ABSTRACT

Underlying Constructs in Play Therapy Themes:
An Exploratory Factor Analysis

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Play therapy and play are vital to understanding the inner world of children. Children initially lack the vocabulary to fully express their thoughts, feelings, and experiences. Benedict (2001) has developed a classification system of themes for identifying repeated behaviors and ideas expressed in play. The current study conducted an exploratory factor analysis to determine if there is an underlying structure in this system of themes. The themes that were enacted in the play therapy sessions of 352 children enrolled in Head Start were analyzed. The children ranged in age from three to six years and attended an average of fourteen play therapy sessions. The results of the factor analysis indicated that most of the play themes can be categorized into one of nine factors. The nine factors are empowerment/loss of self control, safety, violent violations, parentified internalizing, hyperarousal/dissociation, maltreatment communication, people pleasing, attack/protect from self, and uncertainty/loss. These nine factors are statistically sound and clinically useful. A literature review supported the factors with theoretical, case study, and empirical evidence. Correlational analyses were run between each of the

nine factors and demographic or background information about the children included in the study. These analyses revealed that relationships do exist between specific historical information and play behaviors. Extreme poverty, sex of the child, sex of the therapist, and witnessing domestic violence were all found to correlate with specific clusters of themes. Clinical implications of the nine-factor model were discussed.

Underlying Constructs in Play Therapy Themes: An Exploratory Factor Analysis

by

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DEDICATION

To my parents, Robin and Ginny Hillmann.

Your unconditional and unending love and support have made all of this possible.

CHAPTER ONE

Introduction

Benedict (2001) has developed a classification system for identifying themes in children's play therapy sessions which will be the focus of this research. This research will examine this established system of play therapy themes in order to discover which themes are expressing the same thoughts, emotions, or experiences of a child. This will determine if each of the original play therapy themes are all truly distinct constructs, or if they are representative of a smaller set of overarching ideas. Play therapy is a therapeutic process in which a trained professional helps a child express his or her feelings and cope with his or her world through the medium of play. Play has been used in psychotherapy for children since the 1930's when Anna Freud and Melanie Klein first introduced play to the therapy process (Russ, 2004). Melanie Klein (1955) compares play therapy to free association in psychoanalysis. She noted that play behaviors and words are actually how children express themselves, much as how adults primarily use words.

The Role of Play in Development

Play and learning are inseparable in the earliest stages of life. Play is the medium through which children first learn about their world. There has been a greater focus on academic learning at increasingly young ages, but it is important to remember that "Play is a serious business" (Wood, p. 117, 2008). In recent years, society seems to praise children for academic work and not see the benefit and use of play (Youell, 2008). Some people may even see play as a waste of time that could be spent on academic learning,

but for young children play is their occupation. Play is how a child learns about his or her environment including the people surrounding him or her in this environment. (Youell, 2008).

According to Russ (2004), play is a crucial factor in children's development. Some of the areas where play facilitates growth and change are cognitive development, social skills, adaptive skills, problem solving, empathy, and emotional regulation. Research on the importance of play has found solid evidence to indicate play's vital role in the development of "communication, language and literacy learning; emotional and social development, including social competence and peer group affiliation; spatial and mathematical learning; creativity; the development of positive learning dispositions and orientations; and the formation of identity" (Wood, p. 113, 2008). Clearly play is vitally important in terms of therapy as well as basic human development.

Cognitive Processes Impacted by Play

Russ (2004) indicated four cognitive processes which are used in play. These processes are organization, divergent thinking, symbolism, and fantasy or make believe. As children grow cognitively they are able to utilize more of these skills and in increasingly complex ways. In this context organization refers to the ability to form a coherent narrative which is crucial to the play therapy process. A narrative refers to a child's ability to organize his or her thoughts and experiences in a logical and understandable manner. The creation of a narrative is a large part of the play therapy process. Creating a narrative allows a child to recreate the story of his or her life through play which helps the child make sense of his or her world.

The second of Russ' (2004) processes, divergent thinking, refers to person's ability to have differing ideas, such as creating opposing stories or metaphors. Divergent thinking helps children make sense of conflicting interactions within relationships such as with caregivers and peers. Being able to attribute differing themes to a single individual can be important to the therapy process. For example, a child can create a world in which both a "nice mommy" and a "mean mommy" live, facilitating that child's understanding of an unpredictable mother.

Another cognitive development, which is vital to play and play therapy, is symbolism. Symbolism is the ability to pretend that one object represents another object, for example a child could pretend that a marker is a microphone, or that a stick is a sword. Children will need this level of cognitive development in order to recreate various aspects of their world. The use of symbolism is vital to creating metaphors within the play, as it is inevitable that no playroom is equipped with every possible toy or object the child needs to recreate his or her world.

According to Russ (2004), having one object represent another differs from fantasy or make-believe play. In Russ' (2004) definition, symbolism is different from fantasy or make-believe in that fantasy includes "as if" play or the ability to pretend one is in a different location or at a different point in time. This cognitive ability would be necessary for a child to recreate more complex themes within the play session. Fantasy would be necessary to be able to go into more detailed metaphors and to share about their world at a safer emotional distance. Rather than recreating exact copies of often upsetting or interpersonally stressful situations a child can use make-believe play. In the relative safety of the play therapy room, a child is able to recreate these scenarios with perhaps

puppets or dolls, thus telling their narrative through a make-believe world. These processes, necessary to play therapy, are also important aspects of cognitive development which are strengthened and developed through play.

Social Aspects of Play

When children play with others they must by necessity learn how to cope and work cooperatively with their peers, otherwise they may face rejection. Children must learn how to compromise and share control with peers in order to develop relationships (Howes, Unger, & Matheson, 1992). Playing with peers is crucial to the development of skills such as turn-taking, working with others, and sharing (Glover, 1999). Play is also an outlet and learning tool by which children can communicate and share ideas and feelings, demonstrate empathy, and gain an understanding of others being different from them (Russ, 2004). For example, a child can play school pretending to be the teacher rather than the student, thus considering another person's role or perspective.

Empathy is another area of development which is influenced by play. According to Russ (2004), the research studying play, imaginative play, and overall imaginative ability states that these skills are closely related to one's ability to empathize and understand emotions. Children who more easily engage in fantasy play appear to be more empathic and have a better understanding of others' emotions (Seja & Russ, 1999). Children's understanding and empathy are important for them to be able to play with others, which helps further develop social skills. These social skills also translate to the play therapy room. There is only so much therapeutic work a child can accomplish without directly interacting with a therapist. The more interactive and social the children

become in their play, the more work can be done jointly with their play therapist and the more themes a child can share within this play.

Problem Solving with Play

Problem solving is a skill that children must learn in order to cope with their peers, siblings, adults, and the world in general. "Every child at play behaves like an imaginative writer, in that he creates a world of his own or more truly, he rearranges the things of his world and orders it in a new way which pleases him better" (Freud, p. 35, 1908/1963). Children can create a world they like through play, but they can also create a world in order to try to make sense of and adapt to the world around them. Another use of play is that children are able to make sense of confusing situations through repeated play. For example, a child who has to go to the hospital can begin to understand the experience as something necessary to get well rather than a frightening and painful punishment for an unknown transgression (Chethik, 2000). Russ (2004) noted that play is a way for children to learn and practice how they will approach and resolve problems and conflict. Play can give the child a medium through which he or she can practice and fine tune different attempts at problem solving. Repeated themes in play therapy are often attempts at problem solving. The themes that occur during the play therapy process can guide the therapy and help the child to find other ways to cope and problem solve. These repeating themes, which are a child's attempt at problem solving, help to guide the therapeutic process.

Affective Processes in Play

Russ (2004) describes several affective processes which children develop and use in play. These processes include expression of emotion, expression of affective themes, and comfort and enjoyment in the play. Expression of affective themes refers to the ability to express emotion through symbolic themes in play. This ability is vital to a child's play therapy process. Comfort and enjoyment in the play refers to the ability to be so immersed in the play experience so as to forget oneself and the outside world, much like a "flow" experience for adults (Csikszentmihalyi, Abuhamden, & Nakamura, 2005).

Another affective process impacted by play is emotion regulation. Play is fundamental in the development of emotion regulation. Emotion regulation is defined by Gross (1998) as "the process by which individuals influence which emotions they have, when that have them, and how they experience and express these emotions" (p. 275). Shields and Ciccheti (1998) define emotion regulation as one's ability to adjust emotions so as to interact with one's environment in an adaptive and socially appropriate manner. A common theme in these definitions and an important aspect of emotion regulation is the ability to express emotion without damaging one's interpersonal relationships (Bridges, Denham & Ganiban, 2004). When children have a good understanding of both their own and others emotions, they are better able to express themselves and consider others, thus strengthening their relationships. The skills can be developed with practice, which for children entails playing with others. A child's ability to regulate his or her emotions can be seen through the play therapy process and the themes, which the child uses to express him or herself. Play therapy can also be used to help a child learn to regulate his or her emotions.

Another skill developed through play is increasing one's comfort with and ability to cope with strong affect (Russ, 2004). An example of this would be intense involvement in a play activity, such as playing cops and robbers or to passionately create a drawing or painting. Simply by being exposed to these intense feelings in play the child is less likely to be overwhelmed by strong feelings in other situations. Using pretend play allows children to explore and test out emotions that they have seen in others or have some limited experience with themselves (Russ & Niec, 2011). The play therapy process can also be used to aide children in dealing with new and developing emotions. A negative relationship has been found between creativity, which is an aspect of pretend play, and disruptive behavior. Creative children, who engage in more pretend play, are less likely to engage in disruptive behavior (Butcher & Niec, 2005). Batum and Yagmurlu (2007) found that children who are better at regulating their emotions tend to be better at regulating their behavior as well. This relationship highlights the importance of developing emotional regulation through play whether the play is in therapy or with peers, siblings, or caregivers. Given this information, it seems that some children may engage in disruptive behavior because they have not had enough opportunity to practice feeling strong emotions through play. Therefore, it would seem that children who have experienced interpersonal stress and trauma will need increased creative outlets such as play therapy to help them cope with the emotions of these experiences.

Play Therapy

Although early literature reviews such as Levitt (1957) failed to support the use of psychotherapy with children more recent reviews have supported the overall efficacy of psychotherapy, specifically play therapy, with children (Bratton & Ray, 2000; Bratton,

Ray, Rhine, & Jones, 2005; Casey & Berman, 1985; Kazdin, 1990). Play therapy has become an increasingly popular psychotherapy with children and by the 1990's the majority of child therapists were using play. There are many different therapeutic orientations which each have a different take on play therapy, but the common denominator is play.

Many researchers have found that simply playing with no other intervention can be therapeutic to children (Urquiza, 2010). Play is not only a way to relate to and communicate with children about their difficulties, but also to help children discover new ways to cope with their world (Levy, 2008). Biber (1984) indicated that play

> is distinct from other experiences: there are no directions to follow; the child can indulge and act out the course of his own associations – both feelings and ideas – no matter how far from reality they be, without being corrected or censured; he is his own author and stage manager as he selects from the complex, often confusing, reality of his daily living the pieces of action or meaning or feeling that he wants to relive and with what symbolic forms he wants to reproduce it and rehash it. (p. 192)

Urquiza (2010) noted that play is how children "make-meaning" of their world. With the implementation of play therapy this meaning making play can be used to help children cope with the world they live in when needed. Children are better able to express themselves through play as cognitively they are not yet able to verbally express the full range of their emotions, although words are also used in play therapy. Another argument for using play therapy is that when young preverbal children experience trauma the resultant memories are non-verbal (Green, Crenshaw, & Kolos, 2010). These early traumas may then only be reached in non-verbal ways, thus the use of play therapy. Terr (1988, 1991) found that traumas experienced by young children and infants can be expressed and shared through their play and in some cases showing minute details of the

event. Scheeringa, Zeanah, Myers, & Putnam (2005) found that children aged one to three years old with a trauma history experienced higher rates of posttraumatic play and nightmares than children who lived through a trauma at a later age. Thus it appears that young children with preverbal trauma experiences would greatly benefit from therapy involving play.

Kowalski, Wyver, Masselos and Delacey (2004) found that toddlers benefit from engaging in pretend play with an adult. One of the benefits of these adult-child play dyads is an increase in symbolic play (Kowalski et al., 2004). Symbolic play has previously been defined as play which is practice for future behaviors such as driving a car, caring for a baby, cooking dinner, or perhaps expressing feelings in a healthy and socially appropriate manner. It would seem that children tend to be better able to express their inner worlds with the increased symbolic play resulting from playing with an adult, or therapist, rather than children playing alone or with peers.

Phillips (2010) notes that it is difficult to perform empirical research on the efficacy of play therapy. However, in looking at the literature attempting to validate play therapy, the research has found that play therapy is more useful than nothing at all. Other researchers have been more positive in their assessment of the efficacy of play therapy. A meta-analysis conducted by Bratton, Ray, Rhine, and Jones (2005) indicated that when children are treated with play therapy the average change was .80 standard deviations above the starting point of behavior. This indicates that on average play therapy results in statistically significant changes when used in the treatment of children. Play therapy's impact was found to be statistically significant regardless of the therapeutic orientation underlying the treatment. Research has also found that play therapy correlates with

improvements comparable to those found with most other forms of psychotherapy for adults and children (Phillips, 2010). Ray and Bratton (2010) looked at 13 "experimental" studies, as defined by having a comparison or control group, a clear description of methodology and therapy treatment used, random assignment of participants, and attention was paid to factors effecting internal and external validity. Twelve of the thirteen experimental studies considered by Ray and Bratton (2010) found play therapy to show statistically positive outcomes. The child-centered and non-directive play therapy was found to result in an average of .93 standard deviations above the children's starting point. The non-directive approaches were found to be more effective than more directive or behavioral approaches, although both types of approaches have a clinically significant effect (Ray & Bratton, 2010). Phillips (2010) stresses that there is a need for further research in play therapy in order to create a strong argument for its being an empirically validated treatment. Baggerly and Bratton (2010) assert that researchers within the field of play therapy have made "steady" progress toward "building a firm foundation" for becoming an empirically validated treatment (p. 35). There have been numerous studies that indicate play therapy is an effective therapeutic method.

The success of play therapy depends on a strong relationship between the therapist and child, as this will create a stable, safe, and secure space. Children will not be able to engage in therapeutic play unless they are able to trust and connect with their therapist. As with any type of therapy, the therapeutic relationship is crucial to a positive outcome. Once children are able to feel safe within the therapeutic relationship they are able to share their experiences of the world. This sharing helps children feel some level of control or mastery over their world and thus helps them to develop "a voice," to create a

narrative (Riedel-Bowers, 2009). The therapeutic relationship must be nurtured through empathy, warmth and acceptance, which helps children feel safe. Another use for the empathy and acceptance within the therapeutic relationship is that it can also model these positive behaviors which children can utilize in relationships outside therapy (Green, Crenshaw, & Kolos, 2010).

Children need a stable, secure, and safe space in which to explore their environment and learn about the world, other people, and themselves (Dulmus & Hilarski, 2006). Unfortunately, many children live in unsafe environments that result in interpersonal stress and trauma. Researchers have found that children exposed to trauma manifest numerous difficulties including physical impairments, social skills problems, academic difficulties and developmental delays, anxiety, depression, aggressive behavior, hyperactivity, and posttraumatic stress disorder, resulting in the need for play therapy (Evans, Davies & DiLillo, 2008; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003; Ghazarian & Buehler, 2010; Kitzmann, Gaylord, Holt & Kenny, 2003). Experiencing trauma can be overwhelming for children, but when a loved one is responsible for the abuse or trauma it becomes much more difficult for children to cope or to even learn how to cope and regulate themselves in these and other situations (van der Kolk, 2005). Play is crucial in developing skills such as emotional regulation. Since the research has revealed that traumatized children have difficulty regulating their emotions, it would be logical to use play within therapy when working with traumatized children (Cicchetti & Lynch, 1993; Cicchetti & Sroufe, 2000; Cloitre, Cohen, & Koenen, 2006; Shields & Cicchetti, 1998; Shipman, Zeman, Penza, & Champion, 2000). As described earlier, play is the basic building block which helps children learn emotional regulation.

Trauma-focused cognitive-behavioral therapy (TF-CBT) is an empirically validated treatment for children coping with trauma that utilizes play and has goals that are able to be reached with play (Cohen, Mannarino, & Deblinger, 2006; Cohen, Mannarino, & Deblinger, 2012). The element of TF-CBT that is closely related to the effects of play is development and processing of the trauma narrative. During the phase of therapy in which the child develops the trauma narrative Cohen et al. (2012) suggest that the individual can make up songs, create plays, or use art to express the narrative. Although TF-CBT did not initially focus on play, in recent publications elements of play have been added to the treatment especially with young children (Cohen, Mannarino, & Deblinger, 2012; Gil, 2006). Children will often engage in repetitive play that represents their interpersonal stress or trauma in some way and this behavior has been referred to by play therapists as posttraumatic play (Dripchak, 2007; Gil, 2006). Posttraumatic play is a method for children to demonstrate that they need help to cope with the emotions brought up by trauma (Dripchak, 2007). Posttraumatic play can illuminate areas that the child needs to process through the play themes that emerge. Gil (2006) indicates that posttraumatic play can be another avenue for the narrative and gradual exposure used in TF-CBT for children.

The developers of TF-CBT have acknowledged that the use of play is not only an important part of engaging children in therapy, but is also can be the only way some children can communicate about their trauma (Cohen, Mannarino, & Deblinger, 2012). "Because trauma is not always processed on a verbal level, play allows children to use a multisensory approach to access their trauma memories and create their trauma narrative" (Cohen et al., 2012, p. 107) This empirically validated approach clearly shares some of

the same elements, although different terms to describe it, as play therapy. Adults with a trauma history often create a narrative of their trauma in therapy to help cope with the experience (Cloitre, Cohen, & Koenen, 2006). The use of play therapy with traumatized children parallels the process of creating a verbal narrative with adults, but in a medium in which a child is better able to express him or herself. Much like how adults create and then repeat a narrative of their trauma, for children play creates a safe medium to process their experiences and therefore helps to reduce the intensity of the trauma-induced anxiety with the use of repetition. The medium of play is able to afford children a certain level of safety in that they are able to create more or less distance from the narrative of their trauma experience (Green, Crenshaw, &Kolos, 2010). A child can have other characters act out events, they can move on from the play at any point it becomes overwhelming, and the child can redirect and transform events into corrective experiences (Gil, 2006).

