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Symbolic Play and Imagination in Child-Centered Play Therapy

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This is to certify that the doctoral dissertation by

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Abstract

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MS, Walden University, 2008

BA, Wilfrid Laurier University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

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Abstract

Child-centered play therapy (CCPT) is based on the theory that a child's natural means of communication is through play. However, there is a lack of research into how this communication occurs in CCPT sessions. This grounded theory study explored the processes utilized by child-centered play therapists and their clients to communicate with each other using symbolic play and imagination. Data were gathered through semi structured interviews with six child-centered play therapists and three archival videos of CCPT sessions to gain a holistic understanding of how communication occurs in sessions. This study's data analysis revealed 20 selective and six subcodes associated with how child-centered play therapists and their clients communicate through symbolic play and imagination in sessions. A child's choice of symbolic play was found to be one of the 19 ways in which they communicate with their therapist. It was found that in child-centered play, therapists experience children will communicate their needs, desires, emotions, thoughts, and understanding of themselves and others. A thematic analysis of these codes found that when a child chooses to engage in solo or joint play, it impacts processes both use to communicate through symbolic play and imagination. Many of the processes used by children and therapists to communicate through symbolic play and imagination were used in both types of play. This study found some processes were unique to when the child chooses to engage in joint play, such as assigning a role to their therapist. The findings of this study can provide positive social change to child-centered play therapists with a better understanding of how they and their clients communicate through symbolic play and imagination.

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Dedication

This dissertation is dedicated to all the children who have graciously shared their stories with me and allowed me to be a small part of their lives and healing journeys. Without you sharing your stories with me in play therapy, I wouldn't have understood how important and powerful communication through symbolic play and imagination can be.

Acknowledgments

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Chapter 1: Introduction to the Study

Child-centered play therapy (CCPT) is a developmentally appropriate therapeutic intervention for children because it utilizes a child's natural instincts to play to allow them to communicate their understanding of their experiences and feelings to their therapist. CCPT theory proposes that play is a child's natural means of communication and self-expression (Axline, 1974; Landreth, 2002). In the play therapy room children can use their imaginations to choose different materials and engage in symbolic play as a way of visually, nonverbally, and verbally communicating their feelings and experiences to their therapist in a way they feel safe at their own pace (Bratton et al., 2009; Frankel, 1998; Hall, 2019). Play, especially when it involves the use of the imagination, has therapeutic value because it allows children to express themselves while using cause and effect thinking to work through different meanings and manage stressful emotions, and it enables children and their therapists to communicate through play by creating co-constructed meanings (Salcuni et al., 2017). CCPT has been found to be an effective therapeutic intervention for children and youth with a range of presenting issues including attention deficit hyperactivity disorder, anxiety, depression, internalizing and externalizing behaviors, sexual abuse, trauma, poor social skills, low self-esteem, issues at school, issues with speech and language, and poor relationships with their parents or teachers (Jayne & Ray, 2015).

Despite its therapeutic value, currently therapists and researchers have a limited understanding of how communication occurs through the creation of co-constructed meanings in symbolic play and imagination between a child and their therapist. But

current research is limited into the processes involved in CCPT and what contributes to this being an effective therapeutic intervention for children and youth (Schottelkorb et al., 2014). More research into the processes of CCPT and how communication occurs between child-centered play therapists and children through symbolic play and imagination has the potential to contribute to the field of play therapy in general and CCPT specifically. The current study led to the development of a holistic understanding related to the process of how communication using imagination and symbolic play between child-centered play therapists and clients occurs. This understanding can provide child-centered play therapists here, after being referred to as therapists with a greater understanding of how they can effectively communicate with their clients and a greater understanding of the efforts their clients make to communicate with them.

This chapter will briefly explore some of the research that has been conducted to date into CCPT, imagination, and symbolic play in child psychotherapy to provide background literature that the current study will build upon. A description of the study and the research questions will be outlined. Definitions of key terms as well as the limitations of the study will also be discussed. Finally, the potential benefits this study will have to the field of CCPT will be discussed.

Background

CCPT has been recognized as one of the most frequently used therapeutic approaches for children who have mental health issues because of its responsiveness to children's psychosocial and cognitive developmental needs (Pester et al., 2019). Many therapists choose to use CCPT with their clients because it allows children and youth to

choose how they express their feelings and experiences using toys, which children are naturally drawn toward. Because of the interest in ensuring that therapists are utilizing evidenced-based therapeutic approaches with their clients, research in CCPT has focused on determining the presenting issues and populations in which CCPT is an effective treatment intervention. However, many of these initial studies into the effectiveness of CCPT have small sample sizes and limited statistical power, which limits their generalizability (Lin & Bratton, 2015). Within the last 5 years, researchers have taken much of this initial research into the effectiveness of CCPT and used it to conduct a meta-analysis which has higher statistical power increasing their generalizability (Humble et al., 2019; Jensen et al., 2017; Parker et al., 2021; Pester et al., 2019). But some were unable to make a conclusion regarding the effectiveness of CCPT because of the quality of the initial research studies used in the meta-analysis (Humble et al., 2019; Parker et al., 2021). Though some researchers found that CCPT had a moderate effect size of .42 for decreasing externalizing behaviors and a moderate effect size of .51 for decreasing internalizing behaviors (Pester et al., 2019), other researchers found conflicting results (Bratton, 2005; Jensen et al., 2017; Lin & Bratton, 2015).

Recommendations for future areas of research in CCPT include an increase in the quality of quantitative research and the need for studies to report effect sizes (Humble et al., 2019; Jensen et al., 2017; Parker et al., 2021; Pester et al., 2019). Recommendations have also been made regarding the need for more operationally based research into CCPT (Humble et al., 2019). Researchers need to describe the play materials, content, and components of CCPT sessions so that both researchers and child-centered play therapists

can have a better understanding of what CCPT treatment consists of (Humble et al., 2019). This type of operational description and research is necessary for both researchers and practitioners to have a clear understanding of how therapists utilize CCPT beliefs and skills within the play therapy room with their clients.

