.[85]

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[80] Schaefer, C.E. 2003(a), p. 143-155.

[81] While it is not directly related to Gestalt therapy, we should here also mention 'release therapy' (Levy, D. 1938), a structured play therapy approach for children who had experienced a specific stressful situation. Levy felt there was no need for interpretation, but that play in itself was healing and the role of the therapist was to provide the best playful environment and to use play materials to introduce the stress-producing situation when he felt it appropriate. The goal of the process was to move the child out of the passive role, and into an active role characterized by control. Gove Hamidge later took Levy's technique further by introducing 'structured play therapy', which was more direct in introducing events that recreate the anxiety-producing situation (Hamidge, G. 1955.).

[82] Beck, A. 1963.

[83] Phillips, R.D. 1985.

[84] Knell, S.M. and Moore, D.J. 1990.

[85] Schaefer, C.E. 2003 (a), p. 177.

Finally, it is interesting to note that several of these methods have been explored not only for children but additionally for adults. We have noted that already in the beginnings of psychoanalysis, in recognition of the differences between the child and the adult mind, therapists had considered toys as symbolic words in the child's play language. [86] This proposition has guided the use of play in therapy involving developmentally-impaired, or aged patients for whom the 'childish' attitude of play and toys can be useful.[87] Sand Play has for example after many years found its way also into adult psychotherapy.[88] The non-directive technical aspects of Sand Play remain the same for adults as for children – it remains important for the therapist establishes a safe and protected space, within which whatever emerges in the tray should be regarded as appropriate and acceptable. And yet this frame can be more difficult to set, in part because, adults (like Jung) often experience uncomfortable feelings of embarrassment when thinking about playing in the sand, and if they are reflective about the technique, then the playfulness can be constrained by a fear of what might be unexpectedly revealed in the tray.

Other types of adult 'play therapy' exist too, including hypno-play therapy[89] where the patient hypnotically experiences an age-regressed state. Through replacement of negative introjects with new positive ones, hypno-play therapy affords a direct, pragmatic approach to maximizing the resilience posited. Games are also used in behaviorist psychotherapy to train patients

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[86] Landreth, G. 2002, p. 132.
[87] Landreth, G. 2001, 2002.
[88]Schaefer, CE. 2003 (b) p. 195-232
[89] Schaefer, C.E. 2003(b) pp. 324-342.

to accept rules and take defeat in a constructive way.[90] And finally, humour has been employed in psychotherapy as a moderator of life stress in adults, especially among the suicidal elderly.[91]

But as we consider how various other 'play therapy' techniques have been used with adults, they begin to overlap with the creative arts therapies. For this reason, we return one more time to Jung's city of mud.

4.2 Creative arts therapies

While play has in modern bourgeois society been considered an activity appropriate for children[92], art is fully accepted as a sophisticated outlet for adult creativity.[93] As we have already acknowledged, it is impossible to differentiate these two forms of activity along the lines of age and development, especially since different forms of play are frequently integrated into adult life, and art making can have great importance for children. But for whatever reason, creative arts therapies have, in contrast to play therapies, been widely used with adult patients. And yet, we should note that while play became well-established as a technique for treating children, creative arts therapies continue to occupy a space outside the mainstream of psychotherapy, and they are frequently used as a complement to more conventional methods.

Inspired by Beatrice Hinkle's appropriation of Jung's ideas, Margaret Naumburg devoted much of her life to the establishment of art therapy as a discipline, an initiative that the field of psychiatry actively opposed: "She was

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[90] Schaefer, C.E. 2003(b) pp. 317-323
[91] Schaefer, C.E. 2003(b) pp. 107-192.
[92] Blatner, A, and Blatner, A. 1997, p. 92.
[93] Blatner, A. and Blatner, A. 1997, p. 150.

forever pointing out that art therapy, with its use of symbolic language and imagery, was often a more effective road to the unconscious than the usual verbal approach of psychoanalysis and dynamic psychotherapy."[94]   At about the same time, art therapy was being developed in the UK by Adrian Hill[95] as treatment for physical and emotional illness. But like play therapy, art therapy it started out as method of symbolically manifesting the inner life of the mind, and also like play therapy, it was later argued the very process of art making also can be healing in itself.[96]

Particularly inspired by Naumberg's efforts, many forms of creative art therapy have developed and increased significantly in popularity and acceptance over the last half century.[97]   This trend is especially prominent in the US, where the National Association for Music Therapy was founded in 1950 and is today called the American Music Therapy Association.[98]   The American Dance Therapy Associations was founded later in 1966,[99] and the American Art Therapy Association (AATA) was founded in 1969.[100]   Drama therapy had evolved from the mid-1900s from helping inmates perform scripted plays and skits in hospitals and prisons,[101] and then in the 1970s, it became informed by psychodrama (see below).[102]

