Exploring Jungian Play Therapy

Toni King

March 2011
This paper examines the history and philosophy of Jungian play therapy. In doing so, I trace the history and pioneers of this approach, including Jung’s relationship and subsequent break with Freud as this was pivotal in the development of Jungian play theory. I explore the theory and approach of Jung’s work and consider how I might integrate this framework into my practice with children. Finally, I discuss why Jung’s theory holds resonance with my values and beliefs.

Carl Gustav Jung (1875-1961) was a Swiss psychiatrist who had a collaborating relationship with Sigmund Freud from 1902-1912 (Allan, 1997). Jung was aware of Freud’s work as early as 1900, but their first meeting was not until March 1907 in Vienna (Jung, 1989). This initial meeting lasted more than 13 hours and had a lasting impression on Jung; he felt he had never experienced such an important encounter with such an intelligent man (Jung, 1989).

Despite their strong connection, Jung and Freud had completely different views around the concept of libido. To Freud, the central human drive was sexual and “the main psychological task was the resolution of the oedipal complex” (Allan, 1997, p. 100). Jung believed “the central drive was the individuation process—the drive to separate from parental figures and to develop one’s unique personality and identity” (Allan, 1997, p. 100). Jung saw the libido as fuelled by the “struggle of opposites.” He argued that the desire to grow versus the desire to regress changes depending on one’s developmental stage—that the ”search for growth and meaning” is different for a child than a teenager or adult (Allan, 1997, p. 100).

Jung tormented over writing about his concept of libido for he knew that it would jeopardize his friendship with Freud; indeed, Jung titled this chapter “The Sacrifice” (Jung, 1989, p. 167). Jung came to the realization that he was actually sacrificing himself, for standing firm in his beliefs cost him not only his friendship with Freud, but his ideas were rejected by many
friends and colleagues. This caused intense turmoil and uncertainty for Jung (Jung, 1989), yet it was through the loss and stress of this ‘sacrifice’ that Jung allowed himself to return to his childhood memories, to open up to inner impulses and allow himself to return to playing games such as playing in dirt and building miniature villages (Peery, 2003, p.18).

Initially, Jung felt awkward and embarrassed by his play activities but he soon noticed that “the play released a flood of fantasy material, imagery and emotion” (Peery, 2003, p. 18). As he played, Jung realized that by listening to his inner impulses and fantasies he was engaging himself to work through his inner turmoil. By engaging in this play Jung found that he was able to process and re-integrate his painful experiences in a manner that was less threatening. As Peery points out, “Jung was the first to use play or play therapy for healing process” (2003, p. 51). In doing so, it is widely accepted that Jung invented the practice of play therapy (Peery, 2003).

Even though Jung did not work directly with children his theory provided a wealth of information for child psychotherapists “because of his belief in the self-healing potential of the psyche, the role of the archetypes in organizing human behaviour, and the importance of the creative process (play, art, drama, writing) in healing and transformation” (Allan, 1997, p. 100). Michael Fordham, a child psychiatrist and one of Jung’s early followers in Great Britain, was a pioneer integrating Jungian theory into therapy with young children (Perry, 2003). After analyzing a child’s dream, Jung began to believe that children often work out through play the “unresolved struggles of their parents” or “act out the unfinished and undeveloped struggles of their parents” (Allen, 1997, p. 100).

Most often a child enters therapy because he/she has been identified as the one experiencing difficulties, however Jungian therapy offers important insight in working with
children. From a Jungian perspective a “child cannot be thought of as existing in a vacuum” (Peery, 2003 p. 45). This shift in thinking allows us to look beyond the individual child to consider their history and context. Peery explains that in Jungian theory, “Both the child’s conscious and unconscious personality are deeply influenced by the parents, particularly the parents [sic] unconscious. So when therapy begins the relationship between the child’s consciousness and the parent’s unconscious starts to shift” (2003, p. 45). Essentially, as the therapist treats the child client she/he is also passively treating the child’s caregivers. However parents/caregivers are strongly encouraged to embark on their own therapeutic journey.