An exhaustive review of the literature revealed a single study that explored how communication occurs between therapist and their clients in CCPT sessions. This is a significant gap as CCPT theory states that play is a child's natural means of communication and self-expression (Axline, 1974; Landreth, 2002). Without having a clearer understanding of how therapists and clients communicate with each other through symbolic play and imagination, it is difficult to understand how therapists operationalize CCPT beliefs and skills in sessions. Further, it is challenging for individuals interested in providing their clients with CCPT and researchers to understand what aspects of CCPT contribute to its effectiveness with different presenting issues and populations. Through the current study, the existing gap in the literature will be reduced by gaining a more holistic understanding regarding how both children and therapists communicate with each other in CCPT sessions. This study specifically focuses on how children and therapists communicate with each other using symbolic play and imagination because CCPT theory states that play is a child's natural means of communication and self-expression.

Problem Statement

This research addresses how child-centered play therapists and their clients communicate with each other through symbolic play and imagination in CCPT sessions. There is a lack of research into the process that facilitates change in child and adolescent

psychotherapy (Haen, 2020; Russ, 2005, as cited in Haen, 2020). Several researchers have identified specific areas in which they feel that further research is needed due to a gap within the existing literature in the fields of child psychotherapy, play therapy, and CCPT. For example, Humble et al. (2019) encouraged future researchers in CCPT therapy to describe the play materials and the content of play therapy sessions more thoroughly so that other researchers and s could have a clearer understanding of what CCPT treatment consists of. Detailed descriptions of materials and content would aid the replication of research findings and improve treatment for CCPT clients (Humble et al., 2019). In CCPT children use toys in the play therapy room to symbolically express and communicate their inner conflicts, ideas, and emotions to their therapist (Parker et al., 2021). However, research into CCPT has been reliant on the verbal communication between therapists and clients a significant limitation given that CCPT is primarily nonverbal in nature (Jayne & Ray, 2015). Further, Haen (2020) noted that there has been a lack of empirical research into metaphor and imagination in child psychotherapy (Haen, 2020). Haen suggested that this gap in the research may be because metaphor and imagination are unique to each individual child and their circumstance which has made researchers uncomfortable exploring this processing in child psychotherapy. Despite the challenges that this type of research may entail, it is worthy of researcher's time and attention.

Research into how child-centered play therapists and clients communicate with each other in CCPT sessions using symbolic play and imagination is important to the field of developmental psychology. It builds on existing developmental research into the

role of communication between a parent and child and how communication contributes to child development. This research then explores how communication occurs in a developmentally appropriate therapeutic environment for children. To date, developmental psychology has explored how human beings are hard-wired for contingent communication (Green et al., 2010). Contingent communication occurs as early as infancy when a child cries out in distress and their parent/guardian interprets and responds appropriately helping the infant to make sense of their experiences by facilitating their sense of self and integrative brain functioning (Green et al., 2010). Therapists similarly interpret their client's communication efforts through symbolic and imaginative play and reflect back to their clients what they understood of their communication. This process helps children create coherent narratives of their experiences aiding their client's brain neural integration (Green et al., 2010). Despite the importance of creating coherent narratives for clients, there is a limited understanding of how symbolic play and imagination can be utilized to create and communicate these coherent narratives in therapy sessions.

Purpose of the Study

The purpose of this qualitative study, using a grounded theory approach, was to gain a holistic understanding of the processes that child-centered play therapists and clients utilize to communicate with each other through symbolic play and imagination during CCPT sessions. This study fills a gap in the current literature on CCPT. A qualitative methodology was chosen to honor the experiences of both CCPT clients and therapists to communicate with each other in CCPT sessions. The study provides a better

understanding of the therapeutic relationship between therapist and client in CCPT by focusing on their efforts to communicate with each other through symbolic play and imagination, creating a holistic understanding of the processes of how this communication occurs in CCPT sessions.

Research Questions

Every research study seeks to find answers to specific questions that have been proposed by the researchers. In this study, I sought to answer the following research questions to gain a holistic understanding of how children and therapists communicate with each other using symbolic play and imagination in CCPT sessions:

1. How do child-centered play therapists describe their use of symbolic play as a means to communicate with children in child-centered play therapy sessions?
2. How do children use symbolic play as a means to communicate with their child-centered play therapists as observed in archival videos of child-centered play therapy?
3. How do child-centered play therapists describe their use of imagination as a means to communicate with children in child-centered play therapy sessions?
4. How do children use imagination as a means to communicate with their child-centered play therapist as observed in archival videos of child-centered play therapy?

Theoretical Foundation

The research questions posed in this study are based on CCPT theory, which states that children naturally express themselves to others through their play (Axline,

1974; Landreth, 2002). In their symbolic play children are able to engage their imagination to express themselves through their selections of materials, actions, nonverbal communication, and through verbal communication children express their thoughts, feelings, hopes, fears, and desires. Play is an immersive experience for both the child and the therapist. As they play and engage their imaginations, children play out their thoughts, feelings, and experiences, making them more manageable (Landreth, 2002). In CCPT theory, the use of imagination and engagement in play is believed to activate a child's natural inner drive towards growth and healing (Pester et al., 2019). Although CCPT theory suggests that play and imagination allow children to heal and grow, the therapist also has an important role to play in a child's healing journey in CCPT.

In CCPT theory the therapist's role is to create a safe, secure environment where the child feels heard, accepted, and understood by their therapists (Schottelkorb, 2014; Schultz, 2016). For a child to feel heard, understood, and accepted in the play therapy room their therapist must be able to understand their efforts to communicate through play and communicate back to them using their natural means of communication play and imagination. Child-centered play therapists believe that restricting their communications and their client's communication exchanges to verbal expression immediately creates a barrier between the therapist and their child (Landreth, 2002). When a therapist expects a child to communicate with them verbally it communicates to the child that they are expected to come up to the adult's form of communication and use language to communicate their thoughts, feeling, and experiences (Landreth, 2002).

To gain a holistic understanding of communication and imagination, Vygotsky's theories related to children's imaginary play and his concepts of the zone of proximal development and scaffolding were also explored in the current study. The zone of proximal development is defined as the child's independent level of development and their potential level of development when supported by a more experienced individual when they are engaged in imaginary play (Kassett et al., 2004; Vygotsky, 1967; Zonzi et al., 2014). Vygotsky proposed that there are three main components to children's imaginary play (Bodrova et al., 2013): understanding of the rules required by different roles, giving action to what may have gone unnoticed in their real lives, and gaining a new understanding of the relationship between themselves and others (Vygotsky, 1967; West 2001). Within the current study, I explored if children in CCPT sessions are communicating their understanding of different roles and rules to their therapist through their use of imagination and symbolic play. Further, the current study also explores if therapists consciously use symbolic play and imagination to communicate with their clients as a way of trying to stay within the child's zone of proximal development.

