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Game Play

Game Play

Therapeutic Use of Childhood Games

Second Edition

Edited by

Charles Schaefer

and

Steven E. Reid

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Preface

Historically, games have provided people enjoyment and diversion, but they also have played a significant role in the growing child's understanding and acceptance of societal rules. This dual nature of games is uniquely suited for child psychotherapy. The inherent enjoyment of games helps resistant children engage with therapists and enhances therapeutic communication between therapist and client. The rules and structural components of games provide a natural medium for children to learn how to be civilized and well-adjusted. Game play offers an important extension of play therapy techniques for use with older children, opening up the field for work with school-age children, adolescents, and adults.

The interest in using games as a specialized therapeutic medium continues to grow. When the first edition of this book was published in 1986, the field of game play was a relatively new branch of play therapy. Games were being used frequently in child psychotherapy—as suggested by the considerable space occupied by games in therapists' offices—yet, there was no game play handbook and few published guidelines on using games in child psychotherapy. The first edition of this book was devoted to providing a guide for mental health professionals by elucidating the psychological meanings of game play, identifying its therapeutic elements, and providing case illustrations on game therapy techniques. A new classification scheme for games was developed in an effort to bring order and coherence to the field of game therapy. Games were categorized based on how they are used in therapy to further the child's emotional growth, as follows: communication games, problem-solving games, ego-enhancing games, and socialization games.

The upsurge in interest and use of games in child therapy over the past 10 years has been dominated by specialization and the burgeoning of

therapeutic board games. Games have been developed specifically to help children suffering from the aftermath of divorce, sexual abuse, the death of a parent, and domestic violence. Therapeutic games developed for specific populations continue to proliferate. There are therapeutic games available for children with ADHD, depression, self-control deficits, and socialization deficits, among several others.

This volume reflects the growing specialization of game play therapy, allowing for an increasingly prescriptive approach to treatment. Experts in the field were asked to write original chapters describing their approaches to game play to help children with specific, often debilitating psychological problems. These contributions were grouped in sections on games for children in psychological crisis, game play for ADHD children, and games for children with socialization deficits. What is apparent in these works is the almost limitless flexibility of games to be adapted to suit the unique needs of the child and further the therapeutic process. By "making a game of it," the most difficult and painful subjects can be brought to the surface and discussed in a nonthreatening and supportive atmosphere. Using a game approach can effectively help children learn new behaviors, become better problem solvers, and gain insight into their difficulties.

The more traditional approach of using games as adjuncts to the therapy process has not been lost or forgotten. The initial two sections of this book contain chapters describing the use of games within the adjunctive framework, which views games as a stepping stone to the real therapeutic work of interpretation and insight. These authors show how games can be used to enhance the therapeutic alliance, elicit fantasy expression, and provide important diagnostic information regarding the child's ego functioning and personality integration.

This book should be of interest to students and more advanced mental health practitioners who work with children, including clinical, counseling, and school psychologists, social workers, psychiatrists, psychiatric nurses, child care workers, and child-life specialists.

Charles E. Schaefer
Steven E. Reid

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INTRODUCTION

The Psychology of Play and Games

STEVEN E. REID

The purpose of this chapter is to give a brief overview of the psychology of play and games. Concepts with particular relevance to therapeutic work with children are emphasized.

DEFINITIONS

The terms *play* and *games* have different meanings in the play therapy literature. Play is seen as a pleasurable, naturally occurring behavior found in human and animal life. A voluntary, spontaneous activity that has no particular endpoint or goal (Beach, 1945; Plant, 1979), play is thought to be intrinsically motivated by desire for fun (Garvey, 1977). Play is also a driving force in human development. In infancy and early childhood, play has a key role in promoting exploration and mastery, exercising muscles and the mind, and relating to other people. Play in early childhood often involves pretense, a symbolization of reality allowing for manipulation and mastery of psychic desires (Erickson, 1950). Child therapists have long understood the power of pretend play as a vehicle for the expression of painful psychic material that would ordinarily be difficult for a child to express consciously. In therapy with children, play is at times a substitute for verbalization, fantasy expression, or free association.

Typically found in a play therapy room are toys and play materials that can be played within a variety of ways and have high symbolic value. These are the tools of symbolic play; dolls, dollhouses, puppets, miniature human and animal figures, toy vehicles, art supplies, molding clay, and water.

