

Examining Symbolic Play in Play Therapy



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The play therapist's work is to access to the child's inner-directional, self-healing power (Landreth, 2012), and thus healing and growth. Yet little attention is paid to the development of symbolic play in RPT™ training. The shift from pre-symbolic to symbolic play involves going from impulse to thought and feeling, and is essential for learning self-regulation (Wieder, 2017; White, et al., 2021). It is theorized that symbolic play supports the development of skills of executive function (Thibideau-Nielson, et al., 2020). This author argues that play therapists' work can be greatly supported by A deeper understanding of symbolic play development. A case study of a child diagnosed with autism is provided to give an example of supporting symbolic play skills using the principles of Child Centered Play Therapy (CCPT) combined with Developmental, Individual differences, Relationship-based Model (DIR/Floortime®).

Play shapes the developing brain, makes novel pathways, and supports emotional development (Brown & Eberle, 2017; Neufield & Matthes, 2014; Panskepp, 2010). It varies based on the culture and unique

personality of each child. Researchers have categorized 12 types of play (Pelligrini, 2011; Miller & Almon, 2009) of which symbolic play is one. Through symbolic play, someone uses behaviors or objects to depict a feature of the world or an event that is not actually happening. This experimenting allows the child to process experiences (UKEssays, 2018) and try new outcomes.

At first, typically developing children use play actions on themselves and use very realistic symbols. Later they represent ideas using symbolic materials. They eventually use pretend play with a partner. Play skills can be delayed or disordered (Thibideau-Nielson, et al., 2020; Westby, 2022) as in other areas of development, and, therefore, should be part of initial assessment for therapy. Young children with poor self-regulation skills typically have less complex imaginary play skills. The therapist should ask "Is pretense present?" "Is the child using materials to play out experiences?", "Is the child stuck playing out familiar actions, or using materials for sensory enjoyment?"

Pre-symbolic Play

It is important for play therapists to understand pre-symbolic play skills, because some children remain at these initial play stages long beyond what is expected for their chronological age (Ryan, 1999; Westby, 2022). In expected development, there is a generally predictable sequence of how children use objects, carefully identified by Lifter (2022). Sensorimotor play typically is seen in infancy and continues through the early years. The child employs all senses to passively and actively experience the body. Children with developmental differences, including those with autism, tend to use sensorimotor play more frequently than their same-age peers, even as they age (Jarrold & Conn, 2011; Kasari et al., 2013), and for self-soothing and regulation.

Westby (2000) described play skills as PreSymbolic level I and Pre-Symbolic Level II, with activities including exploring object permanence, object use, and means-end problem solving (Table 2). After pre-symbolic play, the child groups objects, relates them spatially, and examines by stacking, filling, and dumping. This is called “relational play.”

During the toddler and preschool years, children continue to relate objects and also begin to use objects based on the purpose of the item. This stage is called functional play. The child uses objects in the way in which the item is prototypically utilized, for example tipping a play pitcher or rolling a car.

Moving to Symbolic Play

How do children shift from relating toys to playing symbolically? According to Greenspan and Lewis (2009), when an infant’s needs are repeatedly met by a caregiver through signaling, the child learns that these signals make things happen. The signals include gestures and sounds and, over time, include object use. The child using symbols is using the same cognitive processes as those in spoken language (Quinn & Kidd, 2019). Once symbolism begins, the child moves in a progression from functional play to functional play with pretense. The play actions make something appear to be happening and symbolize actions.

There are many symbolic play taxonomies (Lifter et al., 2022; Westby, 2000). Beginning around 12 months, a child names an event by using action (enactive naming). For example, a child might place their finger on their teeth as if brushing and pretending on the self (autosymbolic). Play is categorized as “functional with pretense” when the child uses a realistic object to act out expected play schemes, with the object leading the play.

The play shifts to imaginary and symbolic when the play is based on the motivations of the child (Jarrold & Conn, 2011). Without pretense, play with “pretending materials,” for example using a toy pitcher, can look like symbolic play but may simply be the child sequencing actions that are prototypical for that material – pitchers are used to pour. When play therapists track these actions, therapists likely are giving a framework that supports the transition to make-believe.