Piaget's theories regarding the development and purpose of children's symbolic play will also be addressed within the current study. Piaget proposed that between the ages of 3 to 4, children develop the capacity to engage in unlimited symbolic play combinations through which they can take the negative experiences they have had and play them out thereby gaining a sense of mastery rather than the sense of defeat they may have experienced in real life (Piaget, 1962). This study was conducted to increase knowledge regarding how children may communicate with their therapist using their

imagination and symbolic play as well as the sense of mastery they receive by engaging in this type of symbolic play in sessions. Further, the study increases knowledge regarding how CCPTs may communicate with their clients also using symbolic play and imagination.

Nature of the Study

This is a qualitative research study using grounded theory to explore the processes used by child-centered play therapist and their clients to communicate with each other in sessions using symbolic play and imagination. The research questions are based on CCPT theory in which play is believed to be the natural means of communication for children. A review of the current literature reveals that there has been little research into the processes of how this communication occurs between children and therapists. Qualitative research is an effective way of gaining a holistic understanding of the therapeutic processes in play therapy and a means of constructing a model for how change occurs in therapy (Glazer & Stein, 2010). Qualitative research methods focus on the experiential life of participants, placing them at the center of any research study, rather than on the researcher (Glazer & Stein, 2010), so they were chosen for the current study.

To answer the research questions, data were gathered by conducting six semi structured interviews with child-centered play therapists who are currently practicing CCPT in North America. Data were also gathered data from archival videos of CCPT sessions, which were transcribed for both verbal and nonverbal communication behaviors. As is consistent with grounded theory, transcripts provide authentic descriptions of individuals' experiences and the meaning they make of their experiences

(Pascual-Leone, 2009). The archival video and interview transcripts provide an authentic description of both the children's and therapists' experiences communicating using symbolic play and imagination in CCPT sessions. These transcripts were then coded to analyze them and draw conclusions regarding the processes therapists and their clients use in sessions to communicate with each other using symbolic play and imagination. The models produced by grounded theory research methods provide insightful and clinically useful descriptive models for complex human behaviors ripe with latent meaning (Pascual-Leone, 2009). As communication through imagination and symbolic play is a complex behavior with various levels of meaning, a methodology such as grounded theory that has been found to be successful at creating descriptive and clinically useful models is the logical methodology choice.

Definitions

Child-centered play therapy (CCPT): A nondirective approach to therapy that is based on the belief that children have within them the inner tendency towards self-actualization and healing. In CCPT change is believed to occur when children are given the opportunity to express and explore their feelings through play giving empowering them to creatively find solutions to their problems and challenges (Hung et al., 2019).

Communication: For the purposes of this study communication is defined as the perception and production of not only sounds but also non-verbal signals and gestures (Gleason & Ratner, 2017). For this study communication also includes the use of toys by both therapists and clients as a means of conveying an intended meaning to the other leading to the creation of shared meaning.

Symbolic Play: for the purposes of this study symbolic play is defined as an individual's ability to substitute one object for another, refer to an absent object as if it is present in the physical context, and the ability to attribute an imaginary property to a person or thing (Lewis et al., 2000).

Imagination: An individual's ability to visualize something beyond the boundary of what they have personally experienced or known to exist (Haen, 2020). For the purposes of this study, this will include efforts made by both the child and/or therapists to use toys to demonstrate their understanding or desires which are beyond the bounds of what they have experienced or what they know to exist in reality.

Assumptions

There are several assumptions that are necessary for the current study. There was an assumption that each interview participant uses Virginia Axline's eight basic principles in their practice CCPT, making them eligible to participate in the study. It was assumed that the interview participants responded truthfully to questions and that they actively engage in CCPT with their clients. Further it was also assumed that each participant's responses and understanding align with this study's definition of symbolic play and imagination rather than their own definitions.

Assumptions are not limited to the interview participants. As with the interview participants in this study, there are also assumptions that are necessary regarding the use of archival video recordings of CCPT sessions with CCPT clients. As the videos are archival there was an assumption that the therapists conducting the sessions practice CCPT based on Virginia Axline's eight basic principles. A further assumption that is

necessary is that the information provided regarding the CCPT sessions and participants is a truthful and an accurate reflection of those sessions.

Scope and Delimitations

The focus of this research study is to (a) identify themes about how child-centered play therapists and their child clients communicate with each other during CCPT sessions using imagination and symbolic play and (b) to gain a holistic understanding of the process used by child-centered play therapists and their clients to communicate with each other during CCPT sessions using symbolic play and imagination. To gain this holistic understanding, I gathered data through interviews with child-centered play therapists and from archival videos of CCPT sessions. The interviews were conducted using a semi structured interview format using open-ended questions to enable me to ask follow-up questions for clarification. In order to participate in the study interviewees had to affirm their use of Virginia Axline's eight basic principles, affirm that they are practicing CCPT with their clients, and live in North America. The archival videos of CCPT sessions were transcribed and coded. The videos consist of CCPT sessions with the therapist and clients living in North America. This limits the transferability of the study's findings to therapists and their clients residing in North America.

Transferability or generalizability is a component of external validity. In qualitative research, the goal is not to generalize research findings to other populations or settings (Ravitch & Carl, 2016). Rather, the goal is to determine the applicable broader contexts to which the study's findings may be transferable while still maintaining the contextual richness of qualitative research (Ravitch & Carl, 2016). To allow for the

transferability of this current research study I provide readers with a detailed description of the demographic information related to the therapists who participated in the study as well as available demographic information regarding the clients from the archival videos of CCPT sessions. This will allow readers and other researchers to replicate the study and determine if there is another context in which the study's findings may be transferable.