Game playing is a form of play and is, thereby, a form of amusement and source of enjoyment to the participants. Game playing has been traced back to prehistoric times and is thought to play a significant role in adaptation to the environment (Sutton-Smith, 1961). Games invoke behavior that is more goal-directed and carries a greater sense of seriousness than play. Most games have rules that define players' roles, set limits and expectations for behavior, and describe how the game works. As a result, the range and scope of game behavior is limited in comparison to unstructured play, and imagination and pretending become secondary to more concrete objectives. This altered focus is apparent in the games used in child therapy, which typically include board games, card games, street games, computer games, and fine and gross motor games. Not all types of games are adaptable to therapy; organized sports, recreational games, and arcade games, for example, are generally not utilized in child psychotherapy.

Games also usually involve some sort of competition. In contrast to the open-ended nature of early childhood play, the outcome of game play is very important to its participants, who are competing, often against each other, to win. Sutton-Smith (1971) terms games "models of power" in that they provide a context for socially acceptable aggression and competition. Game play has become a central metaphor and a research tool for the study of social conflict. The competition in games provides a useful analogy for the conflicts of interest that recur in business, political, and interpersonal interactions (Schlenker & Bonoma, 1978).

Whereas free play taps the id, game play invokes ego processes. Even the simplest of games requires greater cognitive ability than does play. To play hopscotch or the card game war, one must be able to count in sequence, recognize written primary numbers, and understand the concept of greater/lesser. On the other hand, the cognitive and linguistic requirements of playing with water or molding clay are negligible. Children playing a game must also have enough frustration tolerance and reality testing to accept limits on their behavior, take turns, follow rules, and accept losing. A certain amount of attention and persistence is necessary to follow a game to its conclusion. Further, game playing involves a personal challenge to apply one's skills to win a contest.

The final defining characteristic of games is their requirement for interpersonal interaction. Throughout history, games have been developed as social activities to be engaged in by two or more people. In most games, the actions of the participants are interdependent, meaning that the outcome of the game depends on the interactions of the players, not on one player's actions alone. In contrast, unstructured play can be carried on by two or more children with little interaction between them.

HISTORICAL PERSPECTIVE

Games have been a part of human societies since prehistoric times. Archaeological and cross-cultural studies have found that civilizations throughout history developed a remarkably vast number and variety of games. Hundreds of dice games, guessing games, card games, board games, hoop-and-stick games, counting games, party games, hide-and-seek games, chase games, indoor athletic games, outdoor athletic games, singing/rhyming/dancing games, and others have been catalogued. The Aborigines of North America, for example, played over 1,400 games (Wood & Goddard, 1940).

Early game playing appears to have had a direct correlation to adaptation and survival. Physical agility and strength were invaluable in prehistoric times. Prehistoric people played the earliest known form of ball play by throwing sticks, bones, and stones. These objects were shaped and rounded for rolling and ease of catching. As early as 2050 B.C., people playing ball were depicted on Egyptian hieroglyphics. Ball playing has been found to be a universal activity in virtually all societies studied (Sutton-Smith, 1961). The Eskimos made balls of leather filled with moss. Tribes living on remote islands in the Indian Ocean were found playing ball by early explorers. Ancient Romans produced balls made from pigskin and inflated with air. Ball playing can be linked to several adaptive behaviors that have critical survival value. Games that involve repeated exchanging of meaningless objects among players require practicing the act of sharing real valued objects and resources, which serves to reinforce the values of cooperation and group belonging. Throwing games also served as practice for accurate and coordinated throwing of weapons for the killing of prey. Today, the ball is the central object found in organized sports, which are ubiquitous in modern civilizations.

Games also evolved from spiritual beliefs and rituals. The game of tag was born of the ancient superstition that touching objects made of wood or stone would ward off evil spirits or break spells. This ritual then led to a belief that one could pass on or contract evil spirits by touching another human being. Today, the fundamental aspect of tag remains, where one touch from a finger spreads the evil of being "it" from one person to another.

Blindman's bluff was derived from prehistoric rites of human sacrifice. In ancient Greece, approximately 1,000 B.C., the game was called muinda, or brazen fly, and was played among boys. One boy was blindfolded while the others whipped him with papyrus husks. During Elizabethan times, blindman's bluff was popular in England, and it retained the sadomasochistic qualities rooted in earlier sacrificial rites. In the updated version, the blindfolded person was gently hit with a knotted rope. The game became notorious as fondling replaced hitting, and blindman's bluff became very popular for foreplay and jest in the English Court. This highly sensuous version was ceremoniously prohibited by the Victorians as society changed dramatically in England. Today, the game is devoid of violent or sexual overtones and has lost much of its popularity.