In addition to the empirically validated research, there are many case studies which give evidence that play therapy is a useful treatment for children. Campbell and Knoetze (2010) conducted a case study of a six-year-old boy with a history of neglect and significant parental conflict and inconsistency. After eight months of play therapy the boy showed improvements in his behavior at home and school as well as an increase in self-esteem. Snow, Hudspeth, Gore, and Seale (2007) compared the changes in Child Behavior Checklist scores with changes in play themes over a six-week period in two case studies. The first case study of Snow et al. (2007) was with a sexually abused child and after six weeks there were significant decreases in his elevated Child Behavior Checklist scores and his aggressive play themes. The second case study looked at an

aggressively acting out child. After six weeks of play therapy, there was a decrease in aggressive behavior and play as well as an increase in setting limits for himself and controlling his own behaviors.

Many researchers have sought out how to decrease aggressive themes and behaviors in children's play with peers. Sherburne, Utley, McConnell, and Gannon (1988) were looking at decreasing the frequency of aggressive play themes in children's play in a preschool setting. They worked with changing the consequences of engaging in aggressive play themes during supervised playtime. The children were given the option to play aggressively separate from non-aggressively themed players versus being told they were not allowed to engage in aggressive or aggressive themed play at all. The children given the option to play aggressively elsewhere ended up engaging in less aggressive play than those told to entirely refrain from aggression (Sherburne et al., 1988). Thus it seems that giving children a sanctioned outlet to play out aggressive themes in play leads to less aggressive play themes rather than an increase in aggression that past theorists have suggested (Feshbach, 1956; Turner & Goldsmith, 1971; Etaugh & Happach, 1979). This research implies that children with aggressive behaviors and other problems with emotional regulation would be best served to enter play therapy or another appropriate setting in which they can play through these difficulties. The research to date leaves little doubt that play therapy can be an effective tool when working with children. This leads to the question of what is going on in a play therapy session? One oft-used method of examining play therapy is to examine the themes within the play.

Play Themes

Play themes, which children enact through the play therapy process, and the themes underlying structure will be the focus of the current study. Erikson (1963) gave children an instruction to create a scene from an imaginary story using the toys he provided. The children provided a description of their scene and Erikson found that "seemingly arbitrary themes tend to appear which on closer study prove to be intimately related to the dynamics of the person's life history" (Erikson, pp.99, 1963). Solnit (1993) described play as the expression of metaphors by children before they are cognitively able to express these metaphors with language.

Since the advent of play therapy, theorists have been trying to discover or create a system for understanding these metaphors that appear in children's play. A system would help to not only understand the meaning behind the play, but will also aide in the study of play. Some of the systems that have attempted this are entrenched in theory and have yet to move beyond, some have looked at emotions as the themes of play, others have looked at the overarching categories of children's play, and still others have focused specifically on the individual themes within play activities.

Ryan and Edge (2012) have created a classification system for play themes based on Erikson's first five stages of development which are trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, and identity versus role confusion (Erikson, 1963). Ryan and Edge (2012) list emotions and "subthemes" for each of these stages/themes. Unfortunately, at this point Ryan and Edge's (2012) system seems to be purely based in theory and assumption rather than

research and analysis of children's play, thus further development is necessary before it may be useful to play therapists.

Caulfield (2001) looked at the impact of war themes on children's peer play and the possible emotions behind this play. Not surprisingly, children's war play seemed to most frequently express empowerment through physical strength, skill, or weaponry. Conversely, Caulfield (2001) found that non-war play with the same children seemed to express feelings of connectedness through representations of interactions between family and friends. Caulfield noted that his system was built on the work of Fein (1989). Fein's (1989) system of understanding play involves viewing play activities as an expression of affect on one of five continuums. These continuums are connectedness, physical well-being, empowerment, social regulation, and respect for property. Fein(1989) notes that connectedness refers to interpersonal relationships with one end being secure attachment and cooperative interactions and the other end being rejection and isolation. Physical well-being refers to having basic needs met, being healthy and physically safe to the opposite pole which is represented by threats to health and physical safety. The empowerment continuum has mastery, skill, and confidence on one end and deficiency, failure, helplessness, and dependence on others on the opposite end. Fein (1989) has a continuum of social regulation which refers to following rules whether societal or at home or school on one pole and defiance of rules on the other pole. Finally, the respect for property continuum has protection and construction of property versus the destruction of property. The difficulty in using Fein's system appears to be the oversimplification of children's internal experiences. This is exemplified by the fact that Caulfield (2001) had to add several categories when looking simply at war and non-war themes in peer play

sessions in order to use the system. While the idea of using continuums to define play is intriguing, it appears to need additional categories to define the full spectrum of children's inner world.

Nelson (2007) studied the emotions associated with different pretend play themes in maltreated versus non-maltreated children. Nelson found when maltreated children were able to have some control within their play it resulted in an increase in the child's joy and decrease in the child's anxiety. Maltreated children showed an increase in anger when the theme of cooperation emerged. This is believed to be a reaction to the loss of control when cooperation is introduced. The theme of personal injury/hurt resulted in significantly fewer feelings of fear and sadness in maltreated children when compared to their non-maltreated peers. Maltreated children also showed significantly fewer emotional responses to aggressive themes in play when compared to non-maltreated peers. This may indicate that maltreated children are more familiar with being around aggression, injury and hurt; however, it could also be a coping mechanism such as dissociation. The maltreated children are more comfortable bringing up the themes of aggression and personal injury. Perhaps the increased comfort is because the fear and sadness, which it brings up in non-maltreated peers, is not as overwhelming to maltreated children. The theme of togetherness instigated higher levels of anger in maltreated children, and conversely increased levels of love in non-maltreated children. The theme Nelson (2007) labeled withdrawal increased fear and sadness in non-maltreated children and decreased sadness and fear in maltreated children. Nelson's (2007) themes seem to be broad categories which she then pairs with emotions depending on the child's reported

abuse history. A major concern with this method seems to be how therapists will know when to use a pairing as abuse histories vary greatly and are often not fully disclosed.

Marans, Mayes, Cicchetti, Dahl, Marans, and Cohen (1991) developed thirty theme categories for therapeutic play. These categories were created after watching recorded play therapy sessions. Marans et al. (1991) came up with categories such as cleaning and fixing, rejection, death, being in control, and destruction. Since the initial work, very little research appears to have been done with this system. Marans et al.'s (1991) work presents the interesting concept of having categories of themes that would encompass a variety of similar behaviors, for example sweeping the floor and picking up toys would both fit in the cleaning category.

Benedict's Expanded Themes in Play Therapy (BETPT) is a guide to assist in systematically coding the themes in individual play therapy sessions (Benedict, 2001). The coding system and themes have been observed in play therapy sessions and were initially validated in the research of Holmberg (1998) and further supported by Hastings (2001) and Rupp (2002). The BETPT has allowed themes to be compared not only from session to session with individual clients, but across several hundred clients who participated in play therapy. Thematic Play Therapy is a play therapy approach which directly focuses on the themes which are found within children's play using BETPT. Thematic Play Therapy emphasizes the therapeutic relationship and the themes which the child enacts in his or her play (Benedict & Mongoven, 1997). Ray (2011) also discusses the concept of play themes in play therapy, although she makes a distinction between play behaviors and play themes that does not match the metaphor-focused approach of Benedict.

Benedict's (2001) system originally included 41 play theme content codes, 19 interpersonal-relationship process codes, and 2 process codes (see Appendix A). Play theme content codes include activities such as police fighting monsters which would be coded as good guy versus bad guy (G>B), pretending to feed a baby doll and rock it to sleep which would be coded as nurturing play (NUR+), and sorting plastic animals by species which would be coded as sorting play (SOR). The interpersonal-relationship codes refers to any play in involves a relationship between at least two humanized characters or actual people. An example of this would be when a child gives the therapist a "magic wand" so they can fight the imaginary monsters together and it would be coded as collaboration or cooperation (COOP). Process codes in the BETPT include ways to describe activities such as repeatedly having a character die and come back to life which would be coded as doing and undoing (D/U). The doing and undoing process code demonstrates a child's feelings of ambivalence.

Green, Crenshaw, and Langtiw (2009) indicated that in a play therapy setting some themes warrant special attention when working with children. The themes they found to be of "special" concern when seen in play therapy are death themes, failed nurturance, separation themes, aggressive play, boundary violations in play, safety themes, sexualized play themes, and stage-mix (Green et al., 2009). The BETPT (2001) includes themes that coincide with each of these "special" categories. More recent research has omitted the sexualized play themes and the stage-mix play because of their extremely low occurrence. Benedict (2008) found that the occurrence of sexualized play is relatively rare and is unable to discern between children who were sexually abused and those who were not. Additionally, the stage-mix theme occurred so rarely, less than

fifteen percent of children had one occurrence of this theme over multiple sessions. However, these themes remain part of the BETPT because they have considerable impact in play on the rare occasions when they do occur. The six remaining themes of "special" concern delineated by Green et al. (2009) appear to occur with higher frequencies than the sexualized and stage-mix themes and seem to be able to differentiate between children's histories.

The first of these themes of special concern is death (Green et al., 2009). Benedict (2001) noted that themes of death within play are when a character or inanimate object given the qualities of life dies. The theme is deemed present whether the cause of the death is a result of violence or natural causes. Oaklander (2003) stated that when a child enacts a death scene in play therapy it may be indicative of trauma, grief, a loss of some kind, or anger.

The second theme that should be of extra concern in play therapy is failed nurturance. Themes of failed nurturance refer to a child within play having one character neglect, abuse, refuse to care for, or starting to care for but not following through in a nurturing way (Benedict, 2001). An example of this would be a child pretending a baby doll cried needing to be fed, but rather than feeding the doll, the child hits the baby doll and locks it in "jail." The occurrence of the failed nurturance theme within a child's play can be indicative of a failure of caregivers to meet early needs resulting in insecure attachments between the child and caregiver (Benedict, 2001).

Another theme which clinicians should take special note of is separation. Themes of separation are present when a character leaves or is separated from another character. Benedict (2008) stated that a separation play theme may be indicative of an appropriate

developmental stage such as individuation or rapprochement in toddlers. Conversely, Benedict (2001) noted that this theme may demonstrate reenactments of traumatic separations, anxiety about insecure attachment to the caregiver, or a wish the child has to leave or separate from abuse.

Green et al. (2009) indicated that aggression is one of the main causes that children are brought to therapy, thus the aggressive play themes are important behaviors to watch in play therapy. Research suggested that the unconditional positive regard of play therapy helps guide aggressive children to self-regulate (Green et al., 2009). Benedict (2008) has defined five themes that a child may enact in play with aggressive activity. These five themes are good guy versus bad guy, aggressor-victim play, death play, powerful figure overcoming a weaker figure, and devouring. The death play was discussed earlier. The other themes may be indicative of anger and rage, which may or may not be directed toward a specific person. This can also be a sign that the child feels abused, powerless, has low self-esteem, or may be showing how relationships are in his or her home life.

Boundary violations are another play theme that Green et al. (2009) felt warranted special attention. Boundary violations are when a character ignores a boundary, rule, or request set by a different character. An example of this would be if a character builds a house out of blocks and another character knocks down a wall and uses the blocks for him or herself. A boundary violation theme could suggest abuse in which the child has experienced physical or emotional boundary violations (Benedict, 2008).

The final theme mentioned by Green et al. (2009) is safety. Benedict (2008) stated that safety themes can refer to play that is either containing or protective. When children

enact a containing safety theme they have characters or animals that are enclosed within walls, a home, a jail, or some other structure. A protective safety theme is demonstrated when children create a scenario in which something or someone is kept out of danger (Benedict, 2008). This theme can indicate that a child feels unsafe, the need to be protected, or the need to protect someone else.

Not surprisingly, the content of children's play, as seen through play themes, is impacted by what has occurred in each child's world. It is uncertain what themes may reveal some of the same information, such as trauma histories, cognitions, current life situations, and emotions that a child experiences. The BETPT classification system will be the basis for the current study, which will look at what themes may be demonstrating the same or closely related underlying constructs that could help identify a more parsimonious understanding of children's play themes. The purported outcome of this study will reveal any overlap within the current list of play themes. This will hopefully guide theory about the underlying emotions, trauma histories, and other individual variables that influence children's play. Some variables that may impact different themes are abuse/trauma histories, life stressors, sex, ethnicity, and age which were all provided with each child's initial intake.

Hypotheses

The fundamental assumption underlying this research is that the occurrence of themes for each child involved in play therapy is not a random event, but an expression of underlying thoughts, feelings, and experiences. The goal of this study is to determine the number of distinct constructs needed to account for the pattern of correlations among the themes. Identifying the factors that represent the core expressions of play themes will

help in moving toward part two of this research. This study hypothesizes that an exploratory factor analysis of the play themes enacted during play therapy will illuminate the underlying structure of the BETPT. The researcher hypothesizes that there will be distinct constructs which will represent the shared cognitions, emotions, and experiences between themes.

CHAPTER TWO

Method

Participants

The present study included 352 preschoolers from the Benedict Play Therapy Research Database. Each participant was enrolled in a Head Start program and was engaged in play therapy provided at no cost during the school day. The children were considered at risk and were from low-income families. The children ranged in age from 3 to 6 years old with an average age of 4 years and 3 months. The participants included males and females with 64 percent males and 36 percent females in the sample. The preschoolers involved in the study included African American, Caucasian, and Hispanic ethnicities. The sample had 37 percent African American children, 35 percent Caucasian children, 16 percent Hispanic children, 3 percent described themselves as multiethnic, and in 9 percent of the participants the ethnicity was unknown.

The participants were referred for mental health services in addition to their other Head Start services. All of the children in the study had experienced interpersonal stressors and/or traumas in their lives. Each child attended a minimum of one play therapy session and the most sessions attended were sixty-two. The average number of sessions attended was approximately fourteen. A criterion for inclusion in the study was that the child had to be actively engaged in the play therapy. Some children, whether given five sessions or fifty sessions, will never fully acclimate to sharing in this way. This lack of connection to the therapy process can be seen through very little therapeutic

content in sessions. If a child was able to engage in play therapy, they would have at least an average of two and a half play themes present per session. Any children with fewer than two and a half play themes per session were removed from the participant pool. All children who were able to at least minimally engage in therapy sessions, meaning the total themes present were greater than two and a half times the number of sessions attended, were included in this study. Another criterion for inclusion in the study was that sufficient background information was provided in the interviews, initial paperwork, and therapy notes to understand the circumstances, extent, and type of trauma and/or interpersonal stressors in the child's life.

Procedures

The entire Benedict Play Therapy Research database included 471 case files. As noted earlier, the criteria for inclusion are a recorded physical and/or interpersonal trauma history and sufficient engagement in the therapy process, denoted by an average greater than two and a half themes per play session. Of the 471 files, 66 were removed from the study due to a lack of background information provided or there was no paperwork in the file. The minimal amount of background information necessary to be included in the study was the knowledge of trauma and/or interpersonal stressors having occurred in the child's past or present. The remaining files were then checked to make sure that the children engaged in play fully, as denoted by an average of at least two and a half themes per session. An additional nineteen case files were removed due to a lack of engagement in play therapy. Finally, some children received therapy services over more than one year of Head Start. The children who had more than one therapy file had their sessions combined across years unless more than six months elapsed between sessions. In the

cases where more than six months passed between therapy sessions the year of therapy was included during which the child seemed to attend therapy most regularly. A total of 352 database case files of different children met all the criteria for the study.

The play themes coded within Benedict's (2001) play therapy database included 41 play theme content codes, 19 interpersonal-relationship process codes, and 2 process codes, totaling 62 different codes. The 3 sexualized play themes have been removed from the study as a result of research completed by Benedict (2008). An analysis of the database shows that the occurrence of sexualized play is relatively rare and is unable to discern between children who were sexually abused and those who were not (Benedict, 2008). Additionally, the themes that occurred rarely were removed from the study, as they occurred so infrequently that they would not be able to be useful with this data set. A theme was labeled as rare when less than fifteen percent of children in the database had at least one occurrence of the theme over all of their play therapy sessions. The process codes were taken out of the study as these codes are dependent on other codes, which would only serve to confuse the analysis. Finally A total of 48 themes were found to meet these criteria and are included in the study.

In this study the data are organized one case at a time. The data are composed of 48 numbers per child. Each of these 48 data points are the average number of times a theme occurred during the course of that child's play therapy experience. Thus, one child could have attended ten sessions and another child attended thirty-five sessions, but they will each only have one average per theme for a total of 48 pieces of data.

Measures

The Benedict Play Therapy Research Database includes files of play therapy case notes collected over several years with identifying information removed. The therapist for each of the children talked to the teachers and caregivers during the course of therapy and noted trauma histories in addition to other past and present interpersonal stressors. The information collected by the therapists was then converted to experience codes from the Benedict's Experience Code System (see Appendix B) and recorded in the file.

The background information which is used in the data analysis of this study is the sex of the child, sex of the therapist, age of the child, extreme poverty, exposure to domestic violence, confirmed sexual abuse, a history of neglect, emotional unavailability of the parent, and ethnicity of the child. The age and sex of the child were noted by the therapist who also recorded his/her own sex in the case file. The extreme poverty level of the child's family was a subjective measure noted by the therapist or family. As all families involved with Head Start are at or below the poverty level, the therapist would note extreme poverty when the family had struggled with finances to the extent that basic needs could not be met. The extreme poverty label was often noted in cases of homelessness and/or malnutrition. During the initial intake process with the family or subsequent meetings the history of domestic violence, physical abuse, confirmed sexual abuse, emotional abuse, and neglect were asked about and recorded. The teachers also shared what they saw in interactions between parent and child as well as anything the caregivers shared with them about the child's history and living situation. Emotional unavailability of the parent is a term used to refer to one or more behaviors of the caregiver. This refers to when the parent is unable or unwilling to have consistent

relational interactions with the child. A child is designated as experiencing this when one or more of the attachment/relationship codes is present and/or if a parent is/was incarcerated (See Appendix B). The child is not given the emotionally unavailability of a parent code if traumas other than relational traumas have also occurred. Finally, ethnicity was noted by the therapist, although this was not always consistently placed in the file.