Limitations

All research studies have limitations. A qualitative research study's limitations and internal validity are directly related to the research design (Ravitch & Carl, 2016). To increase the study's internal validity and credibility is to provide a high level of descriptive validity. As this study included both interviews and video of archival CCPT sessions as sources of data, the accuracy of the transcripts for both of these data sources will increase the study's descriptive validity. To ensure the accuracy of these transcripts, transcription software was utilized initially to transcribe the interviews, which was then be checked against the audio recording to improve the accuracy of the data gathered from the interviews. This process of cross-checking should minimize any errors in the transcription process and increase the accuracy of the data gathered. Further, due to the nature of the archival videos of CCPT, I needed to transcribe these videos for both verbal dialogue as well as nonverbal behaviors. The reliance on one individual to transcribe these videos independently for both verbal and nonverbal behaviors does not allow for investigator triangulation. Instead, there was a reliance on methodological triangulation between the archival videos of CCPT sessions and interviews with therapists. The transcription process may limit the study's descriptive validity and internal validity as a

single individual has transcribed them, which limits the opportunity for cross checking the created transcripts for interpretation errors between researchers.

The study is also limited by the purposeful sampling and snowball sampling procedures that were utilized. The use of these participant sampling methods was focused on attaining participants who are currently practicing CCPT in North America and incorporating Virginia Axline's eight principles into their CCPT practice. This sampling method led to all participants in the semi structured interviews identifying as female, and most of the participants identified as working with an urban population and had an age range of 34 to 66 years of age. Further, the inclusion of the invitation to participate in an association for play therapy electronic newsletter led to all the participants in the interviews residing in Canada at the time of their participant in the interviews, which limits the conclusions that can be drawn from the results found by the study.

Biases can also impact a research study's findings and validity. As a way of increasing the qualitative research study's confirmability, researchers will acknowledge and explore ways in which their biases may impact their interpretations (Ravitch & Carl, 2016). As a practicing play therapist who utilizes CCPT with clients, I have experienced how my clients have used symbolic play and imagination as a means to communicate with me as well as how I have used symbolic play and imagination in an effort to communicate with my child clients. These experiences could have impacted my interpretation of the data. As a way of preventing biases from reducing the study's validity methodological triangulation was used between and within each source of data. Further, I maintained a detailed reflective memo and audit trail while engaging in data

collection and coding procedures as a way of engaging in self-reflection about my theoretical predispositions and biases. Reflective memos are a way for qualitative researchers to systematically engage in critical self-reflection regarding their theoretical predispositions, biases, reflections and interpretations while gathering and analysis their studies data (Ravitch & Carl, 2016; Urquhart, 2013). The process of writing a combination reflective memo and audit trail as I completed the data gathering and data analysis processes increased the study's reflexivity while also reducing researcher bias.

Significance

This qualitative grounded theory research study will begin to fill an important gap within the existing scientific research in CCPT. A literature search revealed no studies that specifically explore communication in CCPT sessions between clients and therapists using symbolic play and imagination. This literature search located a single study by Hung et al. (2019) on how therapists respond to children's emotional conversation in CCPT sessions. Instead, this search revealed four meta-analyses conducted over the last six years on CCPT. Two of these meta-analyses focused on exploring the effectiveness of CCPT with children and youth who have experienced trauma (Humble et al., 2019; Parker et al., 2021). One of the other meta-analyses focused on studying single case studies into the effectiveness of CCPT in treating children with mental health symptoms finding that CCPT has a moderate effect size and is able to decrease both children's externalizing and internalizing symptoms while also increasing their social skills (Pester et al., 2019). The final meta-analysis was focused on the effectiveness of CCPT focusing on outcome measures (Jensen et al., 2017). While CCPT theory states that children due to

a cognitive development play is their natural language of communication (Axline, 1974; Landreth, 2002), there is a lack of research into how this communication occurs in CCPT sessions.

An increased understanding of the processes about how both child-centered play therapists and their clients communicate with each other in sessions using symbolic play and imagination in CCPT sessions was gained through interviews with therapists and by analyzing CCPT sessions. This information was then used to create a holistic understanding of the processes involved regarding how therapists and their clients communicate with each other using symbolic play and their imaginations in sessions. This understanding will aid therapists in forming therapeutic relationships with their clients through their increased understanding of how their clients are trying to communicate with them. Further, it will also aid them in understanding how they can more effectively communicate with their clients in a developmentally appropriate strength-based manner using symbolic play and imagination. This improved level of communication may allow their clients to gain a greater sense of feeling heard, understood, and accepted by their therapists. As CCPT is practiced globally, this study has the potential to aid children worldwide when they participate in CCPT sessions with their therapists. Further, this understanding will positively impact children as it will help their therapists assist their clients in moving through the stages of CCPT. Finally, this study has the potential to contribute to changes in how future therapists are trained. The training of future therapists could include training specific to how clients may communicate with them using symbolic play and imagination and how therapists can

communicate with their clients using their imaginations and symbolic play.

Summary

The current qualitative research study utilizes a grounded theory method to place participants at the center of the study and honor their experiences and the meaning that they give to their experiences communicating in CCPT sessions. The study's focus was to answer the research questions regarding how child-centered play therapists and clients communicate with each other in sessions using symbolic play and imagination. These questions are based on CCPT theory, which states that play is children's natural means of communication and self-expression (Axline, 1974; Landreth, 2002). The archival video of CCPT sessions and interviews with therapists once coded were used to create a more holistic understanding of the processes used by CCPT clients and therapists to communicate with each other in CCPT sessions through symbolic play and imagination. A review of both the current and historical literature that provides the bases for the current study can be found in the following chapter.

Chapter 2: Literature Review

Despite play being mentioned within the title of CCPT, there is limited research, and a great deal of theorizing, into the role that play has within the therapeutic process (Schultz, 2016). In CCPT, it is believed that children's play serves a number of functions; including allowing children to gain an increased sense of self-awareness, as communication that they can use to communicate their new self-awareness to their therapist (Hall, 2019). The current study is focused on increasing the knowledge of how therapists and clients use symbolic play and imagination as a way to communicate in CCPT sessions. Providing a greater understanding of the CCPT process and the integral role that symbolic play and imagination have in CCPT theory and practice. This understanding may lead to changes in how therapists view their own and their client's communications in sessions and changes in CCPT training.

Current literature in CCPT has focused on determining the effectiveness of this therapeutic intervention with diverse populations as well as specific presenting issues including trauma through the conduction of various meta-analyses (Humble et al., 2019; Lin & Bratton, 2015; Parker et al., 2021; Pester et al., 2019). This focus on research into CCPT effectiveness has not stopped theorists from writing about the therapeutic processes involved in symbolic play, imagination. These processes also include, play as a means of communication in CCPT specifically, as well as play therapy and child psychotherapy in general. Within this literature review, both play therapy and CCPT theory and research will be reviewed. Leading theorists' writings and the limited research to date on communication through symbolic play, imagination, will be reviewed in this

study. This will provide a foundation for developing a holistic understanding of the processes of how child-centered play therapists and their clients communicate through symbolic play and imagination.