Modern-day games also have their roots in the earlier codification and organization of aggression. Chess, checkers, and backgammon all have direct correlates to war and battle strategy. Playing cards originated in ancient Asian cultures for the purpose of teaching military strategies to young nobles. Cards have two different red "armies" and two different black "armies," allowing for more intricate military maneuvers and a greater number of participants in the game. In their beginning forms, playing card sets portrayed a variety of symbols and personifications, including natural forces (wind, fire, air, water), military resources, and soldiers and officers of differing military ranks. In medieval times, cards became identified with the royal Court of England; the face of King Henry VII is preserved on all four kings in the traditional deck of cards. Card playing proliferated and identification with military strategies was replaced by concepts of monetary power and worth. Again, the foundational meanings have evaporated, and card playing today has no direct purpose other than for the enjoyment of intellectual challenge and competition.

Throughout history, different types of games have been found to be prevalent in different cultures. Games of a particular culture reflect the prevailing societal concerns, pressures, and conflicts of its members and

of the societal group as a whole. Ring-around-the-rosy, which in modernity is known only as a whimsical social game usually learned and played in early childhood, has its roots in a poem from the Middle Ages.

> Ring, A Ring, A Rosey;
> A pocketful of posies;
> Achoo, Achoo;
> We all fall down.

The verse describes the round red blotches that first appeared on those stricken with the Black Plague, followed by the practice of stuffing the victim's pocket with flowers to cover up the smell of both the illness and death because a quick burial often was not possible. The "Achoos" refer to the respiratory illness that caused the victim to fall down and die.

Sutton-Smith's (1971) cross-cultural research found that games of chance predominate in cultures subjected to a high degree of environmental uncertainty and unpredictability, those in which food supplies, climate, and migratory patterns are highly variable. The lack of human control over environmental forces is reflected in games in which chance, not ability or strategy, decides the outcome. Games such as tag, hide-and-seek, and red rover (central-person games), on the other hand, represent anxiety about exercising social independence. Research has shown that in cultures in which central-person games are prominent, there exists a significantly greater collective concern with establishing early independence of adolescents (Sutton-Smith, 1971).

One can see that many of our present-day games have roots in ancient cultures. The prevalence of games throughout history, as well as their multiplicity, suggests their enduring importance in the human experience. The section below on theories of game playing helps identify the enduring appeal of games.

THEORETICAL FOUNDATIONS

Early game playing appears to have been instrumental in providing members of society with opportunities to practice and master prevailing cultural concerns and psychological needs (e.g., sharing resources, killing prey, warding off evil spirits). Abstracting these concerns in the form of a game made it possible to exert control and mastery over situations that, in

the real world, were unpredictable and threatening. Early play theorists employed biological and genetic concepts to explain the human interest in games. Groos (1898) developed the instinct-practice theory, in which game play is viewed as instinctive and instrumental in the practice of essential behavioral patterns later in life. His theory was based on observations of the play of both animals and humans, and focused on the similarity between play behavior and real-life activities of humans and the development of survival skills of animals. All game play, according to Groos, is an offshoot of a human instinct to practice survival skills endemic to the species.

Whereas game playing subsequently failed to fit the definition of instinct, the "practicing" notion has remained prevalent in theoretical formulations on game playing. Piaget (1962) and Avedon and Sutton-Smith (1971) suggest that game playing has a unique role in the socialization of children. Game playing is inherently social and involves learning and following rules, problem solving, self-discipline, and emotional control, and adoption of leader and follower roles, all of which are essential components of socialization (Serok & Blum, 1983).

A particular aspect of socialization, control of aggression, has received considerable attention in the game literature. Games afford opportunities to express aggression in socially acceptable ways. Milberg (1976) theorizes that play and games were created by humans to provide acceptable outlets for anger and hostility, which are derivatives of the fight response. Fighting is a natural human response to threatening stimuli, but as society developed, the need for control of aggression increased.

Redl (1958) argues that aggression, power, and dominance/submission exist in all games. Nearly all games involve some sort of contest, which by itself is a symbolic expression of aggression. Symbolic aggression is inherent in games such as chess and checkers, in which one opponent attacks another by capturing or neutralizing the opponent's piece. Games become a vehicle for learning socially acceptable ways to succeed over others. Many games establish a hierarchy of dominance, such as follow-the-leader and Simon says. Game theory has been used to study the evolution of territoriality and mate selection in mammals as well as cooperation and conflict in humans (Maynard-Smith, 1984).

