

*Section: PPT cases***PLAY THERAPY MODEL BASED ON POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY****Mine Soysal**

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**Abstract**

The aim of this study is to strengthen the unity, love, patience and trust between family members and to support parents to acquire effective parenting skills, based on Positive and Transcultural Psychotherapy in Play Therapy (Peseschkian, N., 2016b). For this purpose, the philosophy, principles, content and methodology of Positive and Transcultural Psychotherapy have been included in the context of play therapy. This study is a qualitative study on the practice of play therapy based on Positive and Transcultural principles in Turkish culture. Our model was tested with Positive and Transcultural Therapy and play therapy with 14 families. In our article, the process and content are given in detail with only one family out of 14 family and child sample groups.

Parents and their children were included in the play environment and interacted with the therapist following the completion of the therapy. As a result, when the therapy sessions with the parents and the child are completed; It has been observed that openness, respect, acceptance and contact in family relationships increase, children gain autonomy, parents cope more effectively with the difficulties they face, and the children and parents adapt to each other. In general, this model will contribute to strengthening similar work of field workers.

**Keywords:** play, play therapy, parent, child, Positive Psychotherapy, transcultural psychotherapy

**Introduction**

*"If you want to have something you've never had,  
you must do something you've never done  
before."*

Nossrat Peseschkian

Most children, who do not have the broad verbal abilities and complex thoughts of adults, express themselves through play. They regulate

possible emotions, such as anger, fear, and shame, by playing games.

Perceiving the child's world through play is important, not only for therapists, but also for parents.

It is the liberation of the child's soul and the highest expression of child development. Montessori says that the child's job is play (Seçer et al., 2021).

If ways to understand and hear children can be discovered, children's ability to express themselves will improve. For children a game is an effective tool inherent in children's nature that enables them to develop social and cognitive skills that affect all their relationships in real life. It is necessary to investigate the development and functions of the phenomenon of play, to create suitable environments for children, to understand their experiences and to enable them to express themselves. In addition, informing parents or other caregivers and teachers about play and play therapy processes ensures that communication with children is more constructive. Thus, it is important for them to realize once again how effective the game is in the child's inner world throughout this process.

Mevlana defines the importance of play in life with the definition: "Play is actually in the mind; children become wise through play" (Erdal, K. 2019).

When the word "game" is researched, it is very difficult to stick to a definitive and single definition. When many definitions are examined, it is seen that the word "game" has a wide range of meanings and meanings in daily language. It is a spontaneous, natural process that prepares children for real life in social, cognitive, physical and emotional terms.

Just as adults can express their problems and feelings by "talking", children also express themselves by "playing".

Play is an indicator of happiness in the child, he emphasizes play as the child's ability to express and recognize himself. It is a universal pursuit for every child in the world, but child play therapy comes with cultural specificities. In the game, family relations-communication, sibling relations, gender roles, current-fundamental conflicts, along with the socio-economic characteristics of the family, are reflected in the content of play therapy (Akay, 2022).

Children first begin to learn cultural values, norms and traditions within the family. However, cultural values can also reveal cultural differences. Because cultural differences are quite evident, not only within the family, but also within the same country as in different countries.

Each country contains various ethnic groups, religious beliefs, languages and dialects, traditions and lifestyles. Parents and other family members teach children cultural elements such

as holidays, celebrations, rituals, and daily life practices.

According to Positive Family Therapy, the goal of therapy should not be to ignore cultural, social, familial and personal differences. It is important to recognize cultural specificity as well as individual characteristics when dealing with the possibilities of conflicts that may arise (Peseschkian, 2016a).

It is very important to address the concept of "culture" in play therapy, as in individual psychotherapy and family counseling. After all, a small child lives within certain norms, principles and culture.

Positive Family Therapy is an adaptation of PPT concepts to the family and thus addresses the entire family relationship system, structure and culture. In particular, the interaction of the client's family on his behavior and vice versa is analyzed. A bond is established with the client's personal development within family dynamics. (Peseschkian, 2023)

The counter-cultural perspective of Positive and Transcultural Psychotherapy offers a method that sufficiently strengthens the therapist's hand.