The therapists wrote progress notes for each session, which were a narrative of the session's events. Each child's sessions were then transcribed onto a customized form to help standardize the coding process. The themes were then coded by trained and reliability tested coders, using a standardized coding system (see Appendix C). The coding system is based on the presence or absence of a theme, not broken down by time. The theme code is noted each time a theme is initiated. Several graduate and undergraduate students, who were trained until they were able to code the themes reliably, recorded all themes that occurred during the course of a session. Most of the coding was completed by five students and Dr. Benedict, who trained them. The interrater reliability of this coding system was Kappa = .67 in which .60 is the minimum standard for adequate interrater reliability (Holmberg, Benedict & Hynan, 1998).

Data Analysis Strategy

The data were analyzed using principal axis exploratory factor analysis. An oblique rotation was used on the data (Direct Oblimin), as the themes were expected to be correlated. The assumption was made that the themes were influenced by one or more of the same unobservable constructs or common factors. A scree plot of the eigenvalues was created in order to help guide the analysis of these factors. Pattern matrices for each of

the viable number of factors were created. These pattern matrices were studied and the nine-factor structure was found to be the only reasonable solution.

Correlational analyses were conducted between each of the nine factors and background information about the children. Point biserial analyses were conducted with all of the dichotomous variables, sex of the child, sex of the therapist, extreme poverty, domestic violence, sexual abuse, neglect, emotional unavailability of the parent, and ethnicity. A correlational analysis was also conducted between the factor and the age of the child.

CHAPTER THREE

Results

There are forty-eight play therapy themes included in this study. As noted previously, items were calculated as the average number of times each child enacts a play theme per therapy session. In order to gain a sense of how often the themes occur in play therapy, the means and standard deviations across children were calculated (See Table 1). The most frequently played theme is aggression, which was observed approximately one and a half times per session or three times per two sessions. The least frequently played theme was imitation, which was observed approximately once every ten sessions.

Table 1

Means and Standard Deviations of Occurrence of Play Themes Per Session

Play Theme	Mean	Standard Deviation
Adult Activities	.045	.122
Affection	.175	.273
Aggression	1.436	1.169
Anger	.400	.583
Art and Drawing	.485	.693
Boundary Setting	.398	.602
Boundary Violations	.227	.472
Broken Play	.252	.328
Burning	.044	.145
Cleaning Play	.157	.272
Collaboration or Cooperation	.147	.231
Constancy Play	.624	.743
Containing or Protective Play	.335	.551
Control	.233	.369
Danger	.159	.273

(continued)

Play Theme	Mean	Standard Deviation
Death Play - Aggressive	.170	.287
Death Play - Natural	.043	.141
Devouring	.045	.139
Exploration	.311	.465
Fail	.023	.060
Failed Nurturance	.119	.225
Failed Nurturance with Abuse	.104	.210
Fixing Play	.664	.661
Good Guy versus Bad Guy	.088	.239
Helping	.053	.131
Imitation	.014	.051
Imitation Control	.036	.104
Independence	.018	.058
Instability Play	.145	.231
Mastery Play	.237	.350
Messing Play	.084	.187
Neglect, punishment, or abuse of the self	.037	.092
Nurturing Play	1.003	1.065
Positive Connection	.263	.456
Protect	.100	.198
Rejection	.097	.192
Rescue Play	.090	.184
Reunion Play	.021	.067
Sadness	.178	.286
Seeking or consulting a power figure	.029	.114
Self-fixing	.088	.178
Self-nurturing	.181	.298
Separation Play	.048	.122
Sexual Curiosity	.064	.165
Sharing	.049	.110
Sleeping	.101	.180
Sorting Play	.061	.143
Store and Shopping	.033	.107

Factor Analysis

To determine the factor structure of the play themes, all forty-eight themes were analyzed using a principle axis exploratory factor analysis with an oblique rotation. An exploratory analysis was conducted, as there were no expectations as to how the factors

would emerge. After the first run of the analysis, the scree plot (see Figure 1) was examined to determine a possible range for the number of factors to extract.

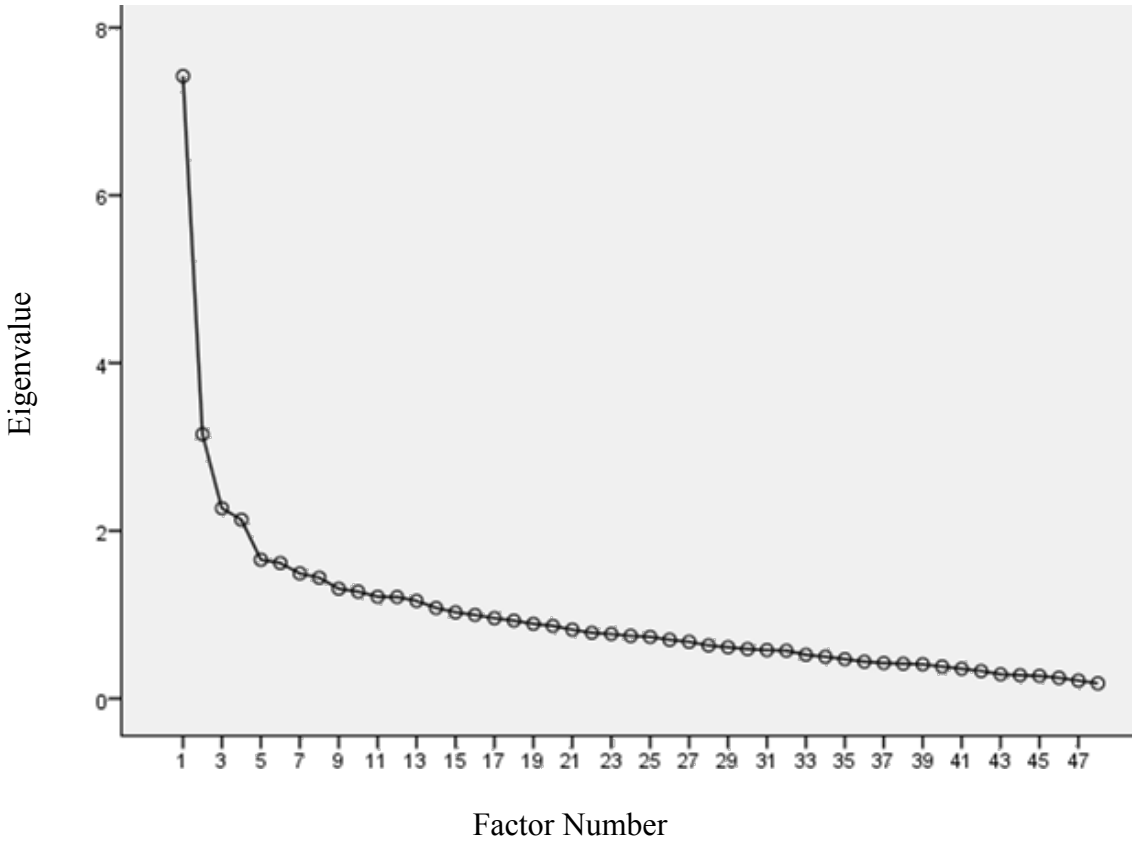

Figure 1. Scree plot of the eigenvalue of each of the possible factors of play themes.

The scree plot seemed to indicate that the model of best fit would be somewhere between four and fifteen factors. Each of these twelve possible factor structures was computed. In order to find the factor structure that best explains the data, certain criteria were set. First, all of the factors had to be comprised of at least 3 themes with over a .3 loading. The cut off of .3 was chosen in order to create a standardized decision point for all of the possible factor structures. Of the twelve possible factor structures, only five met this first criterion. The models that had at least 3 themes in each factor with over a .3 loading were the four,

five, six, eight, and nine factor structures. Themes were judged to belong to any factor on which they loaded .3 or greater, and themes loading less than .3 on all factors were regarded as not belonging to any factor. Another criterion, chosen to create a standardized decision point, was to find a solution in which at least 75 percent of themes belonged to a factor. The model with four factors had seventeen themes which did not belong on any factor. This model does not meet the limit set in the second criterion. The third criterion in determining the best model structure was whether the factors themselves made theoretical sense. A pattern was recognized in the data in which the three themes, natural death, helping, and seeking an authority figure, consistently occurred within the same factor. These three themes make theoretical sense, as a people pleasing category, and seemed to have a strong enough relationship to remain together in factors for almost all the possible models. These themes; however, were found to be on separate factors in the five factor model, thus the five factor model was removed from the remaining possible solutions. The six factor model, while it had the people pleasing themes within the same category, it also included all of the aggressive themes within this category. Having aggressive themes and people pleasing themes on the same factor does not make theoretical sense, thus the six factor model was removed as a possibility. This left the eight and nine factor models as the only remaining possibilities. In order to establish that the factors made theoretical sense, a second play therapy expert was consulted. The second play therapist was able to recognize each of the clusters of themes in the nine factor model as this researcher/play therapist did. The eight factor model had three themes that loaded on factors that did not make theoretical sense. Both play therapists also felt the inclusion of the ninth factor, which deals with uncertainty, loss, and grief, is

an important part of understanding children's behavior. This leaves the nine factor model as the most logical fit for the data. The nine-factor solution had relatively clean loadings, meaning that most of the themes load highly on only one factor and low on all of the others (See Appendix D).

Nine Factor Model

The nine factors that were found to best fit the themes have been named empowerment/loss of self-control, safety, violent violations, parentified internalizing, hyperarousal/dissociation, maltreatment communication, people pleasing, attack/protect from self, and uncertainty/loss. These nine factors cumulatively account for 46.8 percent of the variance (See Table 2). Ten themes were judged not to belong on any factor as they had loadings below .3 on every factor (See Appendix D).

Table 2

Total Variance Explained by Each Factor

Factor	Variance	Cumulative Variance
Empowerment/Loss of Self-Control	15.461	15.461
Safety	6.564	22.025
Violent Violations	4.725	26.750
Parentified Internalizing	4.442	31.192
Hyperarousal/Dissociation	3.446	34.638
Maltreatment Communication	3.365	38.003
Attack/Protect from Self	3.106	41.109
Uncertainty/Loss	3.001	44.110
People Pleasing	2.726	46.835

Note. The increment of variance is percent.

Play Theme Factors

A composite score for each of the factors identified in the nine-factor solution was created. The means and standard deviations of the composite scores were calculated for each of the play theme factors (See Table 3). All of the items judged to belong to a factor (loading .3 or higher) were summed to create these composite scores. The most frequently occurring factor was the parentified internalizing factor. The play theme factor which children enacted the least was the people pleasing factor. A Cronbach's alpha reliability was calculated for each of the factors (See Table 4). The reliability of some of the factors is low, but this could be due in part to the task of identifying a broad array of behaviors. This may also be a result of the dichotomous nature of some of the factors, such as the attack/protect from self factor.

Table 3

Means and Standard Deviations of the Nine Factors

Factor	Mean	Standard Deviation
Empowerment/Loss of Self-Control	.743	.888
Safety	.866	1.109
Violent Violations	.641	.981
Parentified Internalizing	1.903	1.724
Hyperarousal/Dissociation	.649	.726
Maltreatment Communication	.831	.779
People Pleasing	.126	.281
Attack/Protect from Self	1.888	1.563
Uncertainty/Loss	.625	.698

Table 4

Reliability of the Nine Factors

Factor	Cronbach's Alpha Coefficient
Empowerment/Loss of Self-Control	.603
Safety	.611
Violent Violations	.672
Parentified Internalizing	.734
Hyperarousal/Dissociation	.449
Maltreatment Communication	.343
Attack/Protect from Self	.589
Uncertainty/Loss	.647
People Pleasing	.543

Correlational Analysis

The relationships between each of the nine factors and other variables such as age, gender, ethnicity, and abuse history were explored with correlational analyses (See Appendix E). Point biserial correlational analyses were used with the gender, ethnicity, and abuse history, as these are dichotomous variables. Since the correlational analyses were purely exploratory, meaning we do not have hypotheses about the relationships, only the correlations that met the .01 significance level were considered. The relationships found to be of significance seemed to break down into two general categories, gender and life stressors.

Gender

A correlational analysis was done with the sex of the child and each of the nine factors (See Appendix E). There was a significant positive correlation between the sex of the child and the safety factor. This correlation suggests that boys tend to utilize play themes found within the safety play factor more often than girls. There was a significant negative correlation between sex of the child and the parentified internalizing factor. The

correlation indicates that girls tend to act out the parentified internalizing play themes more often than boys do in their play. There was also a significant positive correlation between the sex of the child and attack/protect from self factor. This correlation implies that boys tend to enact play themes from the attack/protect from self factor within therapy more often than girls do.

Significant correlations were also found between three of the nine factors and the sex of the child's play therapist (See Appendix E). There was a significant negative correlation between the sex of the therapist and the parentified internalizing play themes factor. The correlation suggests that female therapists more often have play therapy clients that demonstrate the parentified internalizing play themes factor. Another significant negative correlation was found between the sex of the therapist and the maltreatment communication factor. The correlation indicates that when there is a female therapist her clients tend to display themes from the caregiving failures factor more than a male therapist. There was also a significant negative correlation between the sex of the play therapist and the uncertainty/loss factor. The correlation suggests that the child clients of female therapists tend to enact themes from the uncertainty/loss factor more often than with a male therapist.

Life Stressors

Correlational analyses were done between each of the nine factors and life stressors of the participants. Since so many possible variables were available to assess, only the significant results at the .01 level will be reported. The variable that most frequently correlated with factors was extreme poverty, thus the poverty correlations will be described first (See Appendix E). There was a significant positive correlation between

the attack/protect from self factor and when the child lived in extreme poverty. Children living in extreme poverty tended to display themes from the attack/protect from self factor. Another significant positive correlation was between the parentified internalizing factor and extreme poverty. The correlation suggests that children living in an impoverished home tend to enact play themes from the parentified internalizing factor. There was a significant positive correlation between the uncertainty/loss factor and extreme poverty of the child's family. The correlation implies that children from impoverished backgrounds tend to portray the themes from the uncertainty/loss factor. A fourth significant positive correlation occurred between extreme poverty and the maltreatment communication factor. This correlation suggests that children living in extreme poverty tend to display play themes from the maltreatment communication category.

Another variable identified from children's histories which correlated with multiple factors was the age of the child (See Appendix E). There was a significant negative correlation between the age of the child and the parentified internalizing factor. This correlation suggests that younger children have a tendency to enact the themes from the parentified internalizing factor more often than their older counterparts. Another significant negative correlation was found between age and maltreatment communication. This relationship indicates that there is a greater tendency for younger children (e.g., age three) to demonstrate play themes from the maltreatment communication factor than their older children (e.g., age six). There was a third negative correlation between age and the uncertainty/loss factor. This correlation suggests that younger preschool age children tend

to have themes from the uncertainty/loss factor in their play more often than older preschool age children.

Two of the factors significantly correlated with the presence of domestic violence in a child's life (See Appendix E). There was a significant positive correlation between domestic violence and the uncertainty/loss factor. This correlation suggests that children witnessing domestic violence at home tend to enact play themes from the uncertainty/loss factor. There was a significant positive correlation with domestic violence and the attack/protect from self factor. The correlation between these variables implies that children who are exposed to domestic violence tend to show more attack/protect from self themes within their play. Another variable which was found to have a significant negative correlation with one of the factors was emotional unavailability of caregivers. There was a significant negative correlation between emotionally unavailable caregivers and the parentified internalizing factor. This relationship suggests that when a child lives with an emotionally unavailable caregiver they are less likely to demonstrate play themes from the parentified internalizing factor than their peers. The last significant positive correlational relationship was between the uncertainty/loss factor and Caucasian children. The relationship suggests that Caucasian children tend to enact play themes from the uncertainty/loss factor more frequently than children of other ethnicities. Overall, these results indicate that the relationships between all of these variables and factors are highly complex, but clearly do exist.

CHAPTER FOUR

Discussion

Factor Analysis Interpretation

The aim of this study was to determine the underlying structure of Benedict's Play Themes with an exploratory factor analysis. Nine distinct factors were extracted from the data. Three or more play themes make up each of the factors. Not only have the factors been found to be statistically sound, they are also clinically useful. When compared to their own experiences, two play therapy experts were able to recognize the proposed nine factors. During the naming process the themes included in each of the nine factors were examined for an underlying message based on play therapy experiences. The underlying significance or meaning of each factor was clearly recognizable to the therapy experts. The following names were given to the factors to best represent the underlying meanings, empowerment/loss of self-control, safety, violent violations, parentified internalizing, hyperarousal/dissociation, maltreatment communication, people pleasing, attack/protect from self, and uncertainty/loss. Upon further study, these factors have also been found in the play therapy and child trauma literature, thus giving more credence to the nine-factor breakdown of the play themes. Some of these factors have various empirical and theoretical support whereas others were supported primarily by case studies showing clusters of behaviors concordant with two or more themes from a factor. It is hoped that the factors will help increase the clinical usefulness of the themes when working with children.

