Education Institution: Dublin Business School

Name: Conor FitzGerald

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Supervisor: Stephen McCoy

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Abstract

The author of this dissertation is a school teacher working with children with autism and became interested in exploring the manner in which a play therapist might approach working with children with autistic spectrum disorder (ASD). The aim of this study is to examine transference, interpretation and symbolic play in order to gain a deeper insight into the workings of play therapy for children with ASD. Due to the growing number of children being diagnosed with ASD, it was necessary to carry out an up-to-date review of the literature in relation to these psychotherapeutic concepts as the current research appears to focus predominantly on neurotypical children. It was established that transference, symbolic play and interpretation have a vital role in play therapy for children with ASD, when managed appropriately. While the different approaches to treatment were considered, it was learned that the most optimal approach will be the one that meets the needs of the individual child and a 'one size fits all' approach does not exist when working with children with ASD. However, much of the research does highlight the importance of involving the parents in the process which has been proven to assist with the child's therapeutic growth and development. For this reason, it is believed that an integrative approach that acknowledges the workings of transference, that utilises appropriate interpretation and that promotes the child to engage in symbolic play in a safe environment at a pace that suits the child may be the most effective approach when engaging in play therapy for children with ASD.

Chapter 1: Introduction

The aim of this study is to explore the concept of transference in the context of play therapy for children with ASD. With The Centre for Disease Control and Prevention (2020) showing that ASD diagnoses are increasing (1 in 150 children diagnosed in 2002 compared to 1 in 54 in 2016), it was felt that it was important to carry out an up-to-date review of the research and literature in the area of play therapy for children with ASD.

Aim:

- To explore the transference in play therapy for children with ASD.

Objectives:

- To examine the concept of interpretation in play therapy for children with ASD.
- To consider the potential and the limits of symbolic play in play therapy for children with ASD.

To examine these critical processes, it is necessary to offer a definition of ASD from a medical and a psychoanalytic perspective to gain a deeper understanding of the disorder. A brief history of play therapy, the ideology behind it and some established techniques and approaches will be discussed before addressing the concept of symbolic play which Esman (1983) and Kottman (2014) illustrate is central to the psychoanalytic play therapy process. In addition to this, two opposing schools of psychotherapy (psychoanalysis and cognitive behavioural therapy) will be evaluated to garner a greater appreciation for how these interventions can be applied to play therapy for children with ASD.

As this work aims to explore transference and countertransference, it is necessary to establish whether these phenomena will be looked at together, in isolation or as one and the same thing. Falchi and Nawal (2009, p. 17) propose that the stance that one takes on these phenomena largely depends upon the theorist that is being used for its definition. Fink (2004, p. 6) argues that from a Lacanian (1966) perspective (postmodern structuralist position on subjectivity),

there is “no transference of the transference” and there is no way in which the analyst can step outside the transference to discuss what is happening in the transference. Langs (1978) correlates with this view suggesting that transference and countertransference should not be seen as separate issues with Loewald (1986) adding how they are simply two faces of the same psychotherapeutic experience. With this in mind, transference will be approached from a Lacanian (1966) position that there is ‘only transference’ and that transference and countertransference are one and the same thing. However, in the interest of clarity, these phenomena will be dealt with in isolation with different perspectives from psychoanalytic theorists being evaluated, bearing in mind the context of this study (children with ASD in play therapy).

In addition to this, the area of interpretation will be explored where it is necessary to evaluate the different forms of interpretation and how they apply to children with ASD in play therapy. Anna Freud (1927) who is regarded by Bratton, Ray, Edwards, and Landreth (2009, p. 268) as being one of the founders of child psychoanalytic play therapy, places a great emphasis on interpretation in her practice. A. Freud’s (1927) work will be critically evaluated alongside Lacan’s (1966) approach to interpretation, whose views differ greatly despite both coming from a psychoanalytic background. A. Freud (1927) emphasises the importance of the therapist interpreting the client’s ego defences whereby the strengths and weakness of the ego are taken into consideration, whereas Lacan (1966) questions the ego in the process. A. Freud’s (1927) ideology is a development from Freud’s (1912) work where he suggests that interpretations should be made in a symbolic nature that focus on uncovering unconscious material and processes that have been brought to the client’s conscious awareness under the therapist’s guidance. Sander (1992, p. 157) highlights the merits of the work done by Freud (1912) and A. Freud (1927) and delineates that there are essentially three forms of interpretation. Sander (1992, p. 157) proposes that there are content interpretations (bringing unconscious processes