With all these similarities and differences, it is thought that the child should be supported holistically in his/her own culture in play therapy.

The Association for Play Therapy (APT), which operates in the United States, defines play therapy as "an interpersonal process in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." It is defined as "the systematic use of a theoretical model to create a model" (APT, 2022). Taking advantage of the therapeutic power of play helps children overcome the difficulties they experience and encourages their development.

The British Association of Play Therapists has stated that play therapy helps children understand complex emotions and distressing events that they do not have the chance to properly resolve. In play therapy, children use games to communicate at their own level and at their own pace, without being questioned or threatened, instead of having to explain with words what bothers them in daily life, as in adult therapy (BAPT, 2022).

Adults in therapy are expected to express their feelings and thoughts with words. However, this situation is often challenging for

children. Play therapy offers a natural approach through which children can express themselves. During play, children can express themselves freely, revealing what they feel without fear of being questioned or threatened.

An environment where the child is not judged allows children to feel comfortable and participate better in the therapy process.

As Landreth mentioned in his study, psychoanalytic studies have effectively been a reference for definitions about play in psychology. Although Freud did not see any child cases, he hypothesized that play had three functions on children. The first of these is to increase the child's self-expression. The second is the realization of desires, and the third is overcoming traumatic experiences. Another main development in the formation of play therapy after psychoanalysis was the 'oscillation-discharge therapy technique' developed by David Levy in the 1930s. He expanded this therapy technique under the title of Structured Play Therapy (cited in Landreth, 2011).

Pendulum Discharge Therapy is used to help children relax emotionally and express themselves. During therapy, children release emotional burdens by performing various swinging movements (for example, swinging or spinning). These movements help children feel more peaceful and balanced by reducing their internal tension.

The third important movement is Relationship-Centered Play Therapies, developed by Jesse Taft and Frederic Allen. In relationship-centered play therapy, the main changing and healing power is thought to be the relationship between the therapist and the child (Landreth, 2011).

The safe, supportive and empathetic relationship that the therapist offers to the child ensures the child's emotional and psychological recovery. The basic principle is to meet the emotional needs of the child in a safe and compassionate environment and thus ensure healing.

Dora Kalf, thought that Jung's dream analysis was ineffective with children and attributed this to children's limited verbal skills. Therefore, Kalf used Lowenfeld's sand work method known as the Earth Technique. She thought that children's work in the sand corresponded to the internal psychic processes that Jung discussed and focused her studies on this subject. She named this technique, which she developed over time,

as Sand Play Therapy. This technique later became widespread throughout many parts of the world (Kalf, 2003).

During sand play therapy, children express their inner world by creating various scenes and shapes in the sand. This process helps children explore and express subconscious emotions, thoughts, and conflicts. According to Jung, such symbolic expressions contribute to the individual's finding inner psychic balance and healing.

The fourth major development in the history of Play Therapy occurred in the 1960s. Axline adapted the principles of Client-Centered Therapy, developed by Carl Rogers, to play therapy and developed a new play therapy called Non-Directive Play Therapy. The Non-Directive Play Therapy technique developed by Axline was later conceptualized by Garry Landreth and became known as Child-Centered Play Therapy (Landreth, 2011).

In this type of therapy, the empathetic and trusting relationship between the therapist and the child plays a central role in ensuring the child's emotional and psychological recovery.

Viola Brody, the founder of Developmental Play Therapy, worked especially with children with psychosomatic problems. She realized that the main function of working was to develop the children's ego or self, whose development was disrupted. In the 1970s, Brody started giving training, naming the school he developed as Developmental Play Therapy (Brody, 1997).

The function of developmental play therapy is to develop children's selves and selves where their development has been stalled or hindered.

In 1967 Ann Jernberg became the head of the Head Start program for disadvantaged children in Chicago and began her work with her assistant Phyllis. In this program, Jernberg began to develop an approach for psychologically problematic children. They named the approach they developed over time as Theraplay and founded the Theraplay Institute in 1971 (Theraplay Institute, 2024). Theraplay is a guided play therapy. In this therapy technique, the games to be played with the child are determined in advance (Booth and Jernberg, 2020).

The therapist selects games according to the child's needs and goals and establishes a relationship with the child by playing games together. The aim of therapy is to develop the

child's emotional attachment, sense of confidence and social skills.