Freud (Strachey, 1962) emphasizes the concept of catharsis as being central in play. Catharsis involves discharge of pent-up emotional and psychic energy. Freud theorized that the fundamental process of personality

development is the inhibition and repression of basic drives, a process that results in built-up tension that needs to be discharged in socially acceptable ways. One way to release this energy is through game playing. The cathartic theory of game play offers an interpretation of blindman's bluff as it was played long ago as a release and displacement of aggressive and sexual drives. Peller (1954) elaborates on a psychoanalytic view of game play as involving not only the discharge of pent-up impulses (primary process), but also the mastery of anxiety (secondary process). She viewed game play as a vehicle for sublimation of basic impulses. The rules and structure inherent in games represent the superego's role in successfully repressing and sublimating socially unacceptable impulses. Game play thus becomes particularly important for the resolution of the aggressive feelings characteristic of the oedipal period.

Mitchell and Masson (1948) present a similar conceptualization of game play, the surplus-energy theory, but one that focused on the release of excess physical energy as opposed to psychic energy. This theory suggests that game play is random and noninstrumental, a form of pleasure and amusement and nothing more. Although this view is not popular, others have postulated that the main "purpose" of play and games is to provide pleasure and relaxation to the participants. Wood and Goddard (1940), for example, postulate that ball playing, one of the most ancient of games, emerged because the rhythm and repetition involved in throwing and catching have a relaxing and calming effect on the players. While the discharge of energy tension provides a relief, it also increases energy that has been lost through physical exertion or other forms of work (Milberg, 1976).

DEVELOPMENTAL PERSPECTIVE

Game playing occupies a central place late in the developmental stages of play. Research on cooperation in play has found that it emerges as early as 22 months (Ross & Kay, 1980) but does not become a critical ingredient in play until middle childhood (Stoll, Inber, & James, 1968; Zigler & Child, 1956). Theoretical formulations of play development are remarkably similar in placing the emergence of game playing in early latency, somewhere between 5 and 8 years of age. Game playing for latency-age children reflects their readiness and interest in exploring more realistic and complex forms of play. The school-age child's characteristics

and capacities, especially in relation to game play, along the lines of cognitive, social, emotional, and identity development are discussed below.

Cognitive

Piaget (1962) identifies three stages of cognitive development in play: sensory motor play (2 months to 2 years), fantasy play (2 to 7 years), and games with rules (7 to 11 years). Earliest forms of play in infants and toddlers are dominated by sensorimotor actions of the child. These egocentric body movements reflect the emergence of a primitive sense of self and the narcissism characteristic of the first stage of psychological development. In the preschool years, children's play is imbued with fantasy and symbolization. Children begin playing roles and imitating adult behaviors as well as real-life events. Strong feelings and magical thinking predominate in symbolic play. Psychological concerns reflected in play are frequently centered on children's relationship with significant adult figures. As children enter the elementary school years, play becomes increasingly realistic and complex, involving interpersonal interactions and situations that gradually approximate real-life social phenomena.

Children age 7 to 11 years are in the stage of "concrete operations," which involves the ability to conserve, classify, and order (Piaget, 1952, 1967). Children develop the capacity to compare and contrast information and to make their perceptions more consistent with reality. Cognitive processes can be used to determine what is correct and real and to override sensory and experiential impressions. Organizing and classifying information becomes important to children in this stage. Thus, the organization, rules, and procedures of formal games become appealing to children's sense of order and realism at this stage of development.

Emotional

In her psychoanalytic theory of play, Peller (1954) links the preference for playing games to the reduction of oedipal preoccupations. Oedipal play is marked by idiosyncratic fantasy and magical thinking focusing on the basic psychosexual triangle (Freud, 1923). Through dramatic play, children can fantasize about putting themselves in the place of envied adults. Resolution of oedipal strivings is achieved through identification with an adult figure and is reflected in the shift in interest from fantasy play to

games that parallel life in the adult world. Game playing also facilitates identification with peers of the same sex, which helps loosen oedipal ties. The shift away from oedipal preoccupations is the first step toward the formation of autonomous personality functioning within the confines of prescribed social roles.

Social

Social theorists argue that game playing reflects the young child's readiness to band together with equals, not only for friendship and camaraderie, but for help in facing the authority of the adult world. Mead (1934) was among the first to recognize the importance of games in the socialization process, particularly for the emergence of awareness of one's place in society. Through participation in games, the child learns to differentiate self from others. Mead stresses that by following rules constraining game behavior, the child learns about the power of society as the "generalized other" and that social behavior is seldom removed from public view and sanction. Redl (1958) calls games "models of power," highlighting the concepts of power and control in games. He argues that subjecting oneself to control and command by others is a central aspect of most games. Many games require that a leader is chosen and that the other players follow the leader. The process is analogous to learning to deal with others in the real world who are more powerful than oneself. The opposite is also true, in that leader roles in games provide opportunities to accept responsibility, influence others, and learn to wield power fairly.