Jung’s theory is based on the structure of the psyche, which is comprised of three parts: ego, personal unconscious and collective unconsciousness. Ego is the individual’s centre of consciousness and includes everything in our awareness and surroundings, such as thoughts, feelings, fantasies, sensations and emotions. The ego plays a critical role in “mediating the demands of the “inner” (the personal and collective unconscious) and “outer” world (demands of parents, teachers, peers, and cultural norms) (Allan, 1997, p.100). The personal unconscious is made up of “both suppressed and repressed material” and “includes thoughts and feelings that are too painful to look at or deal with (i.e. loss, grief, sadness, rage, hatred, envy, hopelessness, and lust)” (Allan, 1997, p.101).

Jung theorized that the personal unconscious rests upon a deeper layer, the collective unconscious. The collective unconscious is not individual but universal: “it has contents and modes of behaviour that are more or less the same everywhere and in all individuals” (Jung, 1969, pp. 3-4). Jung felt the collective unconscious contained the archetypes especially “the central organizing archetype of the self” (Allan, 1997, p. 101). To Jung archetypes meant
“instincts coupled with images that direct and influence behaviour and emotions” (Allan, 1997, p. 101). As Allan writes, archetypes centre around:

images of birth, death, love, the divine child, the great mother, the trickster, God, the Devil…they have both positive and negative attributes; and they are seen in the world’s great religions, myths, dreams, and folklore as well as television and advertising. (1997, p. 101)

Central to Jungian therapy is the importance of the ‘ego-self axis’ which is based on the natural relationship between the conscious (ego) and unconscious mind (self) (Allan, 1997). A child who has a healthy ego is able to appropriately express him or herself while controlling inappropriate behaviours (Carmichael, 1997, p. 92). It is important that some means of symbolic expression such as drawings, paintings, clay, sculptures, or stories be used in therapy so that the child can maintain contact with the inner world of symbols and feelings. Indeed, “the language of self is that of pictures, images, metaphors and feelings” (Allan, 1988, p. 7). By allowing the axis path between the self and the ego to be open, the self will be able to grow and the ego will mature.

Allan (1988) notes that there is a rhythm to the play therapeutic process. He likens the initial stage of the child entering the playroom as entering a ritual space where the child moves from ego to the self through the use of symbolic play. This is followed by the working phase—comprised of chaos, struggle, reparation and resolution—and the exit phase. During this process De Domenico maintains:

It is important that the therapist not pathologize various segments of the journey, such as chaos, fighting and destruction, because they are part of the cycle of real life that needs to be mastered, endured, and worked with. When full expression within the safety of the
therapeutic setting (temanos), those segments will eventually connect with other aspects of the integrative cycle, such as harmonious coexistence, finding a treasure, and rebirth. (1994, pp. 275-276)

This is especially important when the child’s shadow or negative state presents itself. When this occurs it is crucial that the therapist welcome and hold the play space for the child to have the freedom to safely express this state. This can be especially powerful. According to DeDomenico, “The shadow or dark side of the client, which is the hidden, unvalued aspect of the personality, is potentially a source of great strength and uniqueness” (1994, p. 272).

How do I utilize the Jungian approach when working with clients? The use of symbolic material is of the utmost importance within Jungian theory, so I begin by ensuring that the playroom is well-equipped. In my view, this includes engaging with Sandtray as a form of play therapy. Sandtray is a beautiful and natural medium that most children seem to automatically gravitate towards. Sand is a sensory material that provides an effective way to explore the child’s world. I have available at least two sandtrays for the child, one with dry sand and the other with wet sand. For approximately the first three sessions I try to use a semi-directive approach to encourage the child to play with the sand and the miniatures however they would like to.

The themes that need to be worked on will most often present themselves within these earlier sandtrays. From this point, depending on the issues that show up, a number of avenues are considered. The miniatures used in the sandtray and the symbolic imagery they evoke might be further ‘played out’ with costumes and stories. In most cases play follows a non-directive approach because I strongly believe the child will take me where he/she needs to go. Of course there are occasions where a semi-directive or directive approach would be used, such as in play that appears ‘stuck.’
As noted above, the room must be well-equipped in order to address a range of feelings and needs. For instance, working with aggressiveness requires that the playroom be equipped with pillows, foam bats, punching gloves and punching clown. In most cases the anger and rage needs to be released before the child can engage in other activities. Drawing is another means for the child to symbolically express what needs to be worked through. I do not attempt to interpret what the drawing means, but ask the child to express the messages that are coming through from the imagery. From this point a number of possibilities can emerge. A fairy tale or myth could be read or related to the child to allow him/her to see that what they are feeling is not a taboo—it is something that has been expressed before. Dollhouses can be used to work through issues of divorce, adoption and being a foster child. The use of multi-cultural images is important for addressing identity issues.