According to Schaefer, Byron Norton developed the Experiential Play Therapy school with his wife Carol Norton. Experiential Play Therapy is the synthesis and development of Relational Play Therapy and Child-Centered Play Therapy. This therapy is based on the assumption that children perceive the world experientially, not cognitively (Schaefer, 2013).

Susan Knell, who wanted to adapt the Cognitive Behavioral Therapy approach developed by Ellis and Beck in the 1900s to children, developed Cognitive Behavioral Play Therapy as a result of long experiences and published the basic dynamics of this theory in a book (Teber, 2015).

In the 2000s, Terry Kotman developed a play therapy movement by adapting the psychological theory developed by Adler to children. This school, named Adlerian Play Therapy, is a school of play therapy in which guided and non-guided techniques are integrated. It has been observed that it is especially effective in children with low self-confidence and limited communication skills (Evans, 2020).

While play therapy helps children express themselves and overcome emotional difficulties, it also provides them with a fun and creative environment.

Child Parent Relationship Therapy (Filial Therapy) is to support parents by providing them with basic play therapy skills, to enable them to acquire effective and new parenting skills, and to empower them to apply these skills to their daily lives. It is a model that aims to help people feel more competent in coping with the difficulties they will experience with their parenting roles after the therapy sessions are over (Genç, 2023). Many definitions such as 'Family Therapy that Improves Relationships with Children, Filial Family Therapy, Filial Play Therapy, Child-Parent Relationship Therapy' have also been used for the same purpose (VanFleet, 2013).

Each method uses the power of play to help children express emotional experiences and cope with emotional challenges.

## Case - Methodology:

### 2.1. Purpose:

Purpose of the study; The philosophy of Positive and Transcultural Psychotherapy is to

develop a play therapy model based on principles and consultation steps (Peseschkian, 1987). The model was tested on 14 parents and their children. In our article, the five-stage treatment content of the study is described in detail for only one family and their child.

This study is a qualitative study based on content analysis.

### 2.2. Justification:

Purpose of the study; The aim is to strengthen the unity, love and trust between family members and to support parents in acquiring effective parenting skills. Through play, parent and child will have an effective tool to cope with the difficulties they face after the therapy sessions are completed and they will adapt to the principle of self-help.

Perceiving children's world through play is relevant not only for therapists, but also for parents.

This study was conducted because there is no working model in the literature based on Positive and Transcultural Psychotherapy in the field of play therapy. This proposed model is aimed to empower field workers.

### 2.3. Method:

This study is a qualitative study conducted as a play therapy application based on Positive and Transcultural Psychotherapy in Turkish culture. Our model was tested on 14 families and their children. In our article, the process and content of only one family out of 14 family and child sample groups are given in detail.

### 2.4. Data Collection Tools:

The data of the research were collected using 5 forms: Informed Consent Form, Child Pre-Interview Form, Balance Model, FAE, and origin family work tools.

### 2.4. Implementation:

In the study, which was carried out gradually in accordance with the five consultation steps of Positive and Transcultural Psychotherapy (PPT), parents were included in the game environment and were allowed to interact through modeling.

The process was completed in 13 sessions.

The first session is a parent interview, the next three sessions are play therapy with the child, then another parent interview session is held to inform the parents about how the

process will be managed and to reach an agreement with them. In subsequent sessions, the process continues with parents-child-therapist.

The therapeutic relationship includes a psycho-educational process based on parents making sense of their children's feelings and thoughts, discovering their strengths, and evaluating these in their relationships.

### 2.5. *The five-stage treatment strategy of the modeled study:*

#### 1. **Observation:**

After a concise structuring in which the practice and therapeutic relationship are introduced, parents are provided to explain their need for professional help, the historical and developmental stories of the family, what they experience complaints about and their expectations regarding these, personal information, pre-pregnancy, pregnancy period and post-pregnancy information and possible medical data. . At this stage, the current conflict and parental reactions to it are usually expressed.