Empowerment/Loss of Self-Control

The empowerment/loss of self-control construct includes the following themes: fail, imitation control, independence, messing play, art and drawing, and rejection. The fail theme is coded when a child attempts or considers attempting a challenge, but gives up in frustration and/or discouragement with the belief that they cannot master the activity. Within this theme the child demonstrates his or her feelings of lack of control over his or her actions and body. The second theme in this category of play is imitation control. Imitation control refers to when the play therapist is instructed or commanded to act like the child or do something that the child is doing. The child is able to exert power over an adult, which may be a novel experience. The independence play theme is coded when a child refuses or rejects help in a situation where help is warranted or needed. The child can feel a sense of power over the extent of reliance/dependence on an adult. This need to feel empowered can be indicative of other relationships with adults in the child's life. The messing play theme refers to when the child has intentionally made a mess or talks about a mess as part of the play. In this theme the child is demonstrating his/her power and is testing the limits of the control he or she has in the playroom. Conversely, the child could be sharing that he or she feels "messy" and out of control. The art theme indicates that the child is engaged in an artistic or craft-like activity, such as painting, drawing, or paper-craft. When a child initiates an art activity, he or she may be creating distance from overwhelming topics, or the child could chose to share therapeutic material through an artistic medium. Child initiated art is often a way for the child to exert his/her power within the therapeutic relationship. This power enables the child to influence the intensity of the therapy experience. The final theme in the empowerment/loss of self-

control play factor is rejection. Rejection is coded when a child has one character reject another within play or when the child verbally or non-verbally rejects the therapist. This is another method by which the child exerts control over the therapist and the intensity of the experience; however, it can also be indicative of the child feeling he or she has no power in other relationships, as he or she is the one rejected.

The interpretations and meanings of these themes can be as varied and nuanced as the clients, but the common thread appears to be a struggle for power or a lack thereof. Children with play themes in this factor may feel an external locus of control and crave a sense of empowerment and control over their own responses. These children can often come from homes with domestic violence, as they feel everything is out of control. Their families tend to center around violence and fear, which may result in feeling emotionally isolated even within the family. Children with behavior in this factor can also tend to have emotionally unavailable caregivers. Emotional unavailability is defined as having caregivers who are emotionally abusive, being abandoned by a caregiver, being passed from one caregiver to another, experiencing extended separations (at least one month) from a caregiver, and/or having a depressed caregiver. The children who enact the empowerment/loss of self-control themes seem to come from living situations where caregivers are unable or unwilling to provide sufficient emotional connection. Unfortunately the children living in these types of situations tend to have difficulty relating to peers, thus perpetuating this struggle with empowerment and loss of self-control. While the point biserial correlational analyses do not support this theory, there may be differing results when considering the environmental stressors in conjunction with each other.

Case studies have been presented in the literature that demonstrate the existence of this construct. Although therapists may have differing interpretations of the play activity they see, the behavior itself remains the same. Thus we can use reported clusters of behavior in case studies to support that said combinations occur together. Morrison (2009) presented a case in which the play described in the therapy appears to contain the imitation control, independence, fail, and rejection themes, all of which are part of the empowerment/loss of self-control factor. Additionally, Alexander (2013) suggests a model of controlling behaviors as indicative of a relational trauma experience within a child's history. Alexander (2013) posits that children who have experienced extensive trauma/emotional unavailability within the caregiving relationship tend to develop controlling behaviors as the child reaches the late preschool age. These controlling behaviors take one of two forms, controlling-punitive or controlling-caregiving. The description of children's play and interaction style with a controlling-punitive behavioral pattern coincides with the themes of the empowerment/loss of self-control play factor. These children had play described as "chaotic," which is another way to describe messing. Controlling-punitive children were also said to give harsh commands, verbal threats, and being combative with parents, which seems to correspond with imitation control and rejection (Alexander, 2013). The child with the controlling-punitive behavior pattern also has a tendency to give up before attempting challenges, which is one of the behaviors that is coded as the fail play theme. Thus, the cluster of behaviors described by Alexander (2013) appears to include the behaviors seen together within the empowerment/loss of self-control play theme factor.

The empowerment/loss of self-control category of behavior found with the factor analysis can be found in descriptions of children's behavior in and out of the play therapy room, further supporting the idea that such a construct does indeed exist. The children who fit the descriptors of this factor of play seemed to have histories of domestic violence, conditional love from parents, emotionally unavailable primary caregivers, and problems relating to peers.

Safety

The safety play theme factor is made up of the boundary setting, protective and containing play, rescue play, and the burning themes. The boundary setting theme refers to when a child creates a physical or metaphorical boundary between two individuals in a relationship or creating a rule or limit about behavior. An example of boundary setting is when a child puts the angry mother character in jail. Boundary setting has a focus on developing physical or metaphorical distance in a relationship to ensure psychological and/or bodily safety. The protective play theme refers activities such as holding a play weapon, invincibility, invisible shields, the therapist keeping the child from actual physical harm, or other physically defensive measures taken by the child or therapist to ensure safety. Containing play can be physical or metaphorical. The child putting him/herself or another character within an enclosure or structure can represent this theme. Containing can also be about keeping a secret. The main point of this theme is keeping something/someone in a certain space, which can be figuratively or literally to ensure safety. Rescue play is coded when the child creates a scenario in which one character is in danger and another character at least attempts to bring the imperiled character to safety. The final theme in the safety factor is burning. The burning theme is coded when

the child notes that something is or was on fire. When creating a burning theme, a child is sharing with the therapist that they are feeling vulnerable to an aggressive and unpredictable attack.

The main message that children are voicing with play themes from the safety factor is that they do not feel safe or trust that caregivers will make them safe. Children with play from this category tend think they are in constant peril, which may or may not actually be the case. These themes seem to suggest a history of physical abuse and/or sexual abuse, which epitomizes this desire for protection and rescue, yet the rescue either arrives too late or not at all. Other situations that may lead to increased themes from the safety factor are witness to a murder, and/or exposure to other highly violent situations. These theorizations were not confirmed by the correlational analyses, but the complex nature of the interrelationships is likely unable to be captured with a point biserial correlation.

Play therapy descriptions containing two or more of the play themes in the safety construct were prevalent in the literature on terrorist attack survivors and situations in which children had been survivors of sexual abuse, extreme physical abuse, and neglect. Sossin and Cohen (2011) conducted longitudinal research with the mothers and children whose fathers died in the September 11, 2001 World Trade Center tragedy. There were common themes that were noted by Sossin and Cohen (2011) throughout the study and were presented as an overview of what occurred in therapy with these children. Themes noted to be common with all of the children were those of safety. The participants enacted themes within the safety factor. The children were said to be "seeking containment," looking for and/or providing protection, and rescuing or trying to rescue

their families (Sossin & Cohen, p. 270, 2011). Chazan and Cohen (2010) examined the play of young Israeli children exposed directly to at least one violent event, such as suicide bombings or shootings, which occurred during the Palestinian uprising in September 2000. These children had much to share within their play therapy, but one of the categories of play represented was safety. The themes that were repeated through multiple case examples in Chazan and Cohen's (2010) work were boundary setting, protective play, containing play, and rescuing play. These re-creations of the children's trauma at times were resolved happily and at times ended with violence, injury and death, but the one constant was a search for feeling safe, protected, and contained and a desire to be rescued by someone.

Interestingly, children exposed to explosions and other terrorist events did not seem to include fire, the burning theme, in their play; rather a child exposed to severe neglect, a natural disaster, and the death of his primary caregiver was the only case study that noted to have this theme (Stein, 2002). The child in Stein's (2002) case study demonstrated all four of the themes from the safety theme factor throughout his play therapy experience. The full extent of the abuse this child suffered while in his mother's care for the first four years of his life is unknown, but given the intensity of the play it is assumed to be extreme. Green, Crenshaw, and Kolos (2010) provided a case study in which a physically abused and severely neglected child was placed in foster care at three months old at which time the abuse stopped. The child in this case showed repeated themes of protection and rescuing (Green, Crenshaw, & Kolos, 2010). Case studies described in which the children had survived sexual abuse noted that boundary setting,

containment play, protective play, and rescuing were all present throughout the therapy process (Perry & Landreth, 2001; Goodyear-Brown, 2011).

Given the thematic similarities and the clear clustering of these behaviors within traumatized children's play, the safety play theme factor appears to be a logical addition to the nine factor model of play themes. Despite the extent, duration, or type of trauma or abuse the child experienced, they all seem to have the safety themes cluster together and permeate the play. The safety play themes factor seems to hold together well and becomes more prevalent when children have been physically or sexually abused or directly exposed to extreme violence.

Violent Violations

The violent violations play theme factor is made up of the boundary violations, anger, and imitation play themes. The boundary violations theme refers to when a character within the play oversteps a boundary set by another character or person. The boundaries can be figurative such as interrupting when told not to or the violation can be of a characters body or other physical object. The anger theme simply is when anger or hostility is expressed from one individual to another in the context of a relationship in the play therapy room. The third theme in the violent violations factor is imitation, which refers to when the child copies what he/she sees others doing. The imitation theme can be difficult to interpret. Imitation behavior is adaptive for an infant and toddler to learn, but as children get older this behavior can be problematic. This behavior can be irritating and invasive, yet the maltreated child has no recourse but to continue, as he or she has learned no alternative behavior. Imitation can also be aggressive, as the child is violating a physical and/or figurative boundary.

All three of the themes in the violent violations factor seem to create a sense that someone's physical, emotional, and/or cognitive boundaries are being invaded. This idea of invasion seems to mimic the theorized underlying meaning of the theme. These children appear to have histories of emotional abuse and/or neglect. Children with an emotional abuse or neglect history have not had experience with healthy boundaries with a caregiver. The theme seems to be an expression of anger about having intrusive emotional relationships, a lack of boundaries, or anger at having been isolated and neglected, too rigid boundaries. These children consistently display difficulties in peer interactions likely as a result of not learning socially appropriate interactions with their caregivers. Situations that would likely create these abuse patterns are parents with substance abuse problems, personality disorders, and/or untreated depression.

Much of children's problematic behavior is expressed as anger. While the play theme of anger is a highly common occurrence during play therapy, it is unlikely that its every incidence is representative of the violent violations factor. In order to ensure that the play theme factor is being accurately assessed in the literature only occurrences of anger were considered when accompanied by boundary violations and/or imitation. Sinason (2001) described several case studies, two of which fit the violent violations play theme construct. Both children who enacted the boundary violations and anger themes within their play therapy presented with a history of emotional and physical abuse. McCarthy (2012) discussed a child who was having difficulty interacting with peers and he repeatedly enacted the boundary violations and anger themes. The description suggests a history of neglect in which the child was unable to learn how to appropriately connect with others prior to therapy.

Alessandri (1991) found that "maltreated" children engage in more imitation play behavior than their non-maltreated peers. These maltreated children tended to use imitation as they had not yet experienced enough positive social interactions with caregivers. Valentino, Cicchetti, Toth, and Rogosch (2011) found that young children from neglecting, emotionally abusive, and/or physically abusive families had less complex play than non-abused peers. This lack of positive interaction and sophistication in play is believed to be due to neglect and/or emotional abuse. Denham, Way, Kalb, Warren-Khot, and Bassett (2013) noted that children with delays in social skill development are more likely to be angered by social interactions. This cycle of anger and poor social interactions seems to have its roots in a neglectful and/or emotionally abusive child-caregiver relationship.

Parentified Internalizing

The parentified internalizing play theme factor includes seven themes, the largest number of themes out of the nine factors, yet they all hang together as a cohesive whole. When thinking of a parentified child, the behaviors that come to mind are a self-sufficient child who takes on the adult role of parenting him or herself and other children in the home in addition to caring for any adults with the titular role of caregivers. The seven themes included in this category are sadness, self-fixing, self-nurturing, control, nurturing play, adult activities, and affection. The sadness theme is coded when feelings of sadness are expressed verbally or with crying in relation to something that has occurred in the play. Self-fixing refers to when the child fixes something that is broken or damaged about him/herself. This is most often portrayed when the child pretends to be his/her own doctor; in other words the child is both patient and medical doctor. The self-nurturing

theme is similar to that of self-fixing in that the child is again taking care of him/herself only this time in a caregiving capacity. In this play the child takes on the dual roles of caregiver and baby. The play theme of control refers to when the child is physically or verbally in control of the session or the child has a controlling character within the play. Nurturing play refers to when there is positive nurturing within the play, such as preparing food or feeding, holding, comforting, or taking care of a baby or sick character/person. This activity can occur between characters, between the child and a character, or between the therapist and the child. The adult activities theme is coded when the child engages in any activity that is something only adults are expected to do, such as putting on make-up, paying bills, going on a date, or going to work. Finally, the affection play theme refers to occasions when the child or a character expresses affection for or seeks affection from the therapist or another character. The affection can be something genuinely expressed between the child and therapist or can be all enacted within the play of characters.

A common thread that seems to run through this factor is that the child is taking on the adult role of the caregiver for the self and those around them, much to the detriment to his/her childhood. These children take on the stress and pressure of an adult role and must maintain an external appearance of competence, thus resulting in more internalizing symptoms such as sadness. It is theorized that children who enact play with these themes tend to have past or current problems in the caregiver-child relationship. The difficulties in this relationship can stem from having a parent with a drug problem, a parent with a personality disorder, having a caregiver with a serious medical problem,

and/or having an extended separation from the primary caregiver. Each of these scenarios can lead to parentified internalizing behavior in a child.

Within the literature about children acting in parentified ways there are case studies and theories which support the existence of this category. Vicario, Tucker, Smith, Adcock, and Hudgins-Mitchell (2013) described a play therapy case about a young girl who had experienced severe neglect and eventual abandonment by her mother and had been placed with multiple caregivers at various times. This child had initially announced that she did not play with toys, which is not surprising as she had to be the adult in most of her relationships to that point, despite being eight years old. In this case each of the seven parentified internalizing themes was described. In the description the child's behavior started with adult activities and controlling behaviors As the therapy progressed, she demonstrated the self-fixing, self-nurturing, nurturing, sadness, and affection themes (Vicario et al., 2013). In a case study presented by Perry and Landreth (2001) a five year old girl's session was described in which she enacted the nurturing, sadness, control, and adult activities themes. All of these themes, which are from the parentified internalizing factor, occurred within the same storyline within the session. Chazan and Cohen (2010) shared two case studies in which both children demonstrated the self-nurturing, self-fixing, nurturing, and affection themes in their play.

Chazan and Cohen (2010) noticed the clustering of these play behaviors which in this study has been named parentified internalizing. Chazan and Cohen (2010, p. 139) called this category of behaviors "protective and nurturing care." They see these behaviors as a way for children to self-sooth through play. Norton, Ferriegel, and Norton (2011) described this cluster of themes and stated that children will engage in parentified

behavior as a defense. They theorized that children demonstrating parentified behaviors are attempting to calm an abusive adult to lessen the abuse, and then feel sadness and guilt when these attempts fail. Norton, Ferriegel, and Norton's (2011) theory describes a child's parentified behavior in a way that coincides exactly with each of the themes within the parentified internalizing factor. As described earlier, Alexander (2013) posits that in response to a disrupted attachment a child's behavior will tend toward controlling-punitive or controlling caregiving. The controlling-caregiving children are described as helpful and protective of caregivers, taking on the role of a caregiver. Alexander also indicates that these children tend toward internalizing problems and experience a lack of reciprocity in the caregiving relationship. These children are seen as being precocious and tend to have positive interactions with peers and teachers, due to the non-aggressive responses to the relational traumas in their lives.

The parentified internalizing factor appears within both the case study and theoretical literature. It seems that the children with behaviors that fit within this construct have experienced some sort of disruption within the caregiver relationship. The repeated descriptions of these behaviors provide support for including a parentified internalizing play theme factor in the nine-factor model.

Hyperarousal/Dissociation

The hyperarousal/dissociation play theme factor is made up of the mastery play theme, exploration, and sleeping. The mastery play theme is coded when the child engages in an activity or challenge in which he/she appears to be or states the need for a sense of achievement or competence. Exploration refers to a child looking around the playroom to see what is there, asking questions about what is available to play with,

asking questions about how something works, or looking at things through binoculars or a magnifying glass. This theme is common for a first session, but when this behavior becomes prolonged and repeats over sessions it can be indicative of more than just curiosity about the playroom. The third theme for the hyperarousal/dissociation play factor is sleeping. Sleeping refers to when the child pretends to sleep in the play, has characters in the play got to sleep, or has the therapist pretend to sleep. This can often create emotional distance and quiet for the child. Children who tend to return repeatedly to this factor tend to have been exposed to highly traumatic experiences. These children seem to have difficulty engaging in spontaneous or joyful play. Play that these children enact tends to be post-traumatic play, which is a method of reliving traumatic experiences with play and little to no emotion.

Children whose response pattern falls within the hyperarousal/dissociation factor likely have experienced highly invasive and chronic trauma or severe neglect. While other constructs of play themes may be the result of a single traumatic incident or chronic relational traumas, it is theorized that the children who cope using hyperarousal/dissociation behaviors seem to have experienced severe, invasive, violent, and chronic traumas from infancy. These children have experienced trauma to an extent that it changes the child's brain response which leads to states of hyperarousal and when pushed further this devolves into dissociation (Schore, 2013). These children react to non-threatening situations as if there were a threat, because their brains have been "hard-wired" to expect the worst. Seemingly innocuous stimuli can trigger overwhelming emotions and lead to the behavioral responses described in the hyperarousal/dissociation

play themes. These behavioral, emotional, and neurological responses to trauma have been supported in the case study, theoretical, and empirical literature.

Kestly (2014) shared a case study about a young girl who lived in a chronically high stress home. Kestly (2014) describes the child's behavior as exploratory, but noted underlying feelings of dysregulation. Stein (2002) presented a case study of a child who had experienced chronic trauma and abuse in the first four years of life before he was placed in the care of another relative. His play included the mastery and sleeping themes in the initial stages of his therapy. This child was described as being overwhelmed by stress which was evident in his play behavior. These case studies demonstrate that the sleep, mastery, and exploration themes tend to appear in the play of a child who has experienced severe chronic trauma.

A study looking at the play behavior of severely traumatized children found a pattern of coping that coincides with the hyperarousal/dissociation play theme factor (Cohen, Chazan, Lerner, & Maimon, 2010). The play was described as incoherent due to the child feeling overwhelmed by feelings. They noted that this feeling of hyperarousal in the child would often lead to an appearance of disconnection and withdrawal. Perry, Pollard, Blakely, Baker and Vigilante (1995) noted that hyperarousal is a physiological response intended to promote survival of the species; however, this is not an adaptive response in young children and infants. Young children and infants initial hyperarousal response is to cry in order to receive care from a caregiver. Unfortunately, with maltreated children this initial hyperarousal response is ignored and the child or infant continues to escalate in neurophysiological arousal. This escalation then becomes a fight, flight, or freeze response. Norton, Ferriegel, and Norton (2011) also discussed

hyperarousal or hypervigilance in some clients and how this state can lead to a "freezing" response. They indicated that children, who are in a state of hyperarousal, are unable to engage in pretend play and can be over-stimulated to the point that they begin to dissociate. This theory helps to explain the relationship between hyperarousal and dissociation and why these behaviors would fit together in one factor.