Many writers have stressed the importance of games in the socialization process. Serok and Blum (1983) describe games as mini–life situations in which the basic elements of socialization—rule conformity, acceptance of norms of the group, and control of aggression—are integral components of the process of play. Game play provides opportunities to acquire new information, experiment with new roles and behaviors, and adapt to the demands of the game and norms of the collective. Games provide an opportunity for children to deal with competitive and aggressive urges in socially acceptable ways. Dealing with rules becomes a particularly meaningful process. Children often argue the interpretation of the rules and the "fairness" of the contest, gaining practice in the process of negotiation and compromise. Further socialization experiences arise when rules are violated. Peer pressure may be felt for the first time. Rule violators are often

stigmatized or must offer an apology to remain in the game. Children are sensitized to the aversive consequences of rule-violating behavior.

Identity

Game playing, particularly the adoption of roles within games, has been linked to development of identity and self-esteem in children. Baumeister (1986, 1987) postulates that children's identities develop and expand over time through three self-definition processes. The simplest form of self-definition, Type I, involves the passive acquisition of stable features of identity. Beginning recognition of self as having a certain gender, belonging to a particular family, and having specific physical characteristics are examples of early self-definition. These identity features are passively acquired; the individual does nothing to acquire them. Type II self-definition, called single transformational, involves a discrete change in identity based on meeting a certain set of criteria. Although these components are not passively acquired, many are universal milestones in a child's development that are not self-selected. Learning to walk or ride a bike and entering school are examples of single transformational changes. Type II self-definition occurs throughout the life span as people acquire new aspects of identity, such as by joining a social organization, becoming a physician, or becoming a parent. In Type II self-definitional processes, the identity is stable until the transformation takes place, and is stable afterward. Type III self-definition is labeled hierarchical and involves identity acquisition based on external, quantifiable, hierarchal dimensions. Aspects of Type III self-definition are heavily based on an individual's competence, are continually subject to change, and often involve multiple dimensions. Seeing oneself as wealthy, intelligent, successful, well-liked, or important among peers are examples of Type III self-definitions.

Baumeister suggests that the role structures in children's games reflect the progression of identity development from more stable, passively acquired roles to those that are externally defined, self-selected, and unstable. In a 1988 study by Baumeister and Senders, 339 children, ranging in age from 2.5 to 15 years, were asked to identify their favorite games from a list of games that were identified on the basis of their role structure, as follows: (1) Type I games, consisting of Simon says, house, Mother may I, *Candyland,* doctor, and others in which a player adopts a single, stable role throughout the game; (2) Type II games, consisting

of dodgeball, hide-and-seek, blindman's bluff, and others in which players change roles as part of the game; and (3) Type III games, consisting of basketball, *Monopoly,* baseball, chess, and others in which players change or identify with several roles or adopt subroles. In many Type III games, each player takes and holds one continuous role and simultaneously switches among subroles. In baseball, for example, a player's team membership remains constant, but the player rotates among several subroles: batter, fielder, runner, and so forth.

Findings of the study indicate that children in the symbolic-play stage of development preferred noncompetitive games involving the single enactment of preassigned, stable roles. Theoretically, these games help affirm the preschooler's growing awareness of stable features of his or her identity. Children in the early latency stage preferred games that involve role switching among a few roles that are more complex and less directly representative of important people in a child's social world. Preadolescent and adolescent children preferred competitive games based on competence that allow for more variation in role structure.

The developmental progression from noncompetitive to competitive games involves a transitional step in which competitive games are played but in which the demand and threat of the contest are diluted by reliance on luck to decide the outcome. Chance-based competitive games are preferred by children 5 to 8 years (Type II age range), as found in the study by Baumeister and Senders (1988). Such games enable children to experiment with new and different roles without requiring them to cope strategically and skillfully with opposition. In this stage of development, children's identities are in flux, as they are just beginning to make comparisons against their peers as a basis for self-definition (Ruble, 1983). It is not until late childhood that identity and self-definition come to focus on issues of competence and measurement against peers, in which the self becomes increasingly equated with performance (Erikson, 1968).

THERAPEUTIC ELEMENTS OF GAME PLAY

Game playing occupies an important place in the psychological and social world of childhood. The versatility of games has been exploited by clinicians in helping children resolve psychological conflicts and further their emotional growth. Playing a game can promote the emotional growth of children in direct and indirect ways. The experiential process of play

brings pleasure, catharsis, and relaxation. The ongoing game play process can promote socialization, reality testing, and mastery of anxiety. Playing a game can help strengthen the therapeutic alliance and provide a metaphorical stage for the expression and resolution of conflict.