The psychotherapeutic theories used as frameworks by art therapists in these traditions of practice are manifold. Depending on the therapist's

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[94] Cane, D.K. et al. 1983 and www.webster.edu/~woolflm/women.html
[95] Malchiodi, C.A. 1998 p. 36-37.
[96] Rogers, N. 1993.
[97] www.lesley.edu/faculty/estrella/hompg.html and www.blatner.com/adam/psyntbk/creatartrx.htm
[98] http://www.musictherapy.org
[99] http://www.adta.org
[100] www.arttherapy.org
[101] Emunah, R. 1997, cited in Schaefer, C.E. 2003 (b), p. 50.
[102] These two fields of practice are separated by distinct paths of formation: whereas drama therapists tend have a background in theatre, psychodramatists are primarily trained as psychotherapists and then learn to employ a specifically dramatic technique, Cf. Schaefer, C.E. 2003 (b), p. 50.

training as well as the artistic medium being used, specific practices can include a combination of Freudian free association, Jungian active imagination, Gestalt movement techniques and/or person-centered humanistic approaches. At the crucial point where psychoanalysis seeks insight and awareness, and where humanist therapists strive to enable self-actualization without offering interpretations, creative arts therapies can involve both of these techniques, or neither. In contrast to most other types of psychotherapeutic encounters where the client is alone with the therapist, creative arts therapies are frequently experienced in groups, and the dynamics of the group (as well as the participants' own insights and interpretations) are considered to enhance the individual creative process.

Our genealogical method forces us to acknowledge however, that these paradigmatic categorizations remain imperfect and ambiguous in their definition, breaking down not only across physical and temporal distance, but also in the idiosyncratic specificity of playful therapeutic practice. We can consider the case of psychodrama as an illustration of this ambiguity.

4.3 Psychodrama: A more specific illustration

Psychodrama, invented by J.L. Moreno, provides us with a specific illustration of how various therapeutic concepts and techniques can be blended into a unique and idiosyncratic method that is creative, playful and artistic all at once.[103]

During WWI, Moreno was a consultant to a refugee camp, where he had the occasion to reflect on how groups form. His interest in group

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[103] Fox, J (Ed.) 1987. Marineau, R. F. 1989. Blatner, A. 2003.

dynamics led to the development of sociometry,[104] a social psychological method of analyzing interpersonal emotive relationships within a group and identifying informal leaders, social rankings and isolated individuals.[105]

Moreno moved from Vienna to the US in 1925 and became a physician and professor in sociology. Though he had never been a follower of Freud, he came to share Freud's fascination with the inner qualities of the human mind.[106] His orientation toward method however, distinguished him dramatically from the Freudian tradition. Instead of a couch, Moreno had a stage – and whereas the role of the therapist in Freudian analysis was passive, Moreno actively participated with the patient. [107]

Then in the early 1930's Moreno started experimenting with group psychotherapy, following through on the hypothesis that communication within the group would benefit the individual. In this context, the therapist becomes a facilitator[108] of the activities that unfold in a group. This role can be compared to what a midwife does when assisting in the process of a birth. The facilitator helps the patients to act out their problems, while at the same time acting alongside them. As with other creative arts therapies, psychodramatists assume that the process of performing the analytic content is more valuable than representing it in verbal, propositional language.

The phases of activity in psychodramatic therapy are designed to encourage such creative surprises, and they include:

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[104] Moreno, J.L. 1934 and Schaefer, C.E. 2003 (b), p. 34-61.
[105] www.adit.co.uk/html/sociometry.html
[106] Moreno also had contact with Perls the founder of Gestalt therapy, they met e.g. 1947 in USA, and provided inspiration to creation of Gestalt therapy (the Empty chair), www.gestalt.org/wulf.htm (See also Nietzel, M.T. 1998, p. 293 and 305.
[107] www.psybernet.co.nz/moreno.htm
[108] Heron, J. 1999.

1. Warel-up: in which verbal and non-verbal exercises (e.g., dance and painting) create an atmosphere of confidence and security within the group, enhancing spontaneity and intuition.

2. Drama phase: in which problems, trauma, and/or somatic symptoms from past, present or future are "played out" within the group.

3. Debriefing: in which the group verbally shares experiences and insights.[109]

On closer examination, psychodrama appears as a complex of methods and concepts. The principal person (the protagonist) is aided by supporting players (the auxiliaries), and they collectively act out his/her individual problems under the guidance of a therapist (the director). The therapeutic technique includes a variety of ways to exchange roles (including "asides", "soliloquy", "the double", "behind the back", "role reversal", "replay").[110] Role reversal and exchange in psychodrama can also involve inner characters, and in this way participants can also express creativity in dialogue with themselves. Echoing Jung's active imagination, Moreno held that it is possible to enact events that never happened, creating a kind of 'surplus reality' that expresses psychological truths could be more important than actual historical facts.