into consciousness), symbolic interpretations (dreams and slips) and defence interpretations (uncovering mechanisms to deal with painful feelings and experiences). Fink (2007, p. 77) on the other hand points to Lacan's (1966) alternative take on interpretation who suggests that in the analytic situation, interpretation should be less about accuracy and more about striving to have an impact on the client, or 'hitting the real' as Fink (2007, p. 77) states. In this way, Lacan (1973, p. 30) found that if the analyst can uncover what is likely known in the unconscious and verbalise this knowledge that has previously been unspoken, then healing and growth is likely to occur in the analysand (client).

In this dissertation, these key areas of interpretation will be looked at in the context of play therapy for children with ASD. The research for this dissertation will be informed by books and peer-reviewed articles from the last ten to fifteen years and will be taken from two different fields of psychotherapy, psychoanalysis and cognitive behaviour therapy (CBT). While Shih, Patterson and Kasari (2016) acknowledge that there is no one specific psychotherapeutic intervention that can address the wide range of ASD symptoms, they do suggest that psychoanalysis and CBT are the most common approaches taken and as a result, the research for this thesis will be based on these schools of psychotherapy. However, in order to critically evaluate these interventions, it is first necessary to explore the evolution of play therapy which will be discussed in the next chapter.

Chapter 2: Evolution of Play Therapy

2.1 Introduction

ASD is defined in the DSM-5 (2013, p. 53) as being a pervasive developmental disorder where individuals experience a deficit in social interactions and communication. Individuals with ASD commonly engage in repetitive activities and behaviours with the DSM-5 (2013, p. 53) outlining that these symptoms are present from early childhood and have a significant impact on their everyday lives. Sherkow and Harrison (2013, p. 15) conclude that for many years psychoanalysts and neurobiologists have held separate views on ASD and the treatment of the disorder. Sherkow and Harrison (2013, p. 15) claim that only recently have the two fields begun to commutate with one another on the matter. Sherkow and Harrison (2013, p. 15) further argue that when treating a child with ASD, the psychoanalyst primarily addresses three symptoms in the child which are in line with the DSM-5 (2013, p. 53); social impairments, language impairments and repetitive/stereotypical behaviours. In addition to this, Sherkow and Harrison (2013, p. 15) propose that the psychoanalyst will strive to identify and address the fundamental development and neurobiological processes that have caused the symptoms to develop and hypothesise that the core symptoms of ASD which manifest in the child's behaviours are indicative of the child's atypical neurological development.

2.2 Psychoanalytic Play Therapy (1909 -1933)

Since the early 1900s, theorists have been experimenting with play therapy, the first being Freud (1909) in his work with the father of a young boy named Little Hans. Resulting from this, Freud (1909) came to view play as a re-enactment/repetition of troubling concerns and conflicts in the child's life and argued that play is a cathartic experience that can enable a child to release repressed feelings and emotions. This was further developed by A. Freud (1927) who

agreed with Freud (1909) that play can be an effective means of communication with a child, however A. Freud (1927) did not believe that the child's behaviours and actions in play were metaphoric or symbolic.

Contrary to Freud (1909), A. Freud (1927) utilised play as a means of establishing a relationship with the child through simply observing them at play. Once this rapport was formed, A. Freud (1927) was enabled to engage in a conventional (conversational) style of therapy with the child where she engaged in dream interpretation, art work, etc.