Therapeutic Alliance

Because games usually evoke positive associations for children, even the most resistant child will be drawn to game play in the therapy context. The therapist becomes a game participant, which has the effect of relaxing the adult-child boundary and rendering the therapist more accessible to the child. By joining in play, the adult moves into the child's world. This subtle shift can be of utmost importance to children, many of whom do not enter into the therapy situation of their own volition.

Pleasure

Game playing even without therapeutic intervention is understood to often be emotionally fulfilling. Play is thought to be the antithesis of work. Erikson (1950) states that play is "free from the compulsions of a conscience and impulsions of irrationality" (p. 214). Play, then, has special significance for withdrawn or autistic children, who might have difficulty experiencing pleasure. The concept of enjoyment is reciprocal, relating not only to nurturing oneself but to nurturing others. The child's experience of sharing enjoyment with an adult through game play enhances the therapeutic relationship and helps the child feel needed and useful.

Diagnosis

The structure and rules of games, in addition to their inherently competitive makeup, are particularly useful for eliciting behavior reflective of a child's ego strength. The sense of challenge is heightened because in the therapy setting the child is playing against someone who is superior in intellect and experience. As a result, feelings of self-worth, aggressiveness, trust, and helplessness in relation to adults are often revealed in the child's style of play. A child's ego processes, including impulse control, intellectual strengths and weaknesses, locus of control, and concentration, are readily observable.

Because games invoke ego processes, they may be more valuable for examining a child's ego functioning than for uncovering unconscious conflicts. At the same time, games, like unstructured play, bring a sense of safety and permissiveness, opening doors for expression. Games mimic real life to some extent and thus provide a metaphor for projection of unconscious material. Many board games involve moving from a home base to an endpoint elsewhere on the board, which could symbolize a variety of issues and experiences related to separation, attachment and individuation, parental abandonment, and social isolation. Therapeutic board games such as the *Imagine!* game (Burks, 1978) and *Our Game* (Vlosky, 1986) have been developed for the specific purpose of eliciting fantasy expression.

Therapeutic game play provides a window into the child's personality structure, defense mechanisms, and psychopathological symptoms. O'Connor (1991) notes that the play of emotionally troubled children in therapy is often compulsive, impulsive, and irrational, a far cry from what one would consider enjoyable. Children with obsessional/compulsive tendencies might become fixated on rules or minor aspects of the game and therefore lose sight of the overall goal. A borderline child might overreact with rage or utter dejection to minor setbacks or attach inordinate importance to battles won. A child with antisocial tendencies or conduct problems might lose self-control quickly in the face of adversity.

Communication

Although some may view the rules and goal striving of game play as impediments to self-expression, these structural elements actually promote communication between players. The social aspect of game play makes it dependent on a certain level of cooperation and mutuality of purpose among participants. Practical discussion of rules and attentiveness toward the actions of other players are natural accompaniments of game play.

A game, by definition, is separate from reality, thereby inviting the relaxation of defenses that would normally inhibit expression of feelings, thoughts, and attitudes in normal social discourse. Thus, one often sees a high level of affective involvement in game play. A certain type of expression, catharsis, is often elicited through game play. Strong feelings of anger, resentment, frustration, and jealousy can be discharged within

the safe confines of the game. Negative feelings a child might have about parents or other adults are especially amenable for expression during game play.

As children relax and involve themselves in the game, they often begin to talk about feelings and ideas that are important to them. An important concept of game play is "points of departure" (Frey, 1986; Gardner, 1986), in which players "leave" the game to discuss psychological issues expressed during game play. For the therapist, a key aspect of game play therapy is managing and guiding discussion back and forth between the safety of the game and the realistic discussion of issues through points of departure.

Insight

Game play not only reveals disturbed behavioral patterns, it can provide a vehicle for a child to observe and understand these patterns. Because the therapist is usually a player in the game, he or she can model responses that set the tone for self-examination, such as "Oh, I keep choosing the wrong turn!" A negative self-evaluation of game behavior is less threatening to the child than any such appraisal of real-life behavior. The task of the therapist is to help the child gradually become aware of negative behavioral patterns that generalize from the game context to the child's larger world.

Sublimation

Compared to free play, game play provides more opportunities for sublimation of instinctual and forbidden urges due to their higher degree of role definition and structure. For instance, a child's sexual and aggressive urges might be channeled into increased competitiveness and effort to win. In many therapeutic board games, a variety of adaptive responses and solutions to conflict are readily available for the child to consider. These outcomes might not otherwise have been within the child's awareness. This educational aspect of board games draws on their history of application of learning and behavior problems in the classroom (Nickerson & O'Laughlin, 1980). Children are more likely to try out new ways of thinking and acting in the context of a game than if an adult directly offers such suggestions.