Another concept in the development of symbolic play regards a hierarchy of complexity in the use of roles, actions, and objects (Bretherton,

CLINICAL EDITOR’S COMMENTS:

Understanding symbolic play is an important aspect of the work of the play therapist.

2014). Pretending roles begin with pretend on self (child brushes self), then on an object or person as a passive recipient (brush puppet or caregiver), and finally voicing the puppet or telling a play partner how to play (Westby, 2022). In terms of objects, the child uses a single toy first, and later combines toys or performs actions on multiple objects or people. Within a theme, the child will use play that acts out several actions before demonstrating planned pretend play representations (Greenspan & Lewis, 2009; Westby, 2000; Wieder 2017).

Westby’s (2000) Concise Symbolic Play Scale indicates that play becomes decontextualized around age 36 months, shifting from highly realistic play props, to object substitution, and materials unlike the real thing. Furthermore, themes of symbolic play in young children begin with events the child has personally experienced, single activities, and things experienced daily such as dressing, eating, going out of the home, and bathing. As the child begins to play using more than one action, typical play looks unidirectional, generally matching the real, logical, and expected sequence (Kasari et al., 2013; Bretherton, 2014). Young children with developmental differences, especially motor planning issues, may assemble fairly random chains of play sequences within a theme and require additional repetition and practice to master actions. In the author’s small group practice, one child with motor challenges spent sessions doing and undoing, over and over, working to make a pile in the sand and to “clean it up.” This therapist regularly models pretending and uses the functional emotional developmental levels of DIRFloortime® in response to children’s play bids, and sees clients incorporate similar actions spontaneously in their play, with this modeled in the case study below. Tracking and treating all actions as purposeful fosters the shift to symbolism.

Table 1.

12 Types of Play

Large-Motor Play	Symbolic Play
Small-Motor Play	Language Play
Mastery Play	Playing with the Arts
Rules Based Play	Sensory Play
Construction Play	Rough and Tumble Play
Make Believe Play	Risk Taking Play

Adapted from Miller, E., & Almon, J. (2009). Crisis in the kindergarten: Why children need to play in school. *Alliance for Childhood (NJ3a)*.

Play Therapy with Stella* (pseudonym)

Stella, age 8, came to counseling because she was “acting out at school” including “running down the halls.” She had said things to teachers that resulted in reports to child protection. Her statements, which had no identified merit, were likely stock phrases she had heard somewhere; thus, counseling was suggested. The family noticed the child was different from her older sister and from peers. Stella frequently cried at school and had limited peer interaction.

When Stella came to my playroom, she looked at the toys in the room. She did not meet my gaze for several sessions. She would pick up an object, sometimes in each hand, wave them, and then drop them. She frequently made non-speech sounds. She spoke with few words and stock phrases like “Don’t worry, it’s ok,” spoken with unusual prosody. Assessment using DIRFloortime™ showed that she had constrictions at the lower levels of the functional emotional developmental ladder – unable to share attention (level 1) or to relate in a two-way purposeful manner (level 3). She was referred for testing and given a diagnosis of autism spectrum disorder without intellectual impairment.

Stella was not using toys functionally and was not yet using symbolism in her play. Primarily, she was in sensorimotor play and used items to experience the sound or visual effect that could be made. This placed her at a young level in terms of play skills, behaving more like a 12-month-old. Using DIRFloortime®, the goal was to facilitate back and forth interactions with Stella to build her ability to be in a shared world with a safe adult (Greenspan, 2006; Wieder 2017). When she

made repetitive sounds and moved objects rhythmically, I copied her tapping on objects and echoed the sounds which, if viewed as intentional, could be singing. Each action of this child was treated as purposeful, transforming their simple explorations into a shared world with the therapist.