Chazan and Cohen (2010, p. 145) found evidence of "extremely restricted play and regression to tactile exploration" in children who were attempting to avoid their thoughts and feelings in play therapy. This behavior was believed to be due to hyperarousal, as the child is too involved with outside stimuli to be able to focus on his/her inner world. Macfie, Cicchetti, and Toth (2001) found that children who had been physically and/or sexually abused tended to be more likely to dissociate than children who had suffered from no physical or sexual abuse. When a child is repeatedly distressed to this extent, such as in abuse or severe neglect situations, he/she is neurologically predisposed to see danger in seemingly innocuous stimuli. The children with this neurological response pattern are seen in therapy as experiencing hyperarousal and/or dissociation in reaction to what therapists try to make a non-threatening and safe situation. Schore (2013) describes dissociation and hyperarousal as autoregulatory reactions in children who have experienced repeated and prolonged maltreatment within the caregiver-infant relationship. The case studies and theories which connect hyperarousal and dissociation to chronic severe maltreatment of children are further supported by this empirical neurobiological evidence (Schore, 2013). There is little doubt that hyperarousal and dissociation often occur within the same child's behavior.

Additionally, the common precursor to this pattern of behavior in children seems to be chronic and intrusive abuse or severe neglect of a child.

Maltreatment Communication

The maltreatment communication factor contains themes that communicate to the therapist that the child has witnessed and experienced things that are inappropriate for a child. The themes included in this construct are fixing play, sexual curiosity, and failed nurturance with abuse. Fixing play refers to play in which something is broken and gets repaired. This can be the fixing of inanimate objects or any pretend doctoring of characters or people, but does not imply nurturing or comforting behaviors. This suggests that someone is broken or needs to be put back together, but without any seeming care for the characters emotional state. Sexual curiosity is descriptive of behavior in which the child looks at body parts and undresses dolls for the purpose of examining them. This behavior is not directed at the therapist; however, it can include asking the therapist about the dolls body parts. The third play theme in the maltreatment communication factor is failed nurturance with abuse. Failed nurturance with abuse refers to any time a nurturance type of activity is actually negative. Activities that fit this theme include when the child withholds food or other necessities, physically punishes, or verbal abuses a child or baby character. The basic meanings of the themes in this factor are likely that a child has either been maltreated or exposed to situations which are inappropriate for a child.

A theory about the life experiences/stressors that may lead to these play themes is that children enacting this play are trying to communicate, whether consciously or not, that they have been exposed to maltreatment. This factor suggests a lack of supervision, compassion, and/or basic caregiving provided by the child's caregivers. It should be

noted that while sexual curiosity is a normal behavior for children the repeated appearance of this theme in the context of play therapy gives the therapist reason for concern. The children who enact the sexual curiosity theme have at best seen sexual acts, in person or on television, and at worst have been sexually abused. These children have also likely experienced physical abuse and/or neglect. It is likely that the children enacting themes in this construct have been neglected, physically abused, and/or exposed to age inappropriate sexual stimuli within the home/caretaker environment.

Sinason (2001) described several case studies of abused children in which these play themes were enacted. She described the play of a child who had been physically abused and it contained repeated instances of the failed nurturance with abuse theme. Another case that Sinason (2001) described was about a girl who had been physically and sexually abused. This child repeated the sexual curiosity, fixing play, and failed nurturance with abuse themes repeatedly over the course of her treatment. Darwish, Esquivel, Houtz, and Alfonso (2001) describe failed nurturance with abuse themes in the play of "maltreated" children. The Darwish et al. (2001) definition of maltreatment included physical abuse, sexual abuse, emotional abuse, and neglect, but was not more specifically described in this study.

Harper (1991) found that children who had been sexually abused tended to repeatedly enact themes of sexuality. Similarly, Alessandri (1991) found that physically abused children tend to repeatedly create themes of failed nurturance with abuse. He described these themes as beginning with a nurturing quality but then turning into harsh and often physical punishments of the characters**.** A characteristic that seems to stand out in descriptions of themes in the maltreatment communication factor is that they seem to

be repeated during individual sessions as well as across many sessions. The children enacting this play in therapy seem be communicating, but it also appears to have a cathartic effect of sharing the burden of knowing with their therapist.

People Pleasing

The people pleasing play theme factor is made up of the following themes: natural death, seeking or consulting a power figure, and helping. The natural death play theme refers to any character or inanimate object dying as a result of natural causes or in a non-violent/non-aggressive way. This type of death is a way for a child to let out feelings of anger through play while actively avoiding telling someone about the anger or any other sort of confrontation. This expression of anger without consciously showing anger demonstrates the child's desire to not upset anyone. The next theme, seeking or consulting a power figure, is coded when the play activity includes seeking out an authority figure with the wish for this authority to respond to something in the play, such as answering a question or providing a solution. This consultation with an authority figure coincides with the people pleasing category as the child is trying to please the highest power by checking with him/her before making a decision. The final play theme in the people pleasing construct is helping. Helping signifies that one character aides another, but the relationship between the characters must be of equal power. The helping theme displays the child's desire to please or help other individuals.

Children with people pleasing themes may have a tendency toward internalizing their emotions, especially anger and anxiety. It is theorized that these children seem to worry about the willingness of caregivers to remain with them when they are in need. The children who tend toward people pleasing behaviors blame themselves for the inadequacy

or lack of interactions with their caregiver. As a result, these children fear the loss of caregivers when they share any uncomfortable emotions. Children who behave this way often tend to come from family situations where they are separated from caregivers for extended periods. These separations may be due to a caregiver suffering from depression, the child having a medical problem requiring hospitalization, having a family member with medical problems requiring hospitalization, and/or having a caregiver with a personality disorder. The underlying message seems to be that the child believes he/she has an internal locus of control, hence trying to please everyone, but in actuality there is an external locus of control. This struggle to try to influence the caregiver or a situation over which he/she has no control will result in a cycle of more feelings which he/she feels the need to hide.

Perry and Landreth (2001) reported a case study of a child with repeated themes of helping and natural death. The child with these people pleasing themes had a father who had to spend several weeks in the hospital after a serious accident. In addition to her father being hospitalized the child was placed in the care of another family member, as the mother spent most of her time at the hospital with her husband. Another child's case described by Perry and Landreth (2001) included repeated occurrences of the helping and the seeking a power figure themes. This child had been placed in a childcare center at which he had been abused and unable to get to his mother. Nabors, Bartz, Kichler, Sievers, Elkins, and Pangallo (2013) worked with children in a medical setting using play. They found the themes of seeking a power figure and helping were commonly paired together in some children's play. These play behaviors were described as

providing support and were seen as a way for the children to feel a sense of control over these uncontrollable situations.

Attack/Protect from Self

The attack/protect from self factor is made up of four play themes. The themes included are aggression, protect, good guy versus bad guy, and positive connection. This factor illustrates the conflict between wanting to strike out aggressively versus wanting to trust that one can be protected. The dichotomy epitomizes the struggle of a traumatized child who wants to be protected and kept safe from harm, but has no one whom he/she can trust to do that. The aggression play theme is seen as present when violent, hostile or cruel behavior and words occur between characters in the play. The theme also can mean that the child him/herself is being physically aggressive without the cover of a character in play. Protect is included in this factor as well and refers to instances when a character, the therapist or the child acts to protect a character, the therapist or the child. Protection does not always occur within the played out activity, as it can also be when the therapist is protecting the child from actual danger, such as eating the play food or climbing unstable furniture. The good guy versus bad guy theme refers to play in which an explicitly described "good" character and a designated "bad" character are pitted against each other. This good/bad conflict is similar to the earlier described internal struggle of the child about whether to strike out at others or trust that you are safe, which this category represents. The final theme in this factor is positive connection. Positive connection refers to the child having two characters engage in activities that denote a positive relationship, such as calling each other on the phone, declaring they are friends, or inviting a character over to play. This activity can also be between the child and the

therapist. The positive connection theme demonstrates the trusting side of the attack/protect dichotomy.

This dichotomy would appear to come about as the result of at least two things occurring. The children who enact the attack/protect from self play themes have likely experienced some form of violence as well as having a caregiver fail to take care of them in some capacity. The violence could take the form of witnessing domestic violence, witnessing violence in the community, and/or physical abuse. In addition to the violence these children will likely have experienced neglect, emotional abuse, and/or separation or abandonment by a caregiver. These circumstances combine to create an expectation in the child that violence will occur and no one will help, but he/she still has a desire for someone to come to the rescue. Children from a violent environment tend to learn to use violence in their own lives and behave aggressively in the play therapy room. It is often necessary to protect these children from themselves, such as stopping a child who starts to climb an unstable bookshelf. The common message in this play theme factor is that the world is dangerous, and it is dangerous to rely on others to help. While the correlational analysis supports the idea that children exposed to domestic violence tend to enact these themes, the data has yet to be assessed to support the rest of this theory.

Anderson and Gedo (2013) reported behaviors in a case study which fit each of the themes in the attack/protect from self factor. All of these behaviors occurred in the description of a single session, demonstrating how easily these seemingly contradictory themes fit together. Ferreira, Eloff, Kukard, and Kriegler (2014) described the play therapy sessions of a child with AIDS, who was repeatedly hospitalized, had no verbal skills and was living in an orphanage after the death of her mother. This child's play

seemed to include repeated enactments of the aggression, protect, and positive connection play themes. The presence of the good guy versus bad guy play theme could not be assessed as the child was non-verbal and that theme requires the explicit statement of good versus bad. Myrick and Green (2014) noted a case with a young boy who had a history of abuse and neglect. They described his favorite play as cops and robbers which fits in the good guy versus bad guy play theme. His play also included themes of aggression and positive connection. Nabors et al. (2013) described the behavior of a child whose sibling had been hospitalized for over two years and the family had been living in Ronald McDonald House that whole time. This child enacted play scenes, with a medical bent, in which aggression, good guy versus bad guy, protection, and positive connection were all included. Clearly, the play of the above described children demonstrates the tendency of the attack/protect from self themes to cluster together.

Kestly (2014) described a child who had experienced abuse and neglect while in his mother's care. She noted the pain that was beneath all of his aggressive actions and that he had to overcome the early trauma to be able to control his aggression. Chazan & Cohen (2010) provide three examples of children enacting the attack/protect from self factor play themes within the same play. They further theorize that some children with trauma histories tend to act aggressively to seek revenge, but this brings about a threat of injuring themselves. Children expressing themselves with the play themes in the attack/protect from self factor tend toward angry and aggressive actions; however, these aggressive actions are hiding hurt and anxious feelings about wanting to be cared for and protected.

Uncertainty/Loss

The uncertainty/loss play theme factor is made up of five themes. The themes which form this factor are danger, reunion, broken play, instability play, and separation play. When play activity is given a danger play code, that means that a specific danger is noted within the play. Danger can be in the form of a person, a character, or a situation. Given the factor that danger fits into, it is important to note that rescue is not implied when danger is present. There is a certain amount of fear involved with this theme, although the extent of the fear is dependent on the child. This fear or anxiety and these emotions are representative of the child's uncertainty about the danger in his/her life outside of the playroom. The second theme included in this factor is reunion, which implies a separation has preceded a reunification. A vital part of this theme is that it must occur within a relationship. The idea of a reunion indicates that there has been a period of loss or separation with someone after which the child is able to create a reconnection with the characters. A child who acts out this theme is expressing feelings of uncertainty that an important person in his/her life will consistently be present, emotionally of physically. The broken play theme refers to when a character in the play, which can be the child, is hurt, sick or needs to be fixed. This theme also includes when a house or home is destroyed, falling down, or broken somehow. The child is yet again sharing his/her feelings of uncertainty about the caregivers and other important relationships. The instability theme is code whenever a character or object in play is falling or in a precarious position as if about to fall. As the name of the theme implies, this play denotes a child's feelings of things being unstable or uncertain in his/her life. This could be insecurity about important relationships or uncertainty about having basic needs met.

Finally, separation play is coded when a child enacts a scenario in which one character leaves or is separated from another character. The code is also given if the child creates a scenario in which a child is taken from a mother. The separation must occur within the context of a relationship where there is an emotional connection. Unlike the rescue theme, the characters in this theme are focused on the loss of the separation. Children who enact this theme are expressing feelings of loss of an important relationship and/or uncertainty about the stability of a relationship.

All of the themes in the uncertainty/loss factor are theorized to deal with feelings of insecurity, loss, and violence within a close relationship. These close relationships can be with the caregiver or another person close to the child, such as a sibling or grandparent. This loss in a relationship can be a physical or an emotional loss. When the loss involves a caregiver, it tends to be a loss through death, abandonment, or psychological distancing. In the case of loss when a caregiver permanently abandons a child, there is likely some form of violence in the child's life. The loss that this factor expresses could also stem from the loss of a sibling or other close family member. The uncertainty/loss themes may be enacted when a child loses a close family member to death. When the death is violent or sudden, the child tends to react with the uncertainty/loss themes in his/her play. Not surprisingly, violence in the environment seems to exacerbate the feelings of loss and uncertainty. The violence could be in the form of domestic violence, physical abuse, and/or witnessing violence in the community. The overarching message in this factor seems to be the uncertainty that comes after loss and violence. The uncertainty the child feels is from not being able to trust that loved ones and/or caretakers will be present when needed emotionally and/or physically.

Stein (2002) described a case study in which a child and his mother were at home when a tornado struck, but the mother did not survive. It should be noted that this child was believed to be the survivor of abuse at the hands of his mother before his death, but the full extent is unknown. After the tornado the child was placed in the custody of other relatives, who brought him to therapy. The play of this child was described in detail and he enacted themes of danger, reunion, instability play, and broken play. Chazan and Cohen (2010) presented cases about children who had been exposed to violence during a Palestinian uprising in Israel. One child in this research lost her grandparents as a result of the violence in her community. This child displayed themes of danger, separation, and broken play. Sossin and Cohen (2011) conducted research with the children of rescue workers who died on September 11, 2001 during the World Trade Center tragedy. The most common scenarios that children enacted were described in the study. The scenario, which almost all of the children who participated in play therapy created, included all five of the themes from the uncertainty/loss factor. All of the children in the literature who enacted the uncertainty/loss play themes appear to have been exposed to the violent loss of a caregiver and/or other important figure in their life.

Summary

The exploratory factor analysis of Benedict's pay themes was able to illuminate the underlying nine-factor structure. These nine factors, empowerment/loss of self control, safety, violent violations, parentified internalizing, hyperarousal/dissociation, maltreatment communication, people pleasing, attack/protect from self, and uncertainty/loss, all make theoretical sense. Each factor has been found to exist in the play therapy literature whether through analysis of case studies, play therapy theory, or

empirical findings. While some factors have more support than others, this seems to be due merely to a lack of study in the area rather than a lack of existence. This analysis has created a strong foundation for the understanding of how children express themselves through play.

Correlation Interpretations

Correlational analyses were run in order to give guidance to future research and to begin to understand the relationship between play behaviors and circumstances surrounding the children in therapy. Several significant correlations were found (See Appendix E). These correlations were done between each of the nine factors and one piece of background information from the children's lives. This background information can be divided into two categories, gender and life stressors.

Gender

The sex of the child was found to significantly correlate with two of the factors. Girls were found to more often enact play themes from the parentified internalizing category than boys. This is not surprising given that the parentified internalizing factor includes themes such as nurturing, affection, and sadness. These themes are all associated with traditional gender norms in American culture. Girls traditionally are expected to be more nurturing, affectionate, and open with their emotions than is expected of boys. Given the tendency toward traditional gender norms, it is not unexpected that boys showed a greater tendency to use play themes from the attack/protect from self factor. This factor includes play themes such as aggression and protecting. The play themes which make up the attack/protect from self factor coincide with traditional male

expectations such as only being able to express angry feelings, often through aggression, and being responsible for "protecting" women and children.

Another aspect of play therapy that demonstrates the impact of traditional gender roles on play is the sex of the play therapist. Both the maltreatment communication and uncertainty/loss factors are significantly correlated with having a female therapist. While the correlational relationship does not denote causation, this tendency could be again due to some of the traditional gender roles of American culture. Women are often seen as less threatening, are expected to be more nurturing, and are seen as more compassionate than their male counterparts. The expectations set by American culture likely help both male and female children in therapy be more open about the vulnerability that is exposed when sharing feelings and experiences brought up in the maltreatment communication and uncertainty/loss factors. As noted earlier, the play themes that comprise the maltreatment communication factor deal with sharing experiences surrounding being abused and/or neglected by one's caretakers. The uncertainty/loss factor deals with feelings of insecurity and loss. Both of these themes seem to center around a lack of connection and trust of adults in the lives of these children. Given that our culture has deemed women to be more nurturing and compassionate, it makes sense that children with no adult to trust would be more likely to try trusting a female therapist over a male therapist.

Life Stressors

There are several stressors within a child's life that were found to significantly correlate with some of the factors. Extreme poverty was correlated with four of the factors. A significant correlation was found between extreme poverty and the parentified internalizing, maltreatment communication, attack/protect from self, and uncertainty/loss

factors. The correlation of parentified internalizing and extreme poverty may be due to the added pressure that is often placed on children in an impoverished home to care for younger siblings and/or themselves. Caregivers working multiple jobs have less time to devote to caregiving activities and the job of caretaking, which is enacted in parentified internalizing play, may fall to the children. Extreme poverty was also correlated with the maltreatment communication factor. As noted earlier, the children in impoverished homes can have more unsupervised time due to parents working longer hours. These unsupervised hours can result in neglect and/or the child being vulnerable to exposure to age-inappropriate stimuli. The third factor that was found to correlate with extreme poverty was attack/protect from self. This factor is associated with neglect, emotional abuse, and separations from caregivers. Again, extreme poverty can lead to lack of interactions with a child and caregiver due to needing to work longer hours at low paying jobs. This lack of interaction can result in neglect and separations from the caregiver. Finally, the uncertainty/loss factor was significantly correlated with extreme poverty. This factor is associated with insecurity and loss in the caregiver-child relationship. This insecurity and loss may be a result of lack of time for the child and caregiver to spend together to strengthen the relationship.