#### 2. **Inventory:**

In bilateral sessions with the child, the therapist and parents try to understand the child's reactions in the playroom and the game-object relationship, on which actual capacity the current conflict is, in which area of the balance model the conflict stands out, and what the reaction styles and coping skills are. The Differentiation Analysis Inventory determines the actual capacities of the family in current conflict with the parents and attempts to make sense of this conflict in the context of the Quadruple Model Dimensions. At this stage, with the expanded information, the content of the conflict and the functioning and dysfunctional aspects of parental educational attitudes in the child-parent relationship are analyzed.

#### 3. **Situational Encouragement:**

This stage aims to strengthen the participation of parents in the process by giving feedback to gain a different perspective on the conflict by making sense of the function of the symptom. The content of the study uses Eastern Stories and emphasizes the positive interpretation of the symptom and the strengths of the parents and the child.

#### 4. **Verbalization:**

Together with the parents, the child's current problems are discussed in the context of the

main conflict and the awareness of achieving balance in the four areas of life is verbalized. Here, the increase in parents' sense of belonging as they increasingly become part of the solution becomes important. In the management of conflict, parents' joint-subjective explanations on the basis of cause-effect relationships are now possible. It is important to discover new attitudes and behaviors and internalize them with positive feedback.

#### 5. **Goal Expansion:**

At this stage, the value of the self-help principle is adopted by the parties in unity and solidarity with the parents and the child. Coping skills for future conflicts which they may encounter are also discussed. In a way, we witness the development of joyfully continuing the journey of being ourselves.

### 2.6. *Funding source:*

It has been observed that even after parent and child therapy sessions end, parents have an effective tool to cope with the difficulties they face.

It has been determined that they are compatible with each other in a relationship that will be based on self-help.

### Case Report on Play Therapy:

The child client V.G. is 5 years and 4 months old and is a student at a daycare. The therapy process lasted a total of 13 sessions, including 4 sessions of parent interviews, 3 sessions of play therapy with only the child, and 6 sessions in the playroom with the child, parent, and therapist present.

*Diagnosis:* Separation Anxiety Disorder.

### 3.1. *Five-Step Intervention/Treatment Content*

#### 3.1.1. **Observation Stage**

**1. Parent Interview:** The child client is 5 years and 4 months old and attends daycare. The father is 34 years old, a financial advisor, and the mother is 34 years old, a manager at a toy company. The other caregiver in the home is the grandmother, who is 60 years old and retired (due to the loss of her spouse).

**Reasons for Consultation:** The complaints of the mother and father about the child are as follows; The child has crying spells. He does not want to go to school. He does not want to go into

the cafeteria at school. He spends a lot of time with television and tablets. He frequently displays angry and aggressive behavior at home. He does not want to play with physical toys, either with his parents or on his own. He only plays football with his father and enjoys wrestling. The mother cannot spare time to play together.

**Development Story of the Child:** In the 3rd year of their marriage, the woman became pregnant. This planned pregnancy went smoothly.

During the developmental inquiry process, the impression was gained that psychosocial developmental tasks and needs were met. The period when the child was weaned from breast milk occurred at the age of 2 months. He continued with follow-on milk and formula until he was 9 months old. The transition to solid food occurred at the age of 9 months. He completed toilet training at the age of 3. When he was 2.5 years old, he started making simple sentences with 2 words. He started walking when he was 11 months old. Although his social relations with his peers are timid, he can communicate more easily with those older than himself. The mother returned to work when the child was 2 months old.

Changes in their lives in the last few years: The mother has started a very busy work life in the last year. The child started school 4-5 months ago. (The situation was discussed again in the second parent interview with the observation notes made in the playroom).

### **Second, Third and Fourth Session (Play Therapy with the Child)**

Overall, the toys used by the child in the room included dolls, guns, a tunnel, a sand tray, a family of monkeys, soldier figures, darts, cars, and kitchen utensils. The child was brought to the sessions by the father. The child was always anxious and timid when entering the playroom. Initially, he examined the toys on the shelves.

#### **The two most noteworthy games were:**

1. *Game:* Setting up a game with the monkey family and soldiers on the sand tray. He built two castles out of sand: one castle for the monkeys and the other for the soldier figures. The biggest monkey in the family was not included in the game. The smallest monkey and its slightly larger sibling destroyed the castle with the soldiers. This game continued throughout the sessions.