Literature Search Strategy

A search of the existing literature involved a search of multiple online databases including PsycInfo, CINAHL & MEDLINE combined search, Educational Source, SocINDEX with full text, Academic Search Complete, ERIC, and APA PsychArticles. These databases were searched using a variety of search terms, including *play therapy*, *child-centered play therapy*, *CCPT*, *non-directive play therapy*, *therapeutic play*, *person-centered play therapy*, or *humanistic play therapy* and *pretend play*, *symbolic play*, *fantasy play*, *imagination*, or *imaginative play*. The databases were searched up to January 2024 with no limit set regarding the start date. The reference list of relevant journal articles was used to build outward and find other relevant studies.

Theoretical Foundation

Jean Piaget's Theory on Play and How it can be Used Therapeutically

Jean Piaget provided the initial theoretical basis for the use of play as a therapeutic intervention for children (Daugherty & Ray, 2007). The urge to play is believed to originate in the primitive section of the brain within the brainstem and subcortical areas (Marks-Tarlow, 2012). Piaget wrote that this urge to play provided children with an activity that gave them a sense of pleasure that arose out of them gaining a sense of mastering and a feeling of being powerful (Piaget, 1962). Piaget suggested that when children encounter an unpleasant and/or difficult situation they can either engage in

play as a way to compensate for what they have seen, or they can try to relive the emotions by transposing them symbolically (Piaget, 1962). Children have the ability to engage in play as a way of neutralizing their fear by being able to engage in actions they would not otherwise attempt do in reality and emerg victorious (Piaget, 1962). Piaget (1962) proposed that children develop the capacity to make these unlimited symbolic combinations necessary for this type of imaginative play between the ages of 3 and 4. Piaget further proposed that the symbolic schemas related to play, develop independently from language (Piaget, 1962).

These theories proposed by Piaget in the 1960s are currently being investigated by modern of neuropsychologists (Marks-Tarlow, 2012). Findings in neuropsychology to date have suggested that trauma related to unpleasant situations is held within the individual's body through their neural circuitry (Marks-Tarlow, 2012). Thus, making it difficult for children to engage their higher thinking process, including language, to overcome these experiences, as is used in most adult forms of psychotherapy (Marks-Tarlow, 2012). Through social engagement and play, children can gain the required sense of relaxation and safety, which allows them to lower their defenses while engaging their higher thinking processes, enabling them to process their traumatic experiences (Marks-Tarlow, 2012). Piaget's writing suggested that play could have therapeutic value as a treatment intervention, but he did not specifically discuss how this can occur.

In this study Piaget's theory regarding children's engagement in this type of imaginative symbolic play was assumed to be correct by the current study and that when children engage in this type of imaginative symbolic play about their negative

experiences, it allows them to overcome their negative emotions associated with these experiences. This study focuses on gaining an understanding of how children can communicate their sense of mastery following this type of imaginative symbolic play with their therapist in a play therapy session. Further, through the completion of this study, a greater understanding of how child-centered play therapists can communicate with their child clients using symbolic play and imagination, will be developed.

Leon Vygotsky Theory on the Role of Imagination in Children's Play

Vygotsky's (1967) writes that when children engage in imaginary play, they are accessing their zone of proximal development, which has important implications for their development. During a child's preschool years, children experience many unrealizable desires and needs, which they are only able to express through creating an imaginary situation and playing them out (Vygotsky, 1967). Children's play is imagination in action. Vygotsky proposed that there three main components of imagination. These components include; the creation of imaginary situations in which children acting out different roles, following the rules of those roles, following these rules children give meaning to objects based on the rules of the role they are playing (Bodrova et al., 2013). A child's play is an expression of their understanding of the rules required by the different roles in their play (Vygotsky, 1967). In their imaginary play, children act out what may have gone unnoticed in their real life and they come to understand important aspects of the relationship between people and their sense of themselves (West, 2001). Through their imaginary play and following the rules of the different roles, children act against their immediate impulses as they must coordinate their behavior to fit Vygotsky

components of imagination (Vygotsky, 1967). In this way, children can practice and develop their self-regulation skills (Bodrova et al., 2013), which they have yet to have outside of play (West, 2001). A child is able through imaginary play to act above their age (Vygotsky, 1967). A concept that Vygotsky identified as the zone of proximal development in 1978, is the distance between a child's actual developmental level and their potential developmental level (Kassett et al., 2004; Zonzi et al., 2014). The later can be achieved with guidance from a more experienced individual which Vygotsky referred to as scaffolding (Kassett et al., 2004).

Vygotsky's concepts of the zone of proximal development and scaffolding can be applied to children's progress in psychotherapy. For instance, Kassett et al. (2004) applied Vygotsky's concept of scaffolding to child psychotherapy and found two significant associations. One significant association is that when the child increases their level of emotional response, the therapist provides less scaffolding. The second significant association found was that when the child's level of emotional response decreased, the therapist increased the amount of scaffolding they provided to the child (Kassett et al., 2004). These findings suggested that a therapist's communication has an important role to play in children engaging in emotional expression within psychotherapy. Zonzi et al. (2014) built on these findings by exploring Vygotsky's zone of proximal development in psychotherapy within the assimilation model. The assimilation model states that the therapist must match interventions with the client's potential (Zonzi et al., 2014). Zonzi et al.'s findings suggested that mismatches in communication between client and therapist interfere with the joint imaginary play in the

therapeutic setting. The researchers also suggested that within psychotherapy, the zone of proximal development can be viewed as the playing zone within sessions and when this zone is too narrow, the therapeutic process can be slow and difficult (Zonzi et al., 2014). Thus, Vygotsky's concepts of scaffolding and the zone of proximal development can have important implications for a child's progress in therapy.