Another variable correlated significantly with multiple factors was the age of the child. Age was found to correlate with parentified internalizing, maltreatment communication, and uncertainty/loss. With all three of these factors, younger children were more likely to exhibit the play behaviors than older children. This may be due to younger children (i.e., three years old) being relatively less defended and more vulnerable than the older children (i.e., six years old) included in the study. It may be that older

children have found other ways to cope with their own trauma or it could be that they have been taught not to share about their trauma histories.

Domestic violence was significantly correlated with attack/protect from self and uncertainty/loss. By definition, a home with domestic violence has violence and aggression. This violence is often unpredictable and can lead to the loss of a caregiver whether through incarceration, hospitalization, and/or death. This sort of environment would seem to contribute to a child learning to cope with the world through violence and aggression, hence the attack/protect from self play themes. Additionally, the uncertainty and instability in such a household would also seem to pull for themes from the uncertainty/loss factor.

A significant correlation was found between the emotional unavailability of a caregiver and parentified internalizing. This correlation seems logical given that a parentified child is one who takes on the role of a parent. A parent who is emotionally available to a child would be less likely to need the child to take on that parental role. Therefore, a parent/caregiver who is physically present, but emotionally checked out, ends up needing his/her child to adopt the parental role. These children often take on this caretaker/parentified role in the hope that it will be reciprocated; yet they are all too often disappointed in this hope.

The final significant correlation was between the uncertainty/loss factor and Caucasian children. It is uncertain what relationship this may be elucidating and it may be a statistical anomaly. The nature of the Caucasian families included in the study may have more incidences of abandonment and/or separation from a caregiver than families of other ethnicities.

Summary

The correlational analyses conducted have provided support that there are relationships between the factors and children's background information. While the correlations were too simplistic to truly elucidate the complex relationships between play and history, it has shown some interesting relationships. These correlations demonstrated that traditional gender roles impact how children manifest and express the traumas and stressors to which they have been exposed. Other variables such as age, extreme poverty, and domestic violence were found to impact the play theme factors on which children tended to play. These correlations give credence to the idea that which of the nine factors a child tends toward may be indicative of background information about that child.

Limitations

Many of the limitations of this study are due to the database and how the data were collected. The data were collected for over ten years and the method of this collection changed over that period of time. The themes from each session were originally coded from supervision notes on each session, although most of these cases were unable to be added to the study due to lack of information. The data in later years was collected from the case notes of the therapists. While most of the therapists kept detailed records of each therapy session, some therapists were not as diligent about the detail included in notes. This lack of detail may result in an inaccurate account of the themes that occurred over the course of therapy. A more accurate way to record all of the themes from each session would have been to video record the sessions. The video recordings could have then been coded by the reliably trained coders rather than from notes. Another part of the data that changed over time was the method of recording

background information. The historical information about each child was originally noted in the file but in no uniform manner. Then there was a form that was filled out about the background information of the child and his/her family. This data form, while useful, was not always fully filled out by the therapists. Beyond the method of data collection, the data was all collected from children enrolled in Head Start programs. The data could be improved by the addition of children not involved in Head Start. The addition of other children would help to vary the sample in terms of trauma history backgrounds as well as simply adding to the number of children included in the study.

Other limitations of this research relate to the statistical analysis. All but one of the factors had an alpha Cronbach's reliability score of under .7 (See Table 4). Although this is relatively low reliability, some of this may be a result of innate dichotomous characteristics of some of the factors; whereas some may be able to be corrected. Finally, the correlational analyses were too simplistic to provide truly useful information. The relationships between factors and the trauma histories of children are highly complex. Looking at the correlation between one background variable and one factor makes it difficult to elucidate the intricacies of these relationships.

Future Research

Ideally, future research would include the collection of a new dataset. Collecting a new dataset would allow researchers to correct for many of the limitations, as discussed above, of the original dataset. These data could be used to conduct a confirmatory factor analysis to check the veracity of the nine-factor model discovered in this study. Another step in the research could be to conduct a latent variable analysis in order to find what historical and background variables may be influencing the play themes a child enacts.

Another avenue of research could be to look at the play therapy factors individually. The factors could be examined more closely to determine what it is that makes them important. The factors could also be further refined, such as adding more play themes and including more nuances within the factors. This focused study of individual factors could also help in working to increase the reliability of each factor.

Future research could also utilize the current data. Each of the children included in the study have information on file about their trauma histories, whether physical or relational traumas. The theory introduced with the current study could be used to guide more complex correlational analyses. Correlational analyses could be conducted between the combinations of traumas expected with each factor and each of the nine factors. This study has created a strong base and exciting new directions for future research with play therapy themes and trauma. The nine-factor model proposed in this research will be able to provide an empirically based structure to follow when trying to understand the play therapy behaviors of young children.

APPENDICES

APPENDIX A

Meanings of Children's Play Themes

Thematic Content Codes

Adult activities theme includes any activity clearly associated with being an adult such as going steady, going on a date, putting on make-up, etc.

Aggressor-victim is aggressive play in which there is a clear aggressor and clear victim without the element of good-bad. For example, the lion beats up the baby tiger "'cause he's mean." The mode of aggression may include throwing toys, hitting, biting, verbal aggression, shooting, knifing, killing, etc. This play has aggressive content and feel as well as a clear victim. Includes play where child is aggressor and therapist is victim as in child shooting and "killing" therapist. General aggression is also part of aggression. This category would include a "room wreck" where the child dumps toys all over room in anger. Also includes hitting, kicking, biting, throwing toys in the room without being part of an explicit theme.

Bridge-building play is coded whenever the child builds a structure (broadly defined) which serves as a bridge between two places, objects, or characters

Broken play is coded when some character is broken, sick, or hurt and needs to be fixed. Special coding is used to indicate when the child is broken or hurt in the play (broken self) and whenever a house is destroyed or broken (broken house).

Burying or drowning play is coded whenever a character is buried or drowned. Often children bury characters or objects under the sand (if there is a sandbox) or under piles of toys or under a bean bag chair. Similarly, when there is water present, children often have a character drown.

Cleaning play is coded when a child plays about cleaning something that is dirty or nasty. The child typically plays about cleaning (e.g. washing dishes) or spontaneously cleans up the playroom during the mid-part of a session. Can include rearranging the playroom either to get it just right or to rectify changes made by other children who used the room.

Constancy play includes games to establish identity of child or caregiver such as hide and seek, peek-a-boo, hiding things including objects and intangibles such as pretend objects, and naming games where activity consists of repeatedly saying the child's name or therapists name to establish identity. Other examples of this type of play include mirror play, when the child uses a mirror to identify self or other or takes pictures of characters

or objects in room and separation games such as "catch me" where the child runs and the therapist is supposed to catch the child.

Containing play includes any play in which a child may build cages for animals, build a house of large blocks and put self or animals inside, build a jail, putting a play figure in jail. In this play, the focus is on keeping something inside or outside a particular space. Includes secrets. Differs from hiding which emphasizes interaction rather than containing something.

Danger theme includes any play where a potential danger is identified and needs to be responded to. Some of the dangers children play about include a dangerous person, a dangerous fantastic figure such as monster or witch, a dangerous place such as a dangerous house (falls on people, explodes, catches on fire, monsters in house), a dangerous animal, or a character alone, abandoned, lost, or homeless. (Not coded for research)

Death play is play that involves one or more characters (or inanimate objects that have been given animate properties by the child) dying of natural or aggressive causes.

Devouring is when one character eats or devours another. The character is usually described or enacted as eating up the other character or devouring a non-food object. For example, a monster comes after Hetty (4) and eats her all up.

Escape play is coded whenever a character escapes from a bad situation without help from some rescue figure.

Exploration is seen when a child is checking out toys in the room and/or asking questions about what is available or how things work.

Fail is coded during mastery play. Some children consistently cannot master things, giving up easily or being easily discouraged from trying at all. It may include expressed frustration or verbalizations of "I can't do it."

Failed nurturance is a theme that occurs any time that nurturance type activities are actually negative such as one character withholding nurturance from another; one character needing nurturance but not getting any; one character abusing another; neglect or poor care (e.g. dropping baby while caring for it); or one character punishing another.

Failure to fix is coded whenever a problem or object cannot be fixed. For example, when a child has a fire and fire engines come to put out the fire but they crash and catch on fire themselves, or when the child states that "it can't be fixed."

Fire play is play where something is burning or on fire.

Fixing play occurs whenever something broken and is fixed by repairs like gluing, by doctoring, etc. It differs from rescued because the character is not "endangered" first.

Good guy versus bad guy is aggressive play where there is a clear good vs. bad character component. For example, when a child and therapist are sheriffs shooting imaginary bad guys. Clearly good popular figures such as police, superman, and power rangers would be included here.

Instability play occurs whenever people or things are falling off surfaces or things are precariously balances as if going to fall or things fall apart such as a houses walls falling down

Mastery play is any play in which a child builds something, is able to do a physical task like hit the ball with a bat, or is able to master some skill or ability. Typical toys for this include bristle blocks, legos, puzzles, building with blocks if trying to see how well can balance or how high can build them.

Messing play is coded when a child engages in messy play (e.g. pouring water around room) or has characters "make a mess."

Neglect, abuse or punishment of the self play theme occurs anytime the child withholds nurturance from the self or punishes the self as when a child hits himself when he doing something he thinks is wrong. Includes child placing self in danger by climbing in dangerous places, etc.

Neutral nurturance includes any activity normally associated with nurturance such as food or baby bottle where there is no clear positive or negative affect such as emptying and filling play where the child fills and empties containers such as pitchers and glasses with water; or food play (cooking, fixing food, setting table where no one ends up fed).

Nurturing play includes positive nurturing activities such as one character feeding, giving things to another, holding, hugging, taking care of as with a baby or sick person, etc.

Powerful figure overcoming weaker figure theme is play that involves power relationships without clear good-bad distinction or aggressive component. Emphasis in on strength and power. For example, Davy (5) has an airplane that is stronger than all the others who aren't allowed to land on the best landing place. Includes boss-worker and teacher-student play where one figure has the power.

Protective play would include building a wall during play and shooting at something beyond the wall with the wall protecting from some danger, or hiding in the play house, or having the therapist need to hover to keep climbing play safe, or hiding a character in a drawer to be safe. Here the issue is keeping something out of danger.

Rescue play is play where an endangered character is rescued. The rescuer may be a doctor, "superduck," a policeman, someone who adopts abandoned child, etc. Sometimes the child has the endangered character rescue or save the self.

Reunion play includes any reunions or returns following separation.

Seeking or consulting a power figure theme is when a character seeks out a power figure such as a parent, judge, teacher, boss, or mystical/supernatural power such as a Wizard, Good Witch, God, or Jesus.

Self fixing play is coded when a child fixes something broken about him or herself by him or herself.

Self-nurturing play occurs anytime the child uses baby things to obviously comfort him or herself, as when the child takes a bottle, hides under the bed and sucks.

Separation play is coded whenever someone leaves or separates from someone wise, such as mother going shopping and leaving the child home, or some character moving away.

Sexual activities play is coded when on the part of dolls and or animals a child enacts sexual activities. This includes such things as oral or genital sexual contact between dolls.

Sexual behaviors directed at therapist includes attempted sexual contact with therapist, exhibitionism, and attempts to look at therapist private parts (look up skirt or down shirt).

Sexual curiosity is coded when a child looks at body parts and/or undressing dolls.

Sexual talk is coded when a child uses cussing words or body part words.

Sorting play occurs whenever the child lines things up or sorts them into categories such as lining all the good dinosaurs up in one row and all the bad one in another or putting the animals in family groups.

Store and shopping play is any activity where a child sets up a store, has the therapist be a storekeeper, or has a character go shopping for things.

Interpersonal-Relationship Process Codes

The key feature of these codes is that they are applied only to interpersonal relationships between "real" people-like characters. Unless specified otherwise, it includes relationship patterns initiated by either the child or therapist and either or both can be in a role or making the initiation as themselves.

Affection is coded when a child or a character expresses affection or seeks affection from the therapist or another character within an interpersonal relationship (such as asking for a hug).

Anger play is coded when anger is directed from one character to another. Code whenever anger or hostility is expressed directly toward a character within a relationship.

Boundary setting is coded whenever the child establishes a boundary between two people (or human characters) that are in relationship. Including putting some sort of physical barrier between the characters like a wall or a door, putting one character inside some enclosure while the other one remains outside such as putting the angry dad in the house, hide and seek and peek-a-boo, including looking and not looking as when the child demands that the therapist or other characters close his/her/their eyes; includes demanding that the therapist not talk also.

Boundary violations is coded when a character violates or oversteps a boundary set by another, such as breaking down a door, pushing over a wall, talking when told by the character not to talk, etc.

Collaboration or cooperation play is coded only if initiated by the child, it is defined as the child and therapist working together to solve a problem, such as when the child gives the therapist a pretend gun so they can shoot bad guys together.

Competition play occurs when two characters or the child and therapist compete such as racing, playing a competitive game, etc.

Control play is coded whenever at least one of the following occurs. When the therapist's observations state that the child was controlling, bossy, very directive, needed to be in control, or ordered the therapist around. When the therapist's description of the session suggests that the child was controlling or dictating the therapist's actions within the play. When the child announces that "he is the boss" and states at least one clear directive toward the therapist. When there is a controlling character in the child's play such that the character is controlling, bossy, very directive, authoritarian beyond what the natural role of the character would dictate.

Fusion is a rare code to be used only when the child directly plays out a lack of boundary as when a child wrote her name superimposed on the letters of the therapists name, or directly comments that the child and the therapist are somehow the same.

Helping play is coded when one peer character helps, through teaching, guiding, rescuing, etc. the other. May be double coded with rescue.

Imitation is coded when the child spontaneously begins to imitate or act like the therapist.

Imitation control occurs whenever the therapist is directed to act like or do what the child is doing (to imitate the child).

Independence is Coded when the child rejects or refuses help in a setting of realistic dependency, such as a child putting a picture on the wall who cannot reach and says I don't need any help. Also code when the child does something dangerous, like climbing precariously to avoid using the help of the therapist. Includes insisting on doing it alone and overtly rejecting help.

Positive connection is coded when the child plays a theme or seeks to engage in an activity which emphasizes a positive connection between two characters both currently present but lacks the element of overt affection.

Protect play is coded whenever an adult character or therapist acts to protect a child character, such as the therapist standing near a child as it climbs, a mother tiger biting a lion that is threatening or hurting her child, or the therapist stopping a baby from dangerous play such as eating inedibles.

Refusal to cooperate is coded when the child rejects an invitation for cooperation by the therapist or has a character in the play refuse to cooperate with the other one.

Rejection is coded only when a character rejects a friendly overture by the other character or when a character insults or verbally rejects anther character.

Roughhousing play is coded when child seeks to engage the therapist in physical play such as tickling, mock wrestling, being picked up, etc. that is clearly positive in tone.

Sharing play occurs when one character gives or shares with another character in a peer or fairly equal relationship, as in the child gets a candy from the prize box and offers to share a piece with the therapist.

Teasing is coded when one character tricks or teases another character. If it is clearly hostile rather than playful, code REJ. Scaring another person would be included as AGG, not TEA

Process Codes

Doing and Undoing is coded when the child plays out a theme immediately following by one with opposite meaning/valence such as aggression following by positive nurturance, positive nurturance followed by negative nurturance, dying followed by coming alive again, rescues followed by new danger, giving and taking away, breaking and fixing, messing and cleaning, etc. Sequence may be repeated several times.

Stage mix occurs when a child plays two roles from different periods of the life span simultaneously, e.g. the child puts on wedding dress while drinking out of a baby bottle. Also coded when the child plays two incompatible roles simultaneously such as good guy and bad guy or policeman and robber.

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APPENDIX B

Benedict's Experience Code System

Experience codes are given to known historical and stress factors both within the home and in the larger community. In the case of abuse, verified abuse only is coded. Parental and historical factors are typically based on either self-report or parent (caregiver) report. All codes that apply to the child's history and situation are coded. Specific codes and criteria are presented below. Disruptions and distortions in the attachment process and parental psychopathology are coded, when information is available, based on the clinical judgment of the clinician based on direct interview(s) with the parent.

Abuse Codes

Physical Abuse (101): Child has been physically abused on one or more occasions. Spanking is not counted as abuse. Beating with physical object or hands anywhere on the body other than the buttocks and beating with a belt buckle on the buttocks is considered abuse.

Sexual Abuse (102): Child has been sexually abused by an older child/adolescent or adult. Information on perpetrator will be included when present using the interpersonal code as part of the Theme codes.

Neglect (103): Child has experienced neglect of basic needs for food, clothing, safety, etc. Requires confirmation by CPS report.

Emotional Abuse (104): This category is only coded when a caregiver specifically describes instances of such abuse (whether by self or other) including demeaning statements, overt emotional rejection, yelling at the child, etc.

Attachment/Relationship Codes

These codes indicate the level of parental commitment to child as estimated by the therapist. This also includes losses and separations.

Permanent loss of caregiver through death (201)

Permanent loss of caregiver through abandonment (202)

Temporary separation from caregiver, but expected to return (203)

Multiple changes of caregiver (204)

Non-caregiver loss (210): Death or loss through moving of important non-caregiver individuals or pets.

Parental Pathology Codes

Caregiver substance abuse
- 311: Mother
- 312: Father
- 313: Other

Caregiver currently in prison (320)

Caregiver formerly in prison/jail (321)

Homeless currently (330)

Homeless in past since child's birth (331)

Caregiver depression
- 341: Mother depressed
- 342: Father depressed

Caregiver personality disorder
- 351 Personality disorder of mother based on clinical judgment from a parent interview by the clinician.
- 352 Personality disorder of father based on clinical judgment from a parent interview by the clinician.