Melanie Klein (1933) on the other hand, who is regarded by Bratton, et al., (2009, p. 268) as being the other key player in the creation of child psychoanalytic play therapy, held a different view on the role of play in therapy. Klein (1933) believed that play should be seen as the child's way of expressing themselves in the same manner in which adults verbally express themselves in therapy. Similar to Freud (1909), Klein (1933) made interpretations based off the behaviour that was occurring in the play. Where Freud (1912) and Klein's (1933) opinions diverge is that Klein (1933) takes the view that the interpretations should be directly communicated to the child rather than to the parents, which is Freud's (1912) position. Arising from the psychoanalytic and psychodynamic orientated approaches taken by Freud (1909), A. Freud (1927) and Klein (1933), Levy (1933) developed a more structured/directive styled approach to play therapy which was further influenced by Hambidge (1955) and formally became known as directive play therapy.

2.3 Non-Directive Play Therapy (1933 -1955)

Later, Taft (1933), Allen (1934) and Moustakas (1955) moved the area of play therapy in a different direction when they created relationship play therapy. They felt it was necessary to place the emphasis on the child's current environment and mental state thus enabling the child to involve themselves in a self-directed form of play with the therapist only getting involved if

invited. Drawing from the work of Taft (1933) and Allen (1942), Axiline (1947) further shifted the playing field from a directive approach when she established the non-directive approach to play therapy. Essentially, Axiline (1947) adapted the work of Carl Rogers (1951) who created the client centered approach to psychotherapy for adults. Much like A. Freud (1927), Axiline (1947) placed the emphasis on establishing a relationship with the child in order to create a safe and comfortable environment allowing the child to engage in the work with the play therapist. Similar to Rogers (1951), Axiline (1947) believed that all adults and children have an intrinsic drive for self-development, healing and growth and recognised that play can be seen as a reflection of this ability and their drive towards self-growth.

Similar to Taft (1933), Allen (1934) and Moustakas (1955), Axiline's (1947) methodology encourages the child to play with whatever toys, items and materials that are available to them. However, Axiline (1947) took this a step further where she actively conveyed the child's thoughts, behaviours, emotions and experiences directly back to the child, much like the Kleinian (1933) approach. In a sense, Axiline's (1947) position suggests that she agrees with Freud's (1909) view that play is a symbolic endeavour. More recently, Landreth (2012) took on board the similarities of Axiline (1947) and Roger's (1951) approaches formally calling it child-centered play therapy (CCPT).

2.4 Directive versus Non-Directive Play Therapy

As discussed earlier, there are opposing views on whether directive or non-directive play therapy is more effective for children with ASD. While it is acknowledged by Mitteldorf, Hendricks and Landreth (2001), Josefi and Ryan (2004) and Overley, Snow, Mossing, Degges-White and Holmes (2018) that there is a greater amount of research carried out on directive play therapy for children with ASD, non-directive play therapy or CCPT cannot be ignored. Josefi and Ryan (2004, p. 549) argue that the majority of the research has been carried out in

this area of directive behavioural therapy due to the ease of measuring its success outcome when compared to the non-directive approach, but also acknowledge that a directive style can be an effective intervention for children with ASD. Weisz, Weiss, Han, Granger and Morton (1995) take this a step further in their claim that behavioural/directive treatments are in fact more effective than the non-behavioural variety.

However, in Ahuja and Saha's (2016) view, the non-directive approach to play therapy for children with ASD can allow the therapist to enter the emotional world of the child as opposed to the directive approach where rules and standards are placed on the child from the beginning. For this reason, Ahuja and Saha (2016) argue that a structured form of therapy may be beyond the ASD child's capabilities. Ahuja and Saha (2016) correlate with Petruk (2009) who found that through engaging in a non-directive approach, the child is more empowered to lead the course of their treatment when compared to the therapist in directive play therapy who imposes their ideas on the child. Petruk (2009) established that non-directive play therapy can promote a child's involvement in a self-healing process where the therapist provides appropriate support in a conducive environment.

On the other hand, Hambidge (1955) is an advocate of directive play therapy due to its integrative nature which is based around a more structured and formalised style of play with Kenney-Noziska, Schaefer and Homeyer (2012) adding that this approach can succeed in meeting the specific needs of the child. Hambidge (1955) promotes the use of toys and other materials to recreate experiences and events where focused pretend play and other activities are utilised to help the child recover from past experiences. Rasmussen and Cunningham (1995) emphasise that the role of the therapist in the directive approach is central to the therapeutic experience and place the responsibility on the therapist to guide and interpret the play interactions.