Ego Enhancement

Playing a game tends to enhance ego strength because it requires a certain amount of concentration and impulse control. The experiential processes of learning how to play a game and striving to improve performance challenge and promote organization, mastery of anxiety, and self-esteem. Reid (1993) describes the disorganized, frenetic game behavior in the beginning stages of game therapy of a hyperactive, aggressive 6-year-old boy. This child had suffered the crises of attachment failure and repeated foster placements. Initially in therapy he related to the therapist in an extremely defensive, angry, and provocative manner. He played exclusively with fine-motor games (e.g., ball toss) with few defining rules, and his play was egocentric, devoid of turn-taking and cooperation. He would throw three balls, one after another, at the target hanging on the wall and then move closer and closer to the target to ensure success. Slowly, the child accepted the therapist's input on structuring the activity to make it a real game that included turn-taking, rules, a small degree of competition, and an ultimate endpoint or goal. By the tenth session, the child began to take turns spontaneously, to pay attention to the therapist's game playing, and to interact with the therapist in a less emotional and impulse-ridden manner. The process of game play set the stage for deeper therapeutic intervention in subsequent sessions.

Reality Testing

Games are realistic forms of play that contain rules that normally are not subject to change by a child's imagination or will. Games are usually played by at least two people, necessitating a certain amount of shared objective perception of reality. To participate, players implicitly reach a consensus on the rules and procedural aspects of play. Within this structure, distortion of reality is seen in the form of cheating, denial of events, and idiosyncratic interpretation of the rules. These deviations become the fodder for therapeutic intervention, part of which involves recurring reinforcement of more adaptive and realistic response during game play.

Rational Thinking

Intellectual challenge is a key ingredient in countless games. Games call on cognitive skills such as memory, concentration, anticipation of

consequences, logical thinking, and creative problem solving. Learning new behaviors, self-reflection, and self-understanding are cognitive processes that are essential to emotional development in and out of the therapeutic relationship.

Rational thinking is a critical element of many theoretical approaches to understanding and correcting emotional problems in childhood. Conversely, irrational thought processes are believed by some to be the foundation of psychopathology (Ellis, 1962). Games are especially useful in therapy for the practice of realistically appraising situations in the context of the game, which often mirror real-life phenomena. Many games invite risk taking, requiring the child to analyze the potential outcomes of different choices. For example, in the *Wizard of Oz* board game, players must decide which of two paths to take in the middle of the journey. One path is much shorter to the end, but contains pitfalls that, if landed on, send the player back to the beginning. By promoting discussion of this situation, the therapist can help the child learn to think about the future and about consequences of actions.

Socialization

Games are the dominant play activity for latency-age children, whose primary developmental task is to develop social relationships with peers. Game play is an inherently social activity, requiring cooperation and communication among the participants. The process of game playing often contains positive peer pressure for socialized behavior. Concepts of fair play and sportsmanship apply to game play. Often, unspoken group norms exist that define how winners and losers should behave in relation to one another. Conversely, unacceptable group behavior exhibited during game play is often punished in some way, providing opportunities for children to learn consequences of socially unacceptable behavior. In naturalistic childhood game play, rule violators are generally stigmatized and are forced to atone for the transgression, or at least apologize, to remain in the game. In this way, children become sensitized to the aversive consequences of "antisocial" behaviors.

While games demand cooperative behavior, they also often require controlled expression of aggressive urges. The competitive nature of games requires that players attempt to defeat others in order to win. Rules provide boundaries within which children must compete and assert themselves without losing self-control.

Games offer opportunities to experience depersonalized sources of authority in the form and rules and procedures that define the games. In this sense, the game itself represents adult authority, and game players are required to subject themselves to the control or command of the rules and procedures of the game. This process is analogous to learning to deal with others in the real world who are more powerful than oneself.

TYPES OF GAMES

The broadest classification of games separates commercial games (i.e., traditional childhood and adult games) from those developed specifically for use in therapy or counseling. Commercial games such as checkers (Gardner, 1986), *Monopoly* (Crocker & Wroblewski, 1975), and card games (Reid, 1986) are often used in child therapy. The classification scheme developed by Sutton-Smith and Roberts (1971) applies to the vast number of traditional, historical, and commercial games catalogued across various societies. The scheme has relevance to game play therapy as well. These authors distinguish three types of games based on what determines who wins: (1) games of physical skill, in which the outcome is determined by the players' motor abilities; (2) games of strategy, in which cognitive skill determines the winner; and (3) games of chance, in which the outcome is random and accidental.