Trauma Codes

Witness to murder or extra-familial violence (410)

Environmental trauma
- 421: Tornado
- 422: Hurricane
- 423: Fire
- 423: Accident (automobile, bad fall, etc.)
- 425: Other (specify)

Medical trauma such as severe illness, injury, hospitalization, etc. of child (430)

Medical trauma of parent/caregiver impacting child (435)

Family Relationship Codes

Caregiver/parent Divorced (510)

Caregiver/parent Separated (520)

New sibling (530)

Family violence witnessed by child or violent setting (540)

New marriage child currently adjusting to (550)

Other Codes

Racial identity (610) The child is a distinct minority in his/her classroom or the child is bi-racial. This circumstance concerns the child.

Extreme poverty of family (620) The state of poverty within the family results in stress upon the child.

APPENDIX C

Benedict's Expanded Themes in Play Therapy

The themes in this document have been put in alphabetical order for ease of the reader.

It should be noted that young children play out roles directly (the child "is" the baby or the mother) and indirectly (by manipulating toys representing various interpersonal roles). It does not matter whether the child plays the role, uses a baby doll for baby, or uses a little school bus as baby if there clearly is a baby role being enacted. Code the basic themes regardless of who plays which role being enacted. Code the basic themes regardless of who plays which role.

Code each line separately, although you can use adjacent lines to clarify the content. Each time a theme is introduced it is coded. Sometimes there will be more then one code per line, although more often, there will be one code per line. Code each line, even if the second line is the same code as the line before.

Multiple codes can co-occur. For example, if the transcription shows someone is hurt and is treated by a doctor within the same line, then you should code both BR and FX for that line. However, there are certain codes that should not be double coded together in the same line because to do so would be redundant. These specific instances will be noted in the coding guidelines for their particular themes.

Do not code therapist's behavior and interpretations, although you may use them to clarify the child's behavior. For example, a statement that the therapist "puts out the

baby bottle," would be left uncoded, whereas, "the child getting out the baby bottle," would be coded NUR+.

Do not code affect as reported by the therapist, unless it co-occurs with code-able behavior. For example, "child threw toys angrily around room," would be AGG, but "angry hand print painting for a while" would be coded ART. Remember that we cannot possibly capture all information. What we are trying to capture is the child's use of "metaphor or themed" play in therapy. There are many other things that happen in play therapy we cannot capture using this approach.

Play Theme Codes

Adult Activities (AD)

Any activity clearly associated with being an adult, such as, going steady, going on a date, putting on make-up, etc. This can be double coded with SEX-O, but SEX-O without these other activities is coded only SEX-O. Kissing is included only if the activity is indicated to be "adult-like" kissing, since kissing normally occurs at all age levels and within many non-adult relationships.

Affection (AFF)

Code instances where the child or a character expresses affection or seeks affection from the therapist or another character within an interpersonal relationship (such as asking for a hug). Include expressions of affection when the therapist or child are playing a role. Also include hugs the child seeks after having done a difficult themed play (such as the child who played out shooting the bad guys or saying no, then turning to the therapist out of role and asking for a hug). Code expressions of affection at the beginning

or end of the session if they are direct. Moving to sit close to the therapist in the beginning or end of the session if they are direct. Moving to sit close to the therapist in the classroom is too vague to be coded here. Does not include NUR+, such as, feeding the baby, unless there is an overt expression of affection, such as a kiss, included.

Aggression (AGG)

Code AGG for aggressive content that occurs between characters, as well as, aggressive content in the child's behavior out of roles, as in "He angrily threw toys around the room." Do not code AGG for "out of role expression" of anger that is not overtly aggressive, such as, "He painted angrily." (This should be coded on the I-R code as ANG). AGG can be coded for hostile acts between characters even if they are not overtly violent, such as, name calling, etc. If aggressive behavior fall within those mentioned on JD, code there instead of here.

Anger (ANG)

This is directed from one character to another. Code whenever anger or hostility is expressed directly toward a character within a relationship. Rejection is somewhat different (see definition), so code only if clearly angry. Will often co-occur with AGG as a theme code. Includes verbal expressions of hostility, such as, I hate you, yelling screaming, therapists descriptions that the child was mad or did something angrily. When AGG actually hurts physically the other character, code here as well. AGG that doesn't mention anger or hostility is not coded ANG unless it meets the criteria above. Cannot code anger unless clear affect.

Art and Drawing (ART)

Art should be coded when the child is drawing or painting. Writing would also be included here as in "the child got a marker and wrote his name." Sometimes it will co-occur with MAS and both should be coded. If an obvious theme is conveyed through the drawing, such as, telling a themed story, code that material using the theme code.

Boundary Setting (BND)

Code whenever the child establishes a boundary between two people (or characters) that are in the relationship. Code both for child therapist relationship and for interpersonal relationships like parent-child in the themes play. Includes putting some sort of physical barrier between the characters, like a wall or a door, putting one character inside some enclosure while the other one remains outside. For example, putting the angry dad in the house. Also includes hide and seek and peek-a-boo, including looking and not looking as when the child demands that the therapist or other characters close his/her/their eyes; includes demanding that the therapist not talk also. While this code may overlap with SAF at times, it differs in that there must be two identified partners in the relationship that are experiencing a boundary between them, and SAF does not focus on the relationship. Also code BND whenever one character sets a limit or rule for the other character. Includes therapists setting limits on the child's behavior, the character saying the rule is you can't do that, etc. The emphasis is on following a limit or rule.

Boundary Violations (BND-)

This is coded when a character violates or oversteps a boundary set by another, such as, breaking down a door, pushing over a wall, talking when told by the character

not to talk, etc. Includes violations of body boundaries and physical boundaries, such as, when one character physically hurts another character. For example, the child goes into the house and closes the door and the daddy say I'm coming in. It does not include general aggression between characters, such as, shooting, but does include a character pinching another or saying she hurt the boy (violates body boundary). Someone intruding on a play session (e.g. another child running into the room) is not coded as BND-, since it is not part of an interpersonal relationship. Breaking rules is not coded BND-, even though setting rules is a boundary. Giving shots is ordinarily coded as FX and not BND-. It would only be coded BND- when the shot is described as hurting.

Bridge Building (BRG)

Whenever the child builds a structure (broadly defined) that clearly serves as a bridge between two places, objects, or characters. This would include placing stairs between two floors of a house, or using a ladder to connect two places, etc. Code only when bridge is built, not each time it is mentioned. Do not double code with MAS, as BRG involves some sort of construction and makes MAS redundant.

Broken Play (BR)

Here some character is broken, sick, or hurt and needs to be fixed. Also includes tearing down a house or a house falling down. This code has sub-codes. All other ones are coded just BR.

Broken self (BR-S). Code when the child is broken or hurt as him/herself. (This is realistically him/herself, not him/her playing out a character role)

Broken house (BR-H). Code whenever a house is destroyed or broken.

Burning (BUR)

While burning connotes violence and can relate to aggression, it can have other meanings as well, and thus should be coded separately. It may or may not be double coded with aggressive themes. This code indicates fire; not burning in the sense of, "he burned his mouth on the hot pizza."

Burying or Drowning (BURY)

Often children bury characters or objects under the sand (if there is a sandbox), under piles of toys, or under a beanbag chair. Code whenever anyone or anything is buried. This would also include formal burials of the "dead." Similarly, when there is water present, children often have a character drown. Code whenever a character is described as drowning.

Cleaning Play (CLN)

Whenever the child plays about cleaning things up. Do not include therapist requested cleaning at the end of a session, unless it is stated that the child initiated the cleaning on his own accord. The child must either play about cleaning (e.g. washing dishes) or spontaneously clean up the playroom during the mid-part of a session. Includes putting things away if the child initiates this spontaneously. Can include rearranging the playroom either to get it just right or to rectify changes made by other children who used the room. Also score when a child spontaneously mentions cleaning up, even if he/she doesn't follow through beyond the initial verbalization. Do not code cleaning when child pretends to wash a baby, as this is NUR+.

Collaboration or Cooperation (COOP)

Code only if initiated by the child. This can be coded focused on the therapist-child relationship or coded applying to interpersonal relationships between characters in themed play. The therapist-child COOP would be coded when the child gives the therapist a gun so they can shoot bay guys together. The emphasis is on inviting the therapist to join the child in solving a problem or completing a task. What is essential is that both the child and therapist (e.g. putting something away to make room for a building they are planning) while the child gets out the blocks, it would be coded COOP. Within themed play, COOP can be seen when two characters work collaboratively to solve a problem. For example, when two characters decide to build a house together, code COOP.

Competition (COOP-)

This is coded when the child rejects and invitation for cooperation by the therapist or has a character in the play refused to cooperate with the other one.

Competition (COMP)

When two characters or the child and therapist compete such as racing, playing a competitive game, etc. You would code this when a character declares he's first or best or whenever there is an explicit comparison where one character ends up at a "higher" rank than the other is. Do not confuse with G>B, which is a value rather than a ranking variable.

Constancy Play (CON)

This play indicates a need on the part of the child for stability or security. It is as if the child wants assurance that things will clearly remain as they have been, e.g. relationships will endure, toys will remain in the play room, and personal identities will not change, etc.

Containing Play (SAF)

The child may build cages for animals, build a house of large blocks and put self or animals inside, build a jail, putting a play figure in jail, etc. Key issue here is keeping something inside or outside of a particular space. Can use already available containers like boxes or cabinets. Includes secrets. Also includes instances of one character restricting anther character's movements, such as by use of handcuffs. Differs from hiding, which emphasizes interaction rather than containing something. Building multiple walls, such as "built walls everywhere," is coded as SAF rather than MAS. Do not double code MAS with SAF, as containing often indicates some sort of construction, thereby making MAS redundant.

Control (CNT)

This is a whole session code. In all instances, the control must be coming from the child, either through characters actions or through their own actions or verbalizations. Do not include when therapist is setting limits or controlling the child.

Danger (DAN)

This is coded whenever a specific danger is identified in the play. This might be a dangerous person who is described as scary or going to get us, etc. (monsters, bad guys)

or a dangerous situation (fire, tornado, locked in someplace, character all alone). It might occur with either aggression or rescue but can occur alone. Do not code if the danger is merely implied as when a character shoots randomly around the room. Mere presence of a potentially dangerous character is not coded unless it threatens in some way or the child actively defends against it, thus showing that the child perceives it as a danger. When in doubt, do not code.

Death Play

This is coded when anyone dies or is dying (even if character is absent and only talked about). Includes death in symbolic form (e.g. and inanimate object, such as, a car or airplane dies by crashing or running out of gas) but do not code if child indicates character injured rather than dead, even if the aggression would normally produce death. Do code for death when the child talks of a character's impending demise, as in "She's going to die" or "I'm going to kill that monster."

Death as the result of aggression (D-AG). The child must have intentionality or intent to hurt or fail to protect from hurting. In instances in which both of the codes, AGG and D-AG would fit, only code D-AG, since this code indicates aggression, thus making AGG redundant.

Natural death (D-N). This includes any death that is the result of non-aggression or natural causes, such as, illness, running out of gas, etc.

Delinquent Acts (JD)

This code is reserved for specific acts of aggression that are commonly associated with conduct disorder. It is assumed that these acts are aggressive, so do not double code for AGG. Specific acts include lying, stealing, vandalism, fire setting (double code with BUR), breaking and entering, deliberate destruction of property, essentially, critical items for Conduct Disorder. When in doubt, code AGG, not JD.

Devouring (DEV)

This is play in which one character eats or devours another. In order to score this variable, the character must be described as eating up the other character or devouring a non-food object. Biting is not coded as DEV unless a bite is taken out of someone and consumed. You may code good guy/bad guy with DEV, but should not code AGG with it. Do not double code with death categories. If a character is killed by being eaten, code DEV only.

Escape (ESC)

Whenever a character escapes from a bad situation without help from some rescuer. For example, a child might be captured by a robber, but escapes from the cage he/she was put in. This may or may not be double coded with SAF. With SEP, the character is not in a bad situation and the focus is on one character leaving another.

Exploration (EXP)

The child checking out toys in the room, asking questions about what is available or how things work. The key point here is that the child is trying to obtain information about things in the room. Do not code EXP in instances where the child looks at

something for reasons other than "checking it out" such as, looked at doll as asked for it. EXP will often be coded in the first line of a session. Looking at people, object, or therapist using binoculars is automatically coded EXP. Vague descriptions, such as, "looking at dolls" is not coded EXP.

Fail (FAIL)

Coded when a child attempts mastery and cannot do it. It may include express frustration or verbalizations of "I can't do it." Code when the child describes self as unable to master something even if they don't actually attempt the task.

Failed Nurturance (NUR-)

Any time that nurturance-like activities are actually negative, examples below. Include whenever the child or baby character is being hurt in some way even if not done by a traditional caregiver. In the case of either abuse or neglect, much include sub-code:

Failed Nurturance with abuse (NUR-A). Do not code AGG, as this is assumed.

Failed Nurturance with neglect (NUR-N).

Failure to Fix (FX-)

Coded whenever a problem or object cannot be fixed. For example, whenever child has a fire and fire engines come to put out the fire, but they crash and catch on fire themselves. Or, when the child states that "it can't be fixed."

Fixing Play (FX)

Whenever something broken is fixed by repairs like gluing, by doctoring, etc. This differs from rescued because the character is not "endangered" first. Can occur with rescuing, but doesn't need to. All doctoring is coded here. Code FX even when doctoring is only referred to by way of "got out the Dr. kit." Double code NUR+ only if there is a clear nurturing activity beyond doctoring. For example, code NUR+ when the doctor clearly comforts the patient. Similarly, double code NUR- when the doctor is deliberately hurtful or sadistic as when giving a shot so hard "you'll scream your insides out." Do not code FX for instances of spontaneous recovery without doctoring. These codes are not coded HELP, unless the fixing character needs help to succeed at fixing whatever it is.

Fusion (FUS)

This is a very rare code to be used only when the child directly plays out a lack of boundary, as when a child wrote his/her name superimposed on the letter of the therapists name, or directly comments that the child and the therapist are somehow the same.

Games (GAME)

Rule-based games, such as, Candyland, checkers, or The Talking, Feeling and Doing Game. Usually will just state played the games. Does not include non-rule-based activities, such as, puzzles. These could be coded as MAS if this is made explicit.

Good Guy vs. Bad Guy (G>B)

The key issue here is overt designation of goodness or badness of the character; if not so designated, it belongs in another code. The goodness/badness distinction may be made even if a character is not actually referred to as a "good guy" or a "bad guy", but

only when a value term is used. You should assume that characters who are normally good, such as, superman, may be coded as good guys. In addition, characters who are normally bad, such as, a monster or a witch, may be coded as bad guys, unless otherwise designated (as in an unusual case of a "good monster" or a "mean superman". Police are not assumed to be good guys unless they oppose a clearly bad guy. When one character is understood to be a bad guy (or good guy), then any character that opposes him may be assumed to be opposite. Note however, that the dimension of concern here is good/bad. Descriptions such as mean, ugly, stupid, etc. are not clearly aligned on a good/bad dimension and would NOT be coded with this code.

You should notice that there is a G>B code, but no B>G code. This is because any actions by bad guys against good guys (violent or not) are assumed to be aggressive, so the category of B>G has been subsumed into AGG. However, actions of good guys against bad guys are not assumed to be aggressive unless they are violent, so the code G>B is distinct from AGG. Code AGG in a line with G>B only if the good guy is overtly violent or if both the good guy and the bad guy act against each other, such as, when the bad guy does something (with or without violence) and the good guy gets revenge, (with or without violence).

Helping (HELP)

When one peer character helps, through teaching, guiding, rescuing, etc. another. May be double coded with rescue. Do not code teaching or other roles where the emphasis is on power rather than being helpful. This must be themed play. If it is actual interaction between child and therapist, it does not go here. Thus, it excludes practical aids done by the therapist to sustain play (handing the child a requested toy, etc.).

Helping must be overt and proactive on the part of the character. An example that is coded HELP is getting more firemen to help put out the fire. Do not code HELP with FX unless the character doing the fixing (e.g. fireman putting out a fire) needs additional help from another character to succeed in fixing. FX is assumed to involve HELP, and we only want to differentiate extra help or help in other settings. Note: Help assumes positive connection, so do not double code. HELP supersedes PCON, as it is a more complex interaction.

Imitation (IM)

To be coded whenever the child spontaneously begins to imitate or act like the therapist. For example, "Anna copied all the things the therapist did." If the therapist rocked her baby, Anna did also. Put this code on the line where it occurs.

Imitation Control (IM-CNT)

Whenever the therapist is directed to act like or do what the child is doing. The child must specify that the therapist is to do it just like he/she did, or some other instructions that require the therapist to imitate the child. For example, "Chris told the therapist to draw it just like he did," or "Sara fed and changed her baby and told the therapist to feed and change the baby too." Do not code when the therapist imitates the child, unless the therapist is instructed to do so by the child. Child's directive needs to be fairly specific. For example, having the therapist be the doctor after the child, is not coded here unless the child specifies that the therapist is to do it just the way he/she did.

Independence (IND)

Code when the child rejects or refuses help in a setting of realistic dependency, such as, a child putting a picture on the wall who cannot reach, and says, "I don't need any help." Also code when the child does something dangerous, like climbing precariously to avoid using the help of the therapist. Includes insisting on doing it alone and overtly rejecting help.

Instability Play (FALL)

Whenever things or people are falling off of surfaces, or things are precariously balanced as if going to fall. Things, such as, house walls falling down or tearing down a house are coded under BR, not here. The underlying concept is an indication of instability of things or people in the work. Code FALL in instances of instability without an actual fall, such as, sliding down slide or dangling from a rope. Someone being hurt as the result of a fall would be coded both FALL and BR for broken. Also include moving a house since this is another form of instability. Must be in the process of play.

Mastery Play (MAS)

Includes when child builds something or masters a challenge. Typical toys for this include bristle blocks, legos, puzzles, building with blocks if trying to see how well can balance or how high one can build them. Most instances of building things that do not fall under BRG or SAF will be coded as MAS. In mastery play, the child seems to be seeking a sense of competence or achievement, so code for achievement oriented activities, such as "tried to write her numbers correctly," or "tried to draw circles just right." Code MAS, for instance, if child showing off for the therapist, as in "showed off his muscle," etc. Do

not code MAS for doing some physical task unless and achievement motivation is noted, e.g. playing with play dough, riding bike, writing letters or the child's name, is not MAS. Simply putting a puzzle together or writing random line and calling them letters would not be coded.