Additionally, Jones, Casado and Robinson (2003) found that directive play therapy can be effective in enabling the therapist to obtain more information and greater activity/engagement from the child. Furthermore, Jones, et al., (2003) established that the directive approach can enable the therapist to set limits for the child which would be particularly valuable for children with ASD. The DSM-5 (2013, p. 50) highlights that these children often engage in repetitive activities and have certain patterns of behaviour and stereotyped interests. For this reason, directive play therapy for a child with ASD could be an effective way to facilitate the necessary growth and development in the child to allow them to function better in society.

2.5 Conclusion

Recent research by Baggerly, Ray and Bratton (2010) on Axiline's (1947) non-directive approach for children with ASD points to its effectiveness in facilitating symbolic play in the therapeutic interaction, despite the DSM-5 (2013, p. 53) showing that children with ASD often find this type of play quite challenging to engage with. Ungerer and Sigman (1981) support this finding in the DSM-5 (2013, p. 53) arguing that as a result of the ASD child's difficulties with understanding language and communication, children with ASD are unable to engage in symbolic play and posit that problems in the ASD child's development can be displayed through their object play.

Daniel (2008) on the other hand proposes that if a play therapist can adopt a non-directive approach and provides a supportive environment that is safe and accepting for the child with ASD, much like A. Freud (1927) did, it can be possible for the child with ASD to engage in a superior, symbolic form of play where elaboration on personal experiences can occur. Similarily, Overley, et al., (2018) believe that when a play therapist creates a neutral environment that is calm and relaxing for the child with ASD then imaginative and symbolic play in the form of talking, drawing and verbalising of experiences is possible.

Finally, Guest and Ohrt's (2018, p. 162) case study of a boy with ASD illustrates this capacity for a child with ASD to engage in symbolic play where they offer a scenario of the child creating a psychical time machine that he uses to fix early childhood trauma. Guest and Ohrt (2018, p. 162) suggest that the child is using terminology from a video game as a reference point which highlights that children with ASD can indeed engage in symbolic play, but do so in a concrete way by utilising pre-requisite knowledge and experience to navigate their journey. With the evolution of play therapy firmly established, it is necessary to examine the area of transference in relation to play therapy for children with ASD which is the fundamental aim of this dissertation and will be discussed in the next chapter.

Chapter 3: Transference in Play Therapy

Initially Freud (1909) saw transference and countertransference as an interference to the work of psychotherapy and suggested that if these phenomena occur in therapy it was an indication to the therapist that they needed to engage in further analysis. Later, Freud (1912) changed this view and came to recognise that transference is not only important but is in fact central to the therapeutic experience and argued that without transference, there is no therapy. Freud (1912) emphasises the importance of allowing the client to re-enact past experiences or fantasies which he found to be an effective means of uncovering unconscious material and processes for the client, otherwise known as transference, but retained his view that countertransference is a hindrance to the work. Since Freud (1912) first presented his theories on countertransference, the area has broadened significantly in terms of the understanding of what countertransference is and how it can be utilised most effectively. Bateman and Holmes (1995, p. 109) define countertransference as being the thoughts and feelings experienced by the therapist which are in accordance with the clients own internal experiencing. Contrary to Freud's (1912) view, Bateman and Holmes (1995, p. 109) believe that countertransference can facilitate the therapists understanding of the client's inner experience. In this way, Bateman and Holmes (1995, p. 109) suggest that the therapist is in a better position to understand what the client is trying to communicate in the therapy both consciously and unconsciously.

In relation to transference and countertransference and how it is managed in play therapy for children with ASD, research carried out by Bromfield, (2003), Rhode (2004), Kawai (2009), Shaft (2011), Adamo (2012), Holloway (2013) and Guest and Ohrt (2018) all present similar findings. Corresponding with Freud's (1912) definition of transference, Guest and Ohrt (2018, p. 162) found that when a child with ASD engages in aggressive play with their therapist, this is essentially transference in action whereby the child is allowed an opportunity to defeat previous hurt and mistreatment in their life. Nordling and Guerney (1999) suggest that this

aggressive display of thoughts and behaviours is an indication that the child is attempting to exercise mastery and control over their world in an effort to learn and accept social limits.