Physical Skill

Games of physical skill can be further divided into gross and fine motor games. Gross motor games include tag, simple ball games, and relay races. Active movement games may seem unsuitable for therapy because of space limitations and because they may cause children to become overactive or overexcited. Further, intense physical movement is usually incompatible with verbalization and discussion of feelings and emotions. However, games that involve a significant amount of gross motor movement have been found to help hyperactive and impulsive children develop greater self-control through the codification and structure of movements through game play. Reid (1993) describes how a game of soft darts actually helped a hyperactive, defensive child become more organized and controlled in the beginning stage of treatment. Others (Kendall & Braswell, 1985; Shapiro, 1981) have used active movement games to treat children with deficits in self-control.

Schachter (1974, 1984, 1986) has developed a series of physical interactive games, which he calls kinetic psychotherapy, to treat a range of psychological disturbances in children, particularly depression. Schachter posits that the creative movement games of kinetic psychotherapy facilitate the expression of certain emotional reactions that are otherwise difficult to elicit without the release function of movement.

Fine motor games include tiddlywinks, *Pic-Up Stix, Perfection, Operation,* darts, penny hockey, and so forth. These games are usually highly competitive, have easily explained rules, and are particularly valuable for assessing a child's impulse control and general level of personality integration (Bow & Goldberg, 1986).

Strategy

The outcome of strategy games depends primarily on the cognitive abilities of the participants. Many strategy games have been brought into the therapy room, including *Connect Four,* chess, checkers, *Uno,* card games, and *Trouble.* Advantages of strategy games include: (1) they can be played by two people in an office, (2) they provide opportunities to observe the child's intellectual strengths and weakness, and (3) they permit the expression of aggression symbolically without the physiological arousal associated with physical games. Strategy games activate ego processes including intellectual effort, concentration, and self-control. Depending on one's theoretical orientation, these ego processes may enhance or detract from the therapy process. It is clear, however, that more complex strategy games, such as chess and Stratego, require extended expenditure of intellectual effort that serves to suspend and sidetrack real therapeutic work.

Chance

Games of chance include bingo, roulette, the *Candyland* and *Chutes and Ladders* board games, and a few card games (e.g., war). Childhood games that depend on pure chance for winning tend to be on a simple level and are therefore useful as an introduction to game playing. Chance games have value in therapy because they neutralize the adult's superiority in intellect, experience, and ability. However, children quickly become inured to games that do not require use of strategy or skill, primarily because the competitive aspects have been removed. Triumph in chance

games is victory over odds, not another opponent. It has been observed that when real competition is removed, participants are less motivated and derive less enjoyment from the game (Holmes, 1964; Rapoport, 1966; Steele & Tedeschi, 1967).

A number of classification schemes have been developed for therapeutic games. Games have been categorized on the basis of the number of rules (Rabin, 1983), type of game activity, either behavioral or cognitive (Varenhorst, 1973), and the underlying theoretical orientation of the game (Shapiro, 1993).

The primary method in promoting change has also been used as a basis for classifying therapeutic board games. Schaefer and Reid (1986) identified four categories of games: communication games, problem-solving games, ego-enhancing games, and socialization games. Communication games typically de-emphasize competition to encourage self-expression. These types of games usually are less structured than other therapeutic games and are designed to promote a nonthreatening, permissive atmosphere. Problem-solving games, on the other hand, are often highly structured activities that offer opportunities to discuss specific problems and practice solutions to the problems. Problem-solving games usually have a behavioral theoretical orientation. Ego-enhancing games challenge players to outperform each other; the focus here is on competition and strategy. Older children often gravitate toward ego-enhancing games because they mirror issues in the adolescent's development of identity, in which increasingly specific comparisons of skills and attributes among peers help shape the child's sense of self (Baumeister & Senders, 1988). Socialization games are generally used in group therapy and are geared toward practicing prosocial interactions and increasing sensitivity to the dynamics that underlie social discourse.

Therapeutic games have also been classified based on their theoretical orientation. Shapiro (1993) categorized each of 81 psychotherapeutic games according to theoretical emphasis. The most common classifications were psychoeducational (26%), client-centered (17%), values clarification (15%), psychodynamic (12%), and cognitive-behavioral (11%). The authors cautioned that users of therapeutic games should be familiar with the major theory underlying the games to use them effectively. The section below elaborates on the various clinical applications of game play.