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[109] This structure of activities is not unlike other forms of creative arts therapy, which generically include: preparation (gathering of material and deciding on the intention for the creativity), incubation (a preparatory stage of warm-up and relaxation), illumination (action phase) and verification/revision (a conscious process of completing the project) (Malchiodi, C.A. 1998.).

[110] Blatner, A & Blatner, A. 1997. p. 76-82.

5. Summary and discussion

Having followed our interest in the fundamentally ambiguous experience of play from the domain of organization studies into the domain of psychotherapy, from our review we put forward the following claims:

1) Our genealogy of the modern psychotherapeutic traditions indicates clearly that 'play' is neither understood nor practiced uniformly. At a conceptual level, play is frequently conflated with the arts as a form of creative expression, while as a technique, it is frequently reserved for use with children for reasons that seem tactically and historically contingent rather than essential to the activity itself. However, having begun with a consideration the ambiguity of play, we do not find the conflation of play and the creative arts particularly problematic. Indeed, if we consider how play and the creative arts are used in therapeutic contexts, they appear to have two primary functions in common: first, as a medium for symbolic communication, and second as a healing process in themselves. Different therapeutic traditions emphasize one of these functions more than the other, while some traditions hold that they can occur simultaneously.

2) The different traditions of practice that we have reviewed here can be characterized in terms of orthodoxy and heterodoxy. On one hand, there are therapists who consider themselves to be practitioners of an orthodox method associated with a particular historical figure or school (e.g., Freudian analysts, etc.) On the other hand, there are therapists who consider themselves to be practitioners of a method which borrows concepts and techniques from distinct traditions. Of these heterodox individuals, some select a method that has been ready-made from different concepts and

techniques (e.g., Gestalt therapy), while others engage in 'paradigm-agnostic' practice (e.g., prescriptive psychotherapy[111]), borrowing and blending according to their experience with a particular situation. In this light, we suggest that there is an ongoing evolution in the psychotherapeutic field towards practices that draw from and combine several different paradigms.

3) In view of this ongoing evolution, we can identify a series of broad patterns. The notion that verbal language alone is not always sufficient for people to work through their problems appears to be increasingly accepted. The notion that adults, not just children, can engage in and benefit from playful activities appears to be increasingly accepted. The notion that people can engage in playful and creative activities in groups, rather than in individual consultation with a therapist appears to be increasingly accepted. Finally, the conceptualization of the therapists as a facilitator or enabler of playful and creative healing processes that emerge from within the patient appears similarly to have gained more widespread acceptance over the last century.

These trends bring us back to the point where we started, where therapists using playful and creative techniques are developing (or inspiring the development of) similar techniques for use in non-therapeutic contexts. [112]

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[111] Paul, G. 1967 and Scheafer, C.E. 2003 (a) p. 306.

[112] At this point, our genealogy should begin again, and trace the development of play-based techniques in educational contexts. While this matter remains outside the scope of this paper, we have unavoidably noticed that a number of prominent thinkers have contributed actively both to learning theories and to psychotherapeutic practice, including especially Piaget, Rogers, and Maslow. According to Maslow's terminology for the evolution of psychology, behaviourism was referred to as the "First Force", the "Second Force" emerged out of Freudian psychoanalysis and the "Third Force" being the humanistic movement based very much on his own and Roger's ideas. We note with some confusion that while the term 'cognitive' is in education mostly associated with psychoanalytic learning theory (Freud) and constructivism (Piaget), in psychotherapy mostly in connection with behaviourism. However, some neo-behaviourists (e.g., Tolman, Hull, Spence) do bridge the gap between behaviourism and cognitive theories of learning. Cognitive-behavioural therapists (often

Our own research activities appear in this regard as part of an additional trend: to adopt play-based methods that have been developed by psychotherapists to achieve personal and professional development in organizational contexts.[113]

At this juncture, we return to our guiding interest in providing insights that may inspire future research focused on play in organizational contexts. We suggest in view of the concepts and techniques reviewed here that there is great opportunity for playful and artistic techniques to be used in organizations to access inner resources in the individual. We suggest however that the adaptive potential of such activities depends less on the medium of expression and more on the manner in which the activity is facilitated and the intentionality of the participants themselves.

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called just cognitive therapists) see a larger role than traditional behaviourists do for thoughts as causes of overt behaviour (Cf. Nietzel, MT, Bernstein, DA and Milich, R. 1998 (p. 44 and 288).

[113] One significant example of this activity is 'analogically mediated inquiry' as described by Barry, D. 1994.

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