Through the current study, I questioned if Vygotsky's theories related to children's imaginary play, are relevant to how children and therapists communicate with each other through imagination and symbolic play in CCPT sessions. Further, I explored the possibility that children in CCPT sessions communicate their understanding of different roles and rules to their therapists through imaginary and symbolic play. Finally, I explored the possibility therapists choose to stay within the child's zone of proximal development using processes like scaffolding to communicate with their child clients in sessions, through symbolic and imaginary play. Central to the study is CCPT theory and its belief that children's natural language is play.

Child-Centered Play Therapy Theory

CCPT theory provides the core theoretical foundation for this study, though it draws on the theories of Piaget and Vygotsky. Virginia Axline began the development of CCPT theory when she created her eight basic principles by applying Carl Roger's person-centered philosophy to her therapeutic work with children (Bratton et al., 2005; Guerney, 2001; Pester et al., 2019; Swan & Schottelkorb, 2015). The following are Virginia Alxine's eight basic principles: (a) the therapist establishes a therapeutic relationship with the child, (b) the therapist accepts the child as they are, (c) the therapist

establishes a therapeutic environment in which the child feels free to express themselves, (d) the therapist recognizes the feeling the child is expressing and reflects them back to the child, (e) the therapist respects the child's ability to solve their own problems, (f) the therapist allows the child to direct the session and play, (g) the therapist allows the therapeutic process to occur at the child's pace, and (h) the therapist only establishes the limits which anchor therapy to reality and are needed for the child to understand their responsibility within the therapeutic relationship (Alxine, 1974).

The eight basic principles have been further developed by theorists including Clark Moustakas, Haim Ginott, Louise Guerney, and Garry Landreth (Bratton et al., 2005) to create a CCPT treatment manual that developing child-centered play therapists can use (Swan & Schottelkorb, 2015). However, at its core, CCPT surmises when children play within a safe, and secure environment, with a therapist who ensures the child feels heard, accepted, and understood (Schultz, 2016; Swan & Schottelkorb, 2015), the child's own internal drive toward healing and growth can be activated (Pester et al., 2019). "Play therapy is based upon the fact that play is the child's natural medium of self-expression" (Axline, 1974, p.9). In order for children to gain the most benefit from a therapeutic experience, they must utilize their natural means of communication and self-expression. "Play is a medium of exchange, and restricting children to verbal expression automatically places a barrier to a therapeutic relationship by imposing limitations that in effect says to children, you must come up to my level of communication and communicate with words" (Landreth, 2002, p.14). CCPT theory proposes that by playing out their feelings and experience children can make what is unmanageable in reality,

more manageable (Landreth, 2002).

This research study focuses on increasing the understanding of two key components of CCPT theory. First, play is a child's natural means of communication, and second, reliance on verbal exchanges in CCPT creates barriers to the therapeutic relationship. By gaining a better understanding of how therapists and clients communicate with each other in sessions using imagination and symbolic play the therapeutic relationship can be strengthened. This study seeks to build on a growing body of CCPT research that is focused gaining a better understanding of the therapeutic relationship and processes.

Literature Related to Key Concepts

Play Therapy

The instinct to engage in play has been found to be hard-wired not only into the human brain, but also into the brains of all mammals (Marks-Tarlow, 2012). Different types of researchers from different fields of study, including neurobiology, sociology, anthropology, and psychology have found that children's engagement in play contributes to the development of self-regulation skills, social competence, creative expression, gender identification, self-transformation, community membership, culture, divergent thinking skills, metacommunication, narrative skills and symbolic representation (Marks-Tarlow, 2015). It is for these reasons that play has been identified as a developmentally appropriate treatment modality for children who have mental health issues rather than traditional talk style adult therapy modalities (Pester et al., 2019).

Within the treatment intervention of play therapy, play is used as the medium

through which children can process their emotions by learning to express, tolerate, modulate, and integrate their emotions into coherent, meaningful narratives that they share with their play therapist (Pearson et al. 2008). The American Association for play therapy defines play therapy as a theoretical model in which the therapeutic powers of play are utilized by therapists and clients to resolve and prevent psychosocial challenges, as well as help the child achieve their optimal growth and development (Jenson et al., 2017; Parson et al., 2021). In play therapy, the child uses play to organize their fragmented experiences into meaningful narratives that therapists can interpret, thereby helping the child to understand the personal meanings of their traumatic experiences (Pearson et al., 2008). In this way, children can explore relationships, describe their experiences, express their feelings, and share and fulfill their wishes through their own engagement in play (Parson et al., 2021).

Research on Play Therapy

As a therapeutic modality, research into the effectiveness of play therapy has been going on since the 1950s (Bratton et al., 2005). Bratton et al. (2005) took much of this historic research and completed one of the first meta-analyses into the effectiveness of play therapy. Bratton et al. (2005) located 93 controlled outcome studies in play therapy that had been conducted between 1953 and 2000. The researchers found that play therapy was an equally effective therapeutic modality across age, gender, and presenting issues with a mean effect size of 0.80 (Bratton et al., 2005). Bratton et al. (2005) also found that on average children who received play therapy interventions performed more than ¾ of a standard deviation better on outcome measures compared with children who did not

receive play therapy. These results have been enthusiastically received by the play therapy community and cited a multitude of times in the literature (Jensen et al., 2017). Since the completion of Bratton et al. 2005 historic meta-analysis, several concerns have been raised regarding the limitations of the study (Jensen et al., 2017). These limitations include concerns that no references were made to the quality of the studies that were included in the meta-analysis and how effect sizes were collapsed (Jensen et al., 2017). Only a single mean effect size was calculated, for each of the 93 studies included in the meta-analysis despite some studies including multiple outcome measures (Jensen et al., 2017). Caution is required when interpreting these results, and further research is needed into the effectiveness of play therapy as a therapeutic modality.

The limitations of the Bratton et al. (2005) meta-analysis led to Jensen et al. (2017) completing in which the researchers focused on outcome measures. These researchers used the 93 studies utilized by Bratton et al. as well as an additional seven studies published between 2000 and 2010 (Jensen et al., 2017). Jensen et al. (2017) found a statistically significant moderate effect size of $d = .44$. The researchers found that the 5 most commonly used outcome measures utilized were (a) the child behavior checklist, (b) parental stress index, (c) porter acceptance scale, (d) filial problem checklist, and (e) measurement of empathy in adult-child interactions (Jensen et al., 2017). The measurement of empathy in adult-child interactions yielded particularly large effect size results (Jensen et al., 2017). Taken together the result of the Bratton et al. (2005) and Jensen et al. (2017) foundational meta-analysis indicated that play therapy has at least a moderate effect on the children who participate in this therapeutic intervention compared

to no intervention. These findings suggest that the field of play therapy is homogenous; however, the field of play therapy is as diverse as adult psychotherapy and comprises many different theoretical models. Much of the current research in the field of play therapy seems to have focused on individual types of play therapy rather than play therapy in general.