According to the therapist, the monkey figures he chose and the way he placed them represent his family and the interior of the house, while the soldiers and the castle represent the outside world.

2. *Game:* Playing hide and seek in the tunnel. The chosen tunnel actually represents the mother's womb. Intuitive observations by the therapist revealed separation anxiety. Physical indicators that confirmed this hypothesis during the session were redness in the neck and ears, sweating reactions, crying, and nail-biting behavior after playing in the tunnel.

Deep breathing exercises were performed with the child client against physical and behavioral reactions, and the child's anxiety was addressed with the therapist's questions.

In one of the play therapy sessions performed with a child, when the child client wanted to leave in the last 5 minutes, the therapist gave situational encouragement. It was observed that the child showed patience and adapted to the process and the therapist. Considering its real capacity, the existence of the concepts of "patience" and "obedience-harmony" has been determined.

The repetition of the same game in subsequent sessions led the therapist to intuitively believe that the child was trying to cope with his possible problem (inner conflict).

#### **Child Client's Balance Model:**

1) **Body/Sensory Areas:** Redness in the neck and ears, sweating, crying, nail-biting.

2) **Achievement Areas:** Completes tasks given at school. However, he refuses to do homework at home and wants his mother to feed him.

3) **Contact/Communication Areas:** Good communication with father and grandmother. Weak and conflicting communication with mother. Has a regular playmate at school. Claims to like his teacher.

4) **Fantasy Areas/Religion/Future:** Spends too much time on television and tablets. Exhibits anxious behaviors and fear of loneliness.

### 3.1.2. Inventory Stage

#### Life Events:

The second parent interview took place here. All observations obtained during the sessions were conveyed, and parents were asked to share their observations during the process. The most important information noticed with the child in the playroom and shared by the parents with the therapist was the child's nail-biting. The parents reported taking him to a pediatrician because he started biting his nails within the same week. They were informed that nail-biting behavior in children generally arises as a result of trauma and as an attempt to self-soothe when lacking external contact. This led to questions about what had happened in the home in recent years. The historical and phenomenological inquiry with the parents tested the therapist's hypothesis about the Basic Conflict with new data.

During the first session, it was mentioned that the mother transitioned to a busy work life and received a promotion. However, another reason this time was that the mother cheated on the father. It was reported that after the husband found out about this, arguments increased at home, and the child witnessed them. The parents stated that although they had solved the problem in their relationship as a couple, the problem still continued for the child, based on the hypothesis that the child experienced separation anxiety. This was suggested by the therapist and communicated to the parents.

For the entire process thereafter, it was explained to the parents that they would enter the playroom as a family unit, and that everyone would play in the playroom together. It was emphasized to the parents that they would not intervene in the child's play in any way, and that judgmental questions would not be asked. It was explained to the parents that in the playroom, the child would be our moderator, and we would act as background playmates, accompanying him. A verbal contract was made.

It was conveyed to the parents that they would be given homework after each session.

**Symptom:** crying spells, refusal to go to school, nail-biting, refusal to enter the school cafeteria, aggressive-behavior, watching television-tablet.

**Current Conflict:** Starting daycare, being exposed to conflicts at home due to the mother cheating on the father.

#### Actual Capacities:

- **Mother:** Honesty/candor--, Unity+-, faithfulness--, Obedience/compliance--, Contact+, Love+-, Achievement++, Trust+-, Patience-
- **Father:** Courtesy++, Unity+-, faithfulness++, Obedience/compliance+, Contact+, Love+, Achievement+, Trust--, Patience -+
- **Child:** Love, Contact, Relationship, Unity, Trust, Patience, Obedience/compliance

**Basic Conflict:** The child's separation from breastfeeding at 2 months old and the mother starting work at the same time, the mother's busy workload, witnessing arguments between the parents due to the mother cheating on the father, early television-tablet relationship. <love-relationship>, <love-contact>.

#### Role Model Dimensions

It has been conveyed to parents that saying "I'm also a child who doesn't like to play games like this" in the playroom is not appropriate for a child in the play stage. In this regard, parents were provided with psychoeducation.