Miller (2008, p. 390) offers a similar scenario where symbolic play occurred in a child with ASD that also pointed to transference at work. Miller (2008, p. 390) presents a girl playing with an aeroplane where the client was the pilot and the therapist was the companion. The child re-enacted a number of family journeys to her home which displayed her depressive anxiety that she had hurt her 'sad mother' and was returning home to fix her. This demonstrated a strong oedipal undertone to Miller (2008, p. 390) who claims that it enhanced the therapeutic experience. In addition to this, it is necessary to acknowledge that in this play scenario, the child assigned the role of companion to the play therapist who was accompanying the girl on her journeys. It can be argued that this is an indication that the therapist is best suited to adopt a non-directive, facilitative approach which further compounds the findings presented earlier by Daniel (2008) and Baggerly, et al., (2010). Following this intervention, the child's self-driven journey to growth and development, which was previously discussed by Axiline (1947) was facilitated by the non-directive therapist.

With the psychoanalytic ideology, techniques and approach to play therapy and children with ASD firmly established, it is necessary to interrogate the CBT approach. CBT play therapy is generally a short term protocol which Kottman (2014, p. 23) suggests can be an effective approach to take for children with behavioural and developmental disorders that are common in children with ASD. The CBT approach promotes parental involvement in the therapy which Urwin (2011, p. 245) found is essential if the therapy is to be successful for children with ASD. Parental involvement was a protocol that Freud (1909) was also a proponent of which was evident from his work with Little Hans where Freud (1909) conducted his therapy through the boy's Father.

Developing on from the work of Aaron T. Beck (1979) on CBT for adults, similar to what Axiline (1947) did with the work of Rogers (1951), Knell (1993) began to integrate aspects of the CBT approach for adults and applied them to play therapy. Unlike the psychoanalytic/psychodynamic approach, Kottman (2014 p. 24) outlines that CBT is directed by the play therapist who leads the structured, goal-orientated process and has a specific outcome in mind. Kottman (2014 p. 24) explains how CBT play therapists utilise strategies and techniques in the play to help teach the child alternative ways of thinking about themselves, new ways of looking at their relationships and alternative ways of overcoming difficult situations in their lives. Kottman (2014 p. 23) points out how this intervention is in stark contrast to the non-directive position typically taken by psychoanalytic play therapists. Kottman (2014 p. 24) highlights how CBT play therapists will commonly orchestrate specific play scenarios that mirror the emotional and behaviour difficulties that the child is currently experiencing in their life. In this way, Kottman (2014 p. 24) argues that the CBT play therapist is enabled to teach the child more effective strategies and skills to help them deal with these painful and challenging experiences.

Furthermore, Kottman (2014 p. 24) proposes that if a child is encouraged to communicate to the play therapist in a conscious manner as opposed to Freud's (1912) unconscious communication, then the child is enabled to expresses their thoughts and emotions related to the difficulties that they're encountering directly without having to do so metaphorically. From an ASD perspective, this might be beneficial as the DSM-5 (2013, p. 50) points out that children with ASD can struggle with abstract thought. However, the DSM- 5 (2013, p. 50) also suggests that individuals with ASD commonly struggle with accurately expressing their feelings which is central to the CBT intervention.

Approaching play therapy from Freud's (1912) psychoanalytic perspective, the child is encouraged to work in the realm of communication to enable the uncovering of unconscious

processes whereby play and play materials are utilised in a manner that is seen by the therapist as metaphorical and symbolic. Esman (1983) and Kottman (2014 p. 24) correlate with this view and propose that the child in psychoanalytic play therapy is communicating to the therapist in an indirect manner through symbolic and metaphoric play activities. However, in CBT, Kottman (2014 p. 24) claims that the child is encouraged to communicate in a direct manner through asymbolic real life play situations which have been arranged by the play therapist.