Making Progress

Once a shared world was created, Stella began to see that she had an effect on me and that her actions could signal me, much like the infant who learns that signals make things happen. During our prescriptive play therapy, I joined Stella and added small elements to build on her play. If Stella used her hands on the drum, then I used my hands on a book and copied the rhythm. If she picked up a slinky, then I would try to catch it. If she had an object she was exploring, I would have a similar object then join her movement. I would track what was happening, all led by the child.

Over the course of a few weeks, Stella played with me during most of the session. When not playing “together” with me, Stella would speak for the objects. Stella’s actions became emotional as she slammed a puppet. She expressed anger at the puppet using her affect and then tossed the puppet. With my supporting presence, Stella began acting out how kids at school might treat someone, and called names like “stupid” and “weird.” Once Stella discovered that toys could allow her to play out her experiences, the therapy shifted to nondirective Child Centered Play Therapy. She used her play to understand and express her world, which was now more connected to her mother, her sister,

Table 2.

Westby’s Symbolic Play Categories

Play levels with typical ages	Examples and Thematic Content
Pre-symbolic Level I- 8-12 mo	Object permanence hidden where seen; pulls part to obtain whole; means-end
Pre-symbolic Level II- 13 to 17 mo	Deduces location of missing object; dump/fill; operates part of toy; relates objects
Symbolic level I 17-19 mo	Familiar everyday activities; simple isolated pretend actions; auto symbolic
Symbolic Level II- 19-22 mo	Activities by familiar others (cook, clean); simple combinations of pretend actions; acts on object or person/doll
Symbolic Level III- 24 mo	Elaborated single schemes (Collects all dishes)
Symbolic Level IV- 30 mo	Acts on doll; represents low frequency, personally experienced events (doctor, going out)
Symbolic Level V- 36 mo	Re-enacts experienced events with new outcomes; logical sequences of pretend actions (makes cake; bathes animal; doctor visit)
Symbolic Level VI- 36-42 mo	Uses micro dramatic play (Lego, house, barn); plays out events child has observed but was not participant (firefighter, TV show)
Symbolic Level VII- 42-48 mo	Improvisation; basic themes played in variety of ways; planned schemes; uses words to set scene and roles; character has multiple roles (mother and wife)
Symbolic Level VIII 60 mo	Imagines activities never observed (space, talk to alien); plans sequences of pretend events; coordinates roles and materials

Adapted from Westby, C.E. (2000). **A scale for assessing development of children’s play.** In K. Gitlin-Weiner, A. Sandgrund, & C. Schaefer (Eds.), *Play diagnosis and assessment.* New York: Wiley.

and even peers who began to accept her as her stereotyped speech subsided.

Following 6 months of weekly visits, Stella played primarily at the highest levels of pretense. Westby (2000) indicates children use multiple roles and act out several characters from 4 to 6 years of age. Stella used characters in play and made three or more talk to one another while I witnessed. It was exciting to experience her using skills closer to her chronological age. During one session, Stella spoke a phrase in a play voice at intervals tied to the action, and I joined her by tracking this out loud. As soon as I spoke, I regretted it, instantly feeling the miscue. Stella changed to her own voice and said, "Don't say that yet," and then used eye contact to signal me when to speak. While repetitive actions with objects and self-absorbed speech were characteristic at the beginning of treatment, Stella transformed to being able to use her play to express her feelings and social experiences, and to engage more fully and authentically in relationships, including the therapeutic relationship.

Conclusion

Research has repeatedly found that use of symbolism by children correlates with increased complexity in language (Westby, 2022; Orr & Geva, 2015) and self-regulation (Thibodeau-Neilson, et al., 2020; UKessays, 2018). Lacey et al. (2012) determined that symbolism engages more parts of our brain than just language and talking. Advancing the development of symbolic play moves the child from realistic symbols, to abstract symbols, to emotional play (Wieder, 2017). Play therapists can support the child's ability to play symbolically, and therefore express emotions through symbolic play. This builds skills needed for problem solving and flexible thinking that allow the child to regulate in real emotional situations. Increasing the use of symbolism in play allows the child to experience emotions in their natural abstract form, and ultimately to heal through play.

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