Four-Model Study: Parents were encouraged to increase awareness by obtaining information about what playing games had meant to them in their childhood, what they felt, and who they had played games with.

**FATHER:** Here, the father mentioned that he lost his father in a traffic accident when he was 3 years old. His mother became both a mother and a father. After childhood, he suddenly seemed to become an adult and his responsibilities increased. He cannot go against his mother and cannot say "no" to her in order not to upset her.

**MOTHER:** The mother's parents viewed their daughter's success as a prerequisite in every situation. In their relationships, secondary capacities were more developed and "success" was used as a prerequisite in every situation.

In order to get the doll she wanted as a child, the mother was conditioned to doing the housework and being successful in her studies.

In these role model dimensions, it was realized that the father had a role like the mother, and he ignored his own pain like the mother in order for his child not to experience it, due to his own father's loss and the anxiety and tension he experienced. The mother of the child client, on the other hand, avoided conflict in order to avoid conflict, focused on work and herself, but preferred not to be honest as a way of expressing herself while escaping conflict.

### 3.1.3. Situational Encouragement

It was observed that parents, during the process of objectively evaluating themselves and increasing their awareness, showed satisfaction responses.

Positive comments were made about the parents' conflicts related to unity, love, patience, and trust, and their development in being able to be a family and have unity.

At this stage, feedback is aimed at giving a different perspective to the conflict by understanding the function of the symptom and strengthening the participation of parents in the process.

Eastern Stories Example: Prophet and long spoons, the sun crier therapy was used. In the content of the study, Eastern Stories and the positive interpretation of the symptom were emphasized, highlighting the strengths of both parents and the child.

### 3.1.4. Verbalization

The therapist conveyed to the parents' observations such as the small monkey figure representing the child, another castle and soldiers representing the company where the mother worked, and that the child perceived it as a dangerous place which separated him from his mother, etc. Using kitchen utensils, making tea, and distributing bread were emphasized as ways the child showed a desire to share within the unity through play.

The child saying "This is the toy shop" when placing soldier figures in the castle caught the mother's attention. In the game that continued repeatedly, it was conveyed to the parents that the castle where the monkey family was located represented the child's own home.

The fact that the child left the strongest monkey figure outside was interpreted as the father's exclusion from the game/life.

It was observed by the therapist that the parents adhered to the assignments at the end of each session. Assignments such as giving a massage with baby oil after a warm shower, reading stories, telling stories, and talking about their own childhood memories were aimed at giving the child a sense of connection, unity, and trust.

Referrals were made to activities and courses that would contribute to fine motor skills development and social developmental processes. It was recommended that parents should definitely have playtime at home with their children.

They reported in the subsequent process that the child did not spend too much time with devices such as television and tablets, and that they regulated screen time. They also conveyed to the therapist that nail-biting had noticeably decreased. Information was given that the child entered the school cafeteria with food made by the mother.

### 3.1.5. Goal Expansion

At each step, assignments and awareness were included in therapy to expand goals. They learned coping methods for conflicts they might encounter in the future.

Feedback aimed at internalizing the statement "look at the end of your arm when you need help" was the greatest indicator of how much Nossrat Peseschkian's statement was true.

## Conclusions

The next step will be to test the effectiveness of this model with an experimental research design.

Our clinical experience with a total of 14 cases has allowed us to develop a working model. The next step is to further refine its effectiveness by investigating it through an experimental model.

There are key points to consider in terms of the applicability of play therapy within the context of Positive and transcultural Psychotherapy:

- Establishing a collaboration agreement involving contributions and participation from both parties, including parents.
- Working on Differentiation-analytic inventory. the application and explanation.
- Implementing and explaining the Four-sphere Modeling approach.
- Incorporating storytelling and receiving feedback.
- Conducting Process Evaluation Meetings with families/parents is important.

## Recommendations

The Play Therapy Model developed within the framework of Positive and transcultural Psychotherapy should be enriched and developed further with criticisms and contributions arising from applications in different geographical and cultural contexts.

Conducting research using experimental research models within the framework of



scientific research methodology will contribute to the significance of this study by providing findings on the effectiveness of the model/program and similarities/differences.

Our study welcomes suggestions from both Positive Psychotherapists and Play Therapy experts and practitioners.

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