Both the Bratton et al. (2005) and Jenson et al. (2017) meta-analyses included studies of the effectiveness of different types of play therapy in their analysis. Only the Bratton et al. study reported different effect sizes, for different types of play therapy (Bratton et al., 2005; Jenson et al., 2017). Bratton et al. (2005) found that 78% of the studies used humanistic also known as child-centered play therapy as the therapeutic modality of play therapy and had larger effect sizes when compared to nonhumanistic types of play therapy ($p < .03$). These findings are in line with a survey completed by the American Counseling Association and the American Association for Play Therapy in which they found that out of the 978 surveys, completed the largest percentage of individuals at 66.6% identified that they practiced CCPT followed by cognitive-behavioral play therapy at 9.2% and Adlerian play therapy at 6.6% (Lambert et al., 2007). These survey results suggest that the majority of play therapists are practicing CCPT.

Child-Centered Play Therapy Theory

Play therapy originated within the psychoanalytic school of thought and with the works of Anna Freud in 1928 and Melanie Klein in 1932 (Bratton et al., 2009; Dougherty & Ray 2007). CCPT began when in 1947, Virginal Axline applied Carl Rogers principles of person-centered philosophy to her work with children (Bratton et al., 2009; Dougherty

& Ray 2007). Axline took Roger's philosophical belief that every individual has within themselves an inner drive towards self-actualization and principles of empathy, genuineness, and unconditional positive regard, to create her eight basic principles of non-directive play therapy (Bratton et al., 2009; Dougherty & Ray 2007; Guerney, 2001). In her 1974 seminal work, Axline stated that children have within themselves an inner drive towards healing and growth, which non-directive play therapists can facilitate by sincerely and consistently practicing the eight basic principles in their interactions with their child clients. These eight basic principles are as follows: (a) establish a good rapport through warmth, (b) accept the child as they are, (c) create an environment of freedom and permissiveness, (d) recognize and reflect the child's feelings, (e) respect the child's ability to solve their own problems, (f) allow the child to lead while the therapist follows, (g) respect that therapy cannot be rushed, and (h) limits that necessary to link the child to reality and their responsibility within the therapeutic relationship are the only ones that are given (Axline, 1974).

Axline's work in the 1940s and 1950s provided the base's that theorists including Clark Moustakas, Haim Ginott, Louise Guerney, and Gary Landreth used to create CCPT as it is known in North America (Bratton et al., 2009; Dougherty & Ray 2007). It is referred to as person-centered/client-centered play therapy, or nondirective play therapy in Europe (Bratton et al., 2009; Dougherty & Ray 2007). As Axline's principles of nondirective play therapy are abstract in nature, Landreth utilized them to create specific responses, child-centered play therapists can use in sessions to facilitate the therapeutic process (Jayne & Ray, 2015). Landreth proposed that for a therapist to carry out Axline's

first two principles of establishing good therapeutic rapport and accepting the child as they are, the therapist needs to be genuine in their interactions and not attempt to play a role within the play therapy room (Landreth, 2002). Landreth (2002) also encouraged therapists to engage in self-acceptance, so that they are able to accept their clients for who they are and respond to them with warmth and caring. Accepting their clients, for who they are allows CCPT clients to share the frightening aspects of themselves and which in turn enables therapists to respond to these aspects of their clients with empathetic understanding (Landreth, 2002). Therapists communicate, that they are present, they hear the child, they understand, and they care through their verbal and nonverbal actions (Landreth, 2002). This is communicated to the child verbally through the use of tracking statements, by the therapist. The therapist uses a friendly tone voice and gentle facial expression the verbalizes a child's non-verbal behaviors and content of their play that they see the child engaging in the play therapy room using a friendly tone of voice and facial expressions (Bratton et al., 2009; Landreth, 2002).

Axline's third principle of nondirective play therapy involved the therapist creating an environment of freedom and permissiveness within the play therapy room, that ties into the sixth principle in which the therapist follows the child's lead in sessions (Axline, 1974). Landreth (2002) proposed that a therapist can create a permissive environment, while also following the child's lead. The therapists does this by inviting the child into the room and letting them know that the playroom is a place where they can play with the toys, in a lot of ways they would like to do so, rather than waiting for the child to initiate play with the toy materials. Therapists limit asking questions during

sessions, as it places them in a leading role rather than the child (Landreth, 2002). When a therapist is asked a question by a child, will respond in such a way as to return decision making to the child, while creating a sense of permissiveness (Landreth, 2002). The therapist accepts the symbols and metaphors that the child uses to communicate their internal frame of reference, without interpretation, or explanation as doing so may be interpreted by the child as an imposition of the therapist's view of reality onto their own (Guerney, 2001). For example, if a child were to ask what a toy was, the therapist would respond by informing the child that the toy could be anything they would like it to be, giving them permission to engage in symbolic play with the toy in question.

Axline's fourth basic principle encouraged therapists to recognize and reflect children's feelings, which can be facilitated through tracking statements made when the child is engaging in symbolic play (Landreth, 2002). When the therapists is invited into the play or asked a question they will continue to respond by making tracking statements (Landreth, 2002). It is important that, when children ask their therapist a question, the therapist's response communicates Axline's fifth principle, which states that the therapist respects the child's ability to solve their own problems (Axline, 1974). Examples of responses that allow the therapist to return responsibility to the child, can include the therapist stating an item can be anything the child wants it to be or a simple "hmmm" statement when asked a question, as children are often capable of answering their own questions or making their decisions when given the opportunity (Landreth, 2002).

Finally, Axline's eighth principle involved setting only those limits which are needed to ground the child to reality, and their joint responsibility in the therapeutic

relationship (Axline, 1974). Landreth (2002) advocated that when limits in sessions, therapists need to acknowledge the child's feelings and desires, state the limit, then communicate an alternative way in which the child can appropriately express their feelings and desires within the play therapy room. By setting limits in this way, therapists ensure that they continue to reflect the child's feelings, while still communicating a limit. Child-centered play therapists will set limits in an effort to maintain the physical well-being of the child, therapist, and play therapy room, or materials (Guerney, 2001; Landreth, 2002).