If asked, I will engage in dramatic play with the child, within the role that they need me too—for example, villain, hero, frightened one, angry one. Most important, however, is to join the child where they are at. The above-mentioned scenarios and examples are just some of the techniques that I use in providing space for the child to work through their inner struggles and experiences.

As a Sandtray therapist practitioner it is essential that I work within a therapeutic framework that feels compatible to my own belief system. In my view, Carl Jung’s work is both complex and brilliant. Jungian theory and methods offer an approach to play therapy that I can embrace as being in alignment with my own core ideals around trauma and healing work. My belief has always been that when a child is provided with a safe and sacred space that welcomes and acknowledges their uniqueness and core self, he or she will instinctively know it as a place where their healing work can begin.
As a Sandtray therapist practitioner I offer this sacred space in a loving and accepting manner and invite the child in all of their sacredness to join me. Jung referred to this “safe, protected space of therapy” as temanos. As explained by Perry, “The temanos is the boundary between the profane and sacred space” (2003, p. 30). The truth of this statement is incredibly powerful, for within this space there is such a potential for the innate healing of the child to awaken. I believe wholeheartedly, as Jung did, that within each child is the ability to heal. I am fuelled by the core spiritual belief that all children are blessed with the innate way to find their way out of the darkness into the light. I believe, as Jung did, that for therapy to have truly been effective the therapist as well as the child will be changed forever.

I value Jung’s approach for I feel it truly honours the sacredness of the child by looking at the child holistically, so the trauma does not become the child. I walk this path in life as an Anishinabe woman dedicated to the well-being of all children. I am told and believe that all of our children are a gift from the Creator. I approach my life holistically and I work within that framework. Aboriginal peoples have had a long and difficult journey and face many struggles such as poverty, unemployment, addictions, abuse, residential schools, overrepresentation of Aboriginal in children in the child welfare system and high suicide rates. Sadly intergenerational trauma is almost always a factor in these issues. In my work I firmly believe that even though the child may be the one who is identified as having difficulties, he/she cannot be looked at in isolation from the parents/caregivers or even from his/her ancestral background.

Spiritually, I feel that we carry the wounds of our ancestors; as children we carry the wounds of our parents. Jungians believe that “the task of childhood is to differentiate oneself out of the unconscious matrix of one’s parents and to forge one’s own independent life” (Allan, 1997, p. 124). Jungians encourage parents/caregivers to enter into their own healing. I view this
as critical to break the cycles of abuse/trauma. Looking at the intergenerational trauma of Aboriginal peoples speaks volumes to the need for parents/caregivers to become involved in their own healing, not simply the child who has been identified as having difficulties. Sadly this is not always the case. It was Jung’s perspective that children cannot be viewed as though they exist in a vacuum and this adds to the uniqueness to the therapeutic relationship. As explained by Peery, the connection/influence between the child and the parent(s) means that:

The therapist in treating the child is also treating the parent, though perhaps indirectly. In other words, when the therapist agrees to take onto [sic] the child as the client, she is also assuming a therapeutic relationship with the parents (or the adult caregivers) who are engaging in the child’s life. (2006, p. 45)

This is promising, yet as was noted above this is at best ‘passive therapy’ and is not meant to suggest that parents/caregivers should not be embarking on their own therapeutic healing journey.

Finally, my interest in dreams and mythology align nicely with Jungian play therapy. I have worked with my own dreams for a number of years. Dreamwork and mythology are both fascinating and can be extremely powerful in the playroom. I work with metaphor, symbols and ritual in my life as a way of expression and healing. I am perhaps naturally drawn to Jungian play therapy since “it works more within metaphor and symbolic areas than any other theory” (Carmichael, 2006, p. 103).

This paper set out to briefly explore the history and richness of Jungian play therapy. Carl Jung was a fascinating man who provided today’s Jungian play therapists with the groundwork needed to work with children in a way that ultimately respects their own innate healing ability. By understanding the nature of the psyche, the archetypes and the stages of the therapeutic
process, the Jungian therapist will be able to genuinely support the child’s healing journey. By lovingly and authentically greeting the child where the child is at and working from this point, the sacredness of the child will be revealed. Both child and therapist will be forever changed.
References

Dallas, TX: Spring Publications Inc.