It is therefore fair to say that both the CBT and psychoanalytic approaches and the directive and non-directive positions on play therapy have much to offer children with ASD. In essence, the importance lies within what is best for the child and their needs as opposed to the play therapist strictly aligning themselves with one intervention over another.

In this chapter, it was established that there are a number significant aspects of the psychoanalytically orientated approach, for example the use of transference in the treatment, that could be incorporated into the play therapy which would be beneficial for children with ASD who will likely present with a diverse range of needs which were examined earlier. Based on the research gathered, it is believed that a play therapist is best suited to implement an integrative approach that leans towards the psychoanalytic and non-directive principles outlined above as opposed to a directive CBT approach. In the next chapter, the area of interpretation will be explored and how it can be utilised in play therapy treatment for children with ASD will be interrogated.

Chapter 4: Interpretation in Play Therapy

Much of the research appears to be divided in relation to the area of interpretation in play therapy for children with ASD which is another point of divergence between the CBT and psychoanalytic approaches but also between the directive and non-directive positions. It was earlier established that non-directive play therapists will typically allow the play to happen and try to keep the play in the realm of metaphor, whereas a therapist following the directive approach will usually make a number of interventions throughout the session. In relation to the function of interpretation in play therapy, Klein (1930) suggests that a therapist working with a child with ASD will be aware that the child remains within an imaginary or pre-symbolic position. Klein (1930) therefore proposes that interpretations are not offered metaphorically as they might be with an adult but argues that interpretations are made in a concrete manner that aim to neutralising intrusive and invasive processes.

Approaching interpretation from a psychoanalytic perspective, Kottman (2014, p. 24) notes the soft and metaphorical nature of the intervention as opposed to the sharp and explicit interpretations typically made in CBT play therapy. CBT play therapy is argued by Kottman (2014, p. 24) to be grounded in the notion that change will occur in the child when they are able to move away from a need to manage their problems in an unconscious (non-directly) manner. Kottman (2014, p. 24) argues that the child can then move towards a willingness to address their issues more consciously (directly) which is a clear distinction from the psychoanalytic approach.

In addition to this, Kottman (2014, p. 24) proposes that a psychoanalyst will allow the child to stay fully immersed in the unconscious realm of the play and found that it is in this unconscious immersion that healing and growth can occur. Kottman (2014, p. 24) believes that the psychoanalyst does not have to invite the child to move towards tackling their problems in a conscious or direct manner, which would be typical of the CBT approach, in order for the child

to progress. In addition to this, Kottman (2014 p. 24) argues that a psychoanalyst will rarely make interpretations on the play and if they do it will be gentle and passive in nature which can be ignored or refuted by the child if so desired.

Similar to the psychoanalytic attitude to interpretation, Alvarez and Phillips (1998) highlight that following Axiline's (1947) CCPT methodology, a child with ASD will often respond better to a play therapist who adopts a less judgmental position that is non-invasive for the child. Following this practice, Goodman Reed and Athey-Lloyd (2015, p. 14) strive to "keep the play in the metaphor" and avoid challenging the symbolism of the play. Alvarez and Phillips (1998) highlight the importance of the play therapist remaining realistic and avoiding long interpretations in order to maintain the child-centered nature of the interaction. However, Candace, Nancy, Sigmund and Leslie (1981) and Adamo (2012) suggest that for the play therapy to be effective, the therapist should make frequent interventions throughout the session, which would be characteristic of the directive approach.

Approaching interpretation in therapy from a Lacanian (1966) perspective, Fink (2007, p. 77) argues that the analyst's aim should be to verbalise what has not been previously put into words by the analysand. Lacan (1966) believes that it is only through symbolising in words what is known by the unconscious that the analysand can begin to change their position with respect to their problem. Lacan (1966) claims that interpretations do not have to be accurate or true for therapeutic movement to occur but should simply have an impact on the analysand and "hit the real" as Fink (2007, p. 77) suggests. From Lacan's (1973, p. 30) perspective, interpretation should target the knowledge that is unconscious and which unbeknownst to the analysand is 'pulling the strings'. Lacan (1973, p. 30) argues that the analyst can get a good idea of what this knowledge is from the material that the analysand denies they have knowledge of. Lacan (1968, p. 21) suggests that this unknown information is arranged like a framework of knowledge and proposes that if the analyst can listen carefully to what the analysand is omitting

from their conversations and what they claim they do no not know, then the therapist is enabled to bring the analysand's awareness to this through hitting this gap in the analysand's knowledge.