Messing Play (MESS)

Whenever the child "messes" as part of the play. This includes smearing paint or deliberately pouring water around the room and play themes where the child talks about or plays out "being messy." Do not include as mess something messed by another child or things found dirty by child. The child has to intend to make a mess. If the child is busy playing and then notices the room is a mess, do not code. Do not code when the child is throwing things around the room as in a room wreck, which is coded AGG and then also coded DIS on the process codes. May be coded with AGG if clearly aggressive when messing.

Neglect, Punishment or Abuse of the Self (NUR-S)

Any time a child withholds nurturance from the self or punishes the self as when a child hits himself when he does something he thinks is wrong. Includes the child climbing in dangerous places or placing himself in real danger in the room. Also includes verbal self-abuse as in calling the self "bad".

Nurturing Play (NUR+)

Positive nurturing activities such as one character feeding, holding, hugging, taking care of another as one would with a baby or sick person, etc. It also includes fixing food even if the food is not actually "eaten" in the play. Giving valued objects such as

food or money would also count here, but merely handing some object to the T to hold would not be considered NUR+. Include whenever the child or baby character is being nurtured in some way even if not done by a traditional caregiver. Code NUR+ whenever a baby's needs are mentioned (e.g. "the baby needs a bath") unless it is stated that the needs were not met. Do not include nurturing activities that occur outside of themed play, such as, a child hugging therapist or eating real food. Do not code NUR+ for doctoring activities unless there is clear nurturance in addition to fixing, such as, "put on bandage and hugged him."

Positive Connection (PCON)

The child plays a theme or seeks to engage in an activity, which emphasizes a positive connection between two characters both currently present. This child has to be an active participant in the connection when initiated by the therapist. That is, if therapist rolls ball to child, child must clearly roll ball back to code it positive connection. If one of the characters is not present, establishing contact will be coded as CON. Common examples are, playing "non-competitive ball," such as, catch, calling on the telephone just to say hi, or inviting the other character to come play or visit. Declarations of "being friends" would be included here as well, such as, the child's puppet asking the other puppet to be a friend and then playing together. Include here praise or compliments given by one character to another, unless it is a parent child combination where the parent is praising the child (which is coded NUR+).

Powerful Figure Overcoming Weaker Figure(s) (POW)

Here there is no clear good/bad designation. The emphasis is interpersonal power, not on aggression or on good/bad distinctions. Typical examples would be a powerful figure that overcomes all others, but does so through interpersonal strength, not clear aggression or containment (SAF). Includes teacher/student, or parent/child, or boss/worker play, where the one figure has the power to tell the other what to do. For example, "parent tells child to eat his dinner or clean up his room". Code POW in those cases where one character uses the power role to tell another what to do, even if that other character does not obey. Do not code if aggressive (hitting, kicking, etc.). Instances of one character physically confining another are coded under SAF rather than POW. Do not code instances of child bossing the therapist around as POW. This should be coded under code CNT (control).

Protect (PRO)

Coded whenever a character or therapist acts to protect another character, such as, the therapist standing near a child as he/she climbs, a mother tiger biting a lion that is threatening or hurting her child, or a therapist stopping a baby from dangerous play, such as, eating inedibles. Code when the child protects the therapist as well, but examine carefully to check whether a stage mix has occurred and if so, code it as well.

Protective Play (SAF)

Here the issue is keeping something out of danger. Would include building a wall during play and shooting at something beyond the wall with the wall protecting from some danger, or hiding in the green house, or having the therapist need to hover to keep

climbing play safe, or hiding a character in a drawer to be safe as opposed to hiding so therapist or some other character can find as in constancy play. This is difficult to clearly distinguish from containing play above so give same code. Also includes invincibility as in the case of bullets that don't hurt, invisible shields or powers that nullify the aggression, etc. Include putting out fires here as well (these will be double coded with BUR). Finally, it includes arming a character (the child puts on holster with guns or carries a weapon (gun, knife) around with him as he/she plays.

Rejection (REJ)

Coded when a character rejects a friendly overture by the other character or when a character insults or verbally rejects another character. Code also when a character tells another character or the child tells the therapist "I don't like you." Include child sitting with back to therapist and the therapist comments on being excluded from the play. This is actually a type of boundary that is characterized by a hostile, negative tone. Since BND is assumed in REJ, do not double code with BND.

Rescue Play (SAF-RES)

This code is a qualifier of the SAF code. If a SAF code includes a rescue element, code SAF-RES. In this code, a character is endangered i.e. kidnapped, attacked by monster or bad guy, etc. and another character comes and rescues. It is considered a rescue if a character is made safe by or assured of safety by a "rescue" figure. Rescuer can be "super duck," a policeman, someone who adopts abandoned child, someone who tells a hiding character it is safe to come out of hiding so as to relieve that figure from previous threat, etc. Scored whether rescue succeeds or a rescue is attempted, but fails

and the character is still in danger. For rescue to occur there must be a clear rescuing character and a clearly rescued character.

Reunion (SEP-R)

Include here any reunions or returns from separation. This must be explicit, such as a parental character returning from a trip or a character being returned after being kidnapped, but the emphasis must be on their reconnection following separation. If a reunion immediately follows a separation, it would be coded D/U. For example, a child pretended to be a dog who was kidnapped from the owner (not a SEP code since the character did not chose to leave) and then the police found and returned it to the people who owned it would be a SEP-R code.

Roughhousing (RUF)

Code when therapist is picking the child up or they are "mock wrestling" non-aggressively. Code also whenever there is tickling being initiated by the child or the therapist as directed by the child.

Sadness (SAD)

Sadness expressed overtly by a character through verbalizations (he's sad) or crying. This sadness must be expressed either within a relationship or in response to something in the context.

Seeking or Consulting a Power Figure (SEEK)

This play involves intentionally seeking out or consulting an authority figure who might be a parent, judge, teacher, boss, or mystical/supernatural power, such as, a

Wizard, a Good Witch, God, Judge, or Jesus. The child (or character) must seek out this figure and need some sort of response or answer from the figure. Do not code SEEK just because there is an indication of the use of a traditional power role, such as, firemen or policemen. Do code SEEK even when it is not clear from whom assistance is being sought, as when a character cries out "help me" to whomever may hear him. The key is the child's intentional request for help from a more powerful or higher power. Rescue situations would not be coded SEEK unless they include an overt request for help. There must be roles for SEEK to be coded (do not code SEEK for a child asking for help from the therapist).

Self Fixing (SFX)

Coded when the child fixes something broken about him or herself by him or herself. Typically, this will be seen when the child doctors the self.

Self-Nurturing (NURS)

Any time the child uses baby things to obviously comfort him or herself, as when the child takes the bottle, hides under a table and sucks, pretends to eat food, etc. Do not code simply because a child enacts a baby role. This in only coded when the baby is taking care of itself. Do code when baby drinks from bottle and that bottle is not held by the therapist.

Separation Play (SEP)

Whenever someone leaves or separates from someone else, such as, mother going shopping and leaving her child at home, or some character moving away. May include the child packing a suitcase for when the police comes to get the bad boy, or a character

running away. This code can also be used to indicate separation has just occurred, as in a child character saying "I can't find Mommy" even though the actual separation is not played out directly. To code SEP, it must be clear that the characters are in fact going to separate. For example, if the line says "after breakfast the mother went to work" but does not indicate, either in that line or by the context of other lines, whether baby accompanied her or was left behind, you cannot assume SEP. SEP suggests some sort of emotional connection between the characters, such as, being friends, relative, etc. Do not code SEP when opponent characters separate, such as, one character frightening another away, unless there is a significant relationship between the opponents. Do not code SEP for such trivial separations as "mom left the baby in crib while she went to get his bottle." There must be characters in roles for SEP to be coded. Do not code for actual separations between therapist and child. Do code for a character being alone, where you assume someone left, except where another character is described as lost or missing. In general, a character must actually leave another character to code SEP. Code SEP when a child is "taken" from the mother, if this play is directed by the child.

Sexual Activities (SEX-O)

This is behavior on the part of dolls and/or animals. It includes such things as oral or genital sexual contact between dolls.

Sexual Behaviors Directed at Therapist (SEX-T)

This can include three different behaviors. Attempted sexual contact with therapist (attempt to touch private parts), exhibitionism, and/or attempts to look at therapist's private parts (look up skirt or down shirt).

Sexual Curiosity (CUR)

Looking at body parts, undressing dolls. Does not include undressing when it occurs in the context of preparing a baby for a bath, unless visual inspection of the unclothed baby is specifically mentioned.

Sexual Talk (SEX-V)

The child using sexual language, cussing, or using sexual or body part cuss words.

Sharing (SHAR)

When one character gives or shares with another and both characters are peers, or the child-therapist relationship seems fairly equal, as in the child gets a candy prize box and offers to share a piece with the therapist. Code as NUR+ when parent-child or similar unequal roles are being played out. Turn taking is included here unless it involves activities where turn taking is in the interest of maintaining a positive connection, such as, phone calls and ball throwing.

Sleeping (SLE)

Code whenever one or more characters are sleeping or preparing to sleep, such as, getting into bed to go to sleep. The child must state that he/she or the characters are sleeping or tell the therapist to pretend to sleep to be coded. Merely putting a doll in a bed without stating the character is asleep or intends to sleep is not coded.

Sorting Play (SOR)

Whenever the child lines things up or sorts things in categories, such as, lining up all the good dinosaurs in one row and the bad ones in another, or putting the animals in

family groups. Does not include instances of labeling thing without physically sorting them.

Store and Shopping (STO)

Any activity where a child sets up a store, has the therapist be a storekeeper, or has a character go shopping for things. This does not include any places of business, such as, a doctor's office, where one does not go to do shopping. Returning stolen goods, while it requires going to a store, is not shopping.

Talk-Activity Sheets (TALK)

Therapeutic activity sheets and exercises, where the child works on the sheets or workbook pages with the therapist and/or talk therapy. Where child and therapist talk about problems in real world or talk in general without engaging in any themed play. Include here explanations by the therapist, but do not include therapist's comments that are part of themed play, such as, asking directions or initiating a new facet of the play.

Teasing (TEA)

Tricking or teasing of one character by another. If it is clearly hostile rather than playful, code REJ. Scaring another person would be included as AGG, not TEA. This tricking, teasing, or scaring must be initiated by the child.

Uncodable (X)

Anytime the data available in the session description is insufficient to code any of the categories. Includes positive play in which there is not code-able theme, such as, two puppets "playing" together without any clear play activity. Also includes play activities

clearly initiated by the therapist rather then the child. Therapist (as mommy “begins to feed the doll”). Fragmentary information would be coded here as well, such as, “played with blocks.”

APPENDIX D

Table D.1

Exploratory Factor Analysis Rotated Factor Loadings of Benedict's Play Themes

Play Theme	Empowerment/Loss of Self-Control	Safety	Violent Violations	Parentified Internalizing	Hyperarousal /Dissociation	Maltreatment Communication	People Pleasing	Attack/ Protect from self	Uncertainty /Loss
Fail	**.449**	.087	.050	.003	.033	.009	-.026	-.009	.068
Imitation Control	**.433**	-.038	-.115	.017	.047	.013	.285	-.129	.026
Independence	**.401**	-.013	-.096	.014	.067	-.016	.039	-.014	.041
Messing Play	**.397**	.034	-.054	-.012	.121	-.196	-.128	.176	-.112
Art and Drawing	**.347**	-.083	.036	-.220	-.061	.103	.121	-.097	.037
Rejection	**.334**	-.117	-.151	-.155	-.094	-.079	-.084	.154	.137
Collaboration or Cooperation	.279	-.018	-.172	-.168	.221	.051	-.040	.069	.081
Boundary Setting	.471	**.662**	-.245	-.264	.009	-.204	-.060	-.050	-.303

(continued)

Play Theme	Empowerment/Loss of Self-Control	Safety	Violent Violations	Parentified Internalizing	Hyperarousal /Dissociation	Maltreatment Communication	People Pleasing	Attack/ Protect from self	Uncertainty /Loss
Containing or Protective Play	-.039	**.562**	-.157	.212	.234	-.048	.027	.131	-.035
Rescue Play	-.014	**.499**	.027	-.135	-.053	.126	.103	.069	.283
Burning	-.048	**.366**	.095	.101	.077	-.013	.104	.107	.195
Boundary Violations	-.012	.006	**-.801**	.023	-.032	-.015	-.057	.074	.026
Anger	.089	.270	**-.767**	.037	-.098	-.021	-.033	-.161	.037
Imitation	-.034	-.075	**-.374**	-.065	.062	.026	.024	-.004	-.015
Sadness	.040	.163	-.154	**-.643**	-.146	.052	-.121	-.115	.162
Self Fixing	-.059	-.106	-.064	**-.562**	.043	-.114	.141	-.077	.098
Self Nurturing	.094	-.063	.058	**-.451**	.149	-.028	.003	.006	-.011
Control	.079	-.066	-.110	**-.440**	.075	.088	.169	.258	-.112
Nurturing Play	-.062	-.077	.079	**-.438**	.339	-.296	.089	-.106	.077
Adult Activities	.019	.038	-.037	**-.386**	-.130	-.099	.016	.109	.109
Affection	.179	-.026	-.022	**-.363**	-.065	.027	.182	.136	.020
Mastery Play	.057	-.014	.011	.099	**.567**	.069	-.100	-.028	.220
Exploration	.024	.102	-.023	-.012	**.554**	-.167	-.103	.057	-.182

(continued)

Play Theme	Empowerment/Loss of Self-Control	Safety	Violent Violations	Parentified Internalizing	Hyperarousal /Dissociation	Maltreatment Communication	People Pleasing	Attack/ Protect from self	Uncertainty /Loss
Sleeping	.057	.160	-.055	-.002	**.309**	.140	.183	-.055	.125
Cleaning Play	.060	-.060	-.202	-.072	.285	.037	.212	-.009	.024
Constancy Play	.213	.092	-.025	-.197	.225	-.173	.172	.123	.048
Fixing Play	.011	-.064	.120	-.199	.258	**-.414**	.324	.090	.067
Sexual Curiosity	-.031	-.025	-.004	.040	-.025	**-.408**	.076	-.096	.041
Failed Nurturance with Abuse	.022	.077	-.062	-.129	.054	**-.322**	-.032	.108	-.021
Failed Nurturance	.088	.048	.119	-.251	-.027	-.295	-.043	.000	.232
Natural Death	-.061	.039	.043	-.110	-.156	-.093	**.597**	.097	.009
Seeking or Consulting a Power Figure	.098	.155	-.136	.084	-.108	-.252	**.499**	-.202	.057
Helping	.059	.180	.131	-.194	.187	.164	**.351**	.023	.064
Sharing	.193	-.113	.001	-.063	.126	-.013	.290	.176	-.008
Aggression	.091	.112	-.235	.162	.005	-.260	-.071	**.596**	.072
Protect	.329	.127	.160	-.120	-.050	.048	.030	**.474**	.000

(continued)

Play Theme	Empowerment/Loss of Self-Control	Safety	Violent Violations	Parentified Internalizing	Hyperarousal /Dissociation	Maltreatment Communication	People Pleasing	Attack/ Protect from self	Uncertainty /Loss
Good Guy vs. Bad Guy	-.104	.150	.005	-.078	.067	.037	-.044	**.381**	.072
Positive Connection	.141	-.152	-.163	-.011	.233	.055	-.072	**.366**	.056
Neglect, Punishment or Abuse of the Self	.189	-.011	-.067	.055	-.049	-.168	.010	.280	.016
Devouring	-.118	.050	-.024	-.018	-.078	.085	.144	.252	-.081
Sorting Play	-.022	.068	.016	.043	.107	.148	.161	.231	.003
Death as a Result of Aggression	-.179	.205	-.213	.036	-.047	-.019	.145	.223	.081
Danger	.088	.334	-.160	-.104	-.090	.081	.011	.075	**.419**
Reunions	.073	-.046	-.034	-.112	.004	-.151	.021	-.032	**.385**
Broken Play	.072	-.032	-.004	-.041	.119	-.301	.185	.283	**.372**
Instability Play	.210	.075	-.012	.287	-.014	-.029	.202	.312	**.368**
Separation Play	.056	.164	-.075	.007	-.085	-.054	-.056	-.014	**.349**
Store and Shopping	-.029	-.007	.010	-.064	.095	.017	.002	-.011	.224

Note. Factor loadings >.300 are in boldface.

APPENDIX E

Table E.1

Correlations Between the Nine Factors and Children's Historical Data

Child History	Empowerment/ Loss of Self-Control	Safety	Violent Violations	Parentified Internalizing	Hyperarousal/Dissociation	Maltreatment Communication	People Pleasing	Attack/ Protect from Self	Uncertainty/ Loss
Sex of Child	-.095	.207	.071	-.442**	.106	-.132	.005	.352**	.066
Sex of Therapist	-.093	-.026	-.010	-.176	-.058	-.139**	-.073	-.106	-.160**
Age of Child	-.048	-.068	-.010	-.177**	-.049	-.178**	-.060	-.054	-.151**
Poverty	.062	.070	.023	.233**	.021	.204**	.098	.267**	.184**
Domestic Violence	.042	.122	.028	-.054	.007	.011	.014	.151**	.157**
Sexual Abuse	-.077	-.097	-.040	.044	-.054	-.117	-.095	-.124	-.120
Neglect	-.015	.062	-.018	.133	.037	.008	-.062	.024	.009
Emotional Unavailability	.023	.048	-.018	-.150**	-.047	-.073	-.012	-.072	-.081
African American	.016	-.033	.020	.083	.032	.019	-.083	-.014	-.083
Caucasian	.021	.115	.049	.045	.008	.056	.115	.054	.154**
Hispanic	-.041	-.088	-.097	-.124	-.020	-.069	-.007	-.054	-.073

Note. A ** denotes the correlation is significant at the .01 level.

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