As discussed earlier, there is a clear divide in relation to interpretation between CBT and psychoanalysis, however there is also a divergence within the school of psychoanalysis on interpretation between Freud (1912) and Lacan (1966) which is highlighted by Fink (2007). Fink (2007, p. 77) suggests that in Lacanian (1966) psychoanalysis, the analysand does not have to consciously communicate what had previously been unconscious. Lacan (1966) also believes that the analysand does not have to be aware of exactly what was spoken that had made things change in order for the change to occur or for a symptom to disappear, which is in contrast to Freud's (1912) approach. Lacan's (1966) attitude to interpretation is clearly outlined by Fink (2007, p. 77) who states that in Lacanian psychoanalysis (1966), the analysand can become aware that they have changed and developed as long as enough of it this gap in knowledge is spoken by the analyst, analysand or the two working together, which again is in contrast to Freud's (1912) approach.

Chapter 5: Conclusion

The premise behind this dissertation was to seek an understanding of how the transference in play therapy is managed when working with children with ASD. The aim of this work was to explore the area of transference but it was also necessary to examine interpretation and symbolic play to gather a more complete representation of how play therapy is managed for children with ASD. To help situate this dissertation, a timeline of play therapy and how it has evolved since Freud, A. Freud and Klein's early work was illustrated and how the field continues to be impacted by these theorists was discussed. It was then necessary to examine what ASD means to the psychoanalyst and to explore the different attitudes to interpretation and symbolic play within the field which was juxtaposed with the CBT approach. In addition to this, two common modalities of play therapy (directive and non-directive) were evaluated with their opposing positions on transference, symbolic play and interpretation in play therapy for children with ASD examined.

It was shown that the research on transference, symbolic play and interpretation with respect to children with ASD is divided. While it is widely acknowledged that transference is present in play therapy with children with ASD, attitudes towards most effectively managing it varies. From a psychoanalytic perspective, it was established that transference plays an important role in play therapy for children with ASD, similar to how it operates with neurotypical children. Some research points to the benefits of working with transference and highlights the effectiveness of making the child aware of it, while others caution this approach and suggest that the therapist is better suited to diffuse the transference as it can become overwhelming for a child with ASD. There is a clear divergence in the literature in this area and it is debateable whether or not the therapist should protect these vulnerable individuals from the transference while others argue that doing so would be an opportunity missed for potential growth and development. Therefore, this is an area which could be further explored in future research.

With regards to interpretation in play therapy for children with ASD, the research is also quite divided even within the same field of psychotherapy (psychoanalysis). Lacan focused his interpretations on an imaginary level to avoid getting caught up on where he (the analyst) is situated in relation to the transference. It was established that by adopting Freud's symbolic approach to interpretation, the analyst runs the risk of bringing the resistance into therapy as opposed to the client bringing the resistance which is the aim of Freud's approach. Overall, it was learned in this dissertation that the theorist in which the therapist most closely aligns themselves with will largely determine the nature of the interpretation that they will engage in. In terms of symbolic play, it was established that it is possible for a child with ASD to engage in this form of play as the most up to date research in this area notes, despite earlier findings which suggested that because children with ASD struggle with understanding language and communication, they are unable to engage in any form of symbolic play. It was also presented in this dissertation that the pacing of a play therapy session may need to be altered to suit the child with ASD and there will often be a greater success outcome if there is 'buy in' or involvement from the parents in the journey.

For future research, it would be beneficial to explore the impact that Lacan's approach could have on the field of play therapy for children with ASD. It has become clear from engaging in the research for this dissertation that Lacanian psychoanalysis would indeed have a great amount to offer this area and it is possibly something that has been neglected to date which is reflected by the fact that traditional Freudian and Kleinian psychoanalysis and CBT are the most common approaches taken when engaging in play therapy for with children with ASD.

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