CCPT theory states that, within the playroom, children should have access to toys from three different categories: real-life toys such as dollhouses and/or puppets, which allow children to explore family/nurturing relationships within their symbolic play; aggressive toys, such as knights, soldiers, and weapons, which allow children to explore self-protection, anger, fear, and control; and toys for creative/emotional expression, such as sand, blocks, and craft supplies, which allow children to explore problem-solving, mastery and creativity (Bratton et al., 2009; Ray et al., 2013). These toy materials allow children to engage in symbolic play as an intrinsically motivated activity (Schultz, 2016), which is necessary for their healthy development (Bratton et al., 2009; Landreth, 2002). Within CCPT, symbolic play allows children the ability to express their thoughts, experiences, and feelings through their choice of toys and materials (Bratton et al., 2009; Hall, 2019), because children generally struggle to express difficult experiences and bridge their concrete experiences with their abstract thoughts using toys and materials (Hall, 2019). Within CCPT, symbolic play is believed to serve two fundamental

functions; one to allow children to make an experience that is unmanageable in reality into one that is manageable through the use of symbols (Landreth, 2002). Children can use symbols to represent their experiences and can explore those experiences at their own pace (Landreth, 2002). The second function of symbolic play is that it is a developmentally appropriate means by which children can communicate (a) their experiences, (b) natural reactions and feelings to those experiences, and (c) their wishes, desires, and needs, as well as their perceptions about themselves (Bratton et al., 2009; Dougherty & Ray, 2007; Hall, 2019; Landreth 2002; Schultz, 2016). Symbolic play allows children to gain a sense of empowerment, self-control, and mastery over their traumatic experiences as they move towards self-actualization and a more integrated sense of themselves (Hall, 2019). Symbolic play provides children with a way to express and explore traumatic experiences in a psychologically distanced manner making them safer and more manageable (Hall, 2019).

For therapists, a child's symbolic play allows them to gain an understanding of their client's needs, perceptions, feelings, and thoughts (Bratton et al., 2009). Throughout the entire session, children are communicating about themselves and their experiences (Landreth, 2002). Child-centered play therapists are able to reflect the child's feelings and meaning expressed through their symbolic play allowing the child to experience a sense of connection and being understood by their therapists (Hall, 2019). Cochran et al. (2010) described how a child's play provides therapists with an understanding of where the child is in the therapeutic process using Nordling and Guerney's 1999 four stages of CCPT as a foundation.

If the child's play is tentative and unfocused the child may be in the warm-up stage, waiting for the therapist to indicate the unique possibilities available to the child within the playroom (Cochran et al., 2010; Guerney, 2001). This stage may be followed by the aggressive stage in which the child's play may be dominated by aggression and/or control (Cochran et al., 2010; Guerney, 2001). When the child's play becomes focused on nurturing themes, they may be entering the regressive stage in which the child nurtures themselves or directs the therapist to provide them with the nurturing they are seeking (Guerney, 2001). During the fourth mastery stage, a child's play may be seen as age-appropriate (Cochran et al., 2010). In this fourth stage, the child's aggressive, or regressive play is coming to an end and they now take on the hero role in which they confidently communicate how good they are, and are willing to help out the therapist who is seen as the person in need (Guerney, 2001). The positive change that can be seen in a child's imaginative symbolic play when they move from being an aggressor or victim in their play, to being the hero or rescuer is one of the therapeutic benefits of CCPT.

CCPT theory states that positive change occurs through the therapeutic relationship and the child's experience within this relationship, and is believed to determine the level of sustainable change the child can make in CCPT (Bratton et al., 2009). By engaging in symbolic play with a therapist, children learn the following: self-control, self-responsibility, self-expression, self-direction, self-respect, self-acceptance, and problem- solving skills (Bratton et al., 2009; Landreth, 2002). This is only possible if therapists first engage in the 3 attitudinal conditions, 1) congruence, defined as being genuine, 2) unconditional positive regard, defined as acceptance of both the child and

therapist, as well as 3) empathetic understanding that the therapist communicates through their use of tracking statements and reflection of the child's feelings (Jayne & Ray, 2015; Schottelkorb, 2014). Child-centered play therapists do not expect the child to come up to their level of communication by expecting children to verbally describe their feeling, experiences, and thoughts, rather the therapists meet the child where they are at and developmentally communicates with them through their medium of exchange, play (Landreth, 2002). The majority of the research into CCPT has focused on the effectiveness of this treatment modality rather than how play and imagination are utilized between therapist and client to communicate.

Research on Child-Centered Play Therapy

As therapists have a professional and ethical responsibility to utilize empirically based treatment interventions with their clients, early studies in CCPT initially focused on establishing the treatment intervention's effectiveness with a variety of different presenting issues and populations (Lin & Bratton, 2015). Research into CCPT began as early as the 1940s making it one of the most well researched play therapy and child psychotherapy approaches (Jayne & Ray, 2015; Lin & Bratton, 2015). A review of the current literature reveals a number of studies that continue to build on the foundation of previous research and explore which problematic presenting issues CCPT is effective in reducing and/or which beneficial skills CCPT can increase in children and youth. One study by Shahabizadeh and Toozndehjani (2016) used multivariate analysis to explore the effectiveness of CCPT in reducing childhood behavioral disorders. Researchers Shahabizadeh and Toozandehjani (2016) found that CCPT was effective in reducing

aggression, hyperactivity, anxiety, depression, anti-social behavior, and attention deficit with a total score of F = 40.086, using a pre and post-test design. A limitation of this study is that it does not stipulate the number of CCPT sessions the children participated in before symptoms were reduced. Wilson and Ray in their 2017 study overcome this limitation when they found that 16 sessions of CCPT were statistically effective in reducing 5 to 10year-olds aggression, while also increasing their self-regulation and empathy with an F = 12.69, when parents completed report measures. When the researchers had teachers complete the measure, no statistically significant differences were found between the treatment and waitlist groups (Wilson & Ray, 2017). Heshmati et al. (2023) explored the effectiveness of CCPT with preschool children who had symptoms of oppositional defiant disorder. Using quasi-experimental research design they found that twelve weeks of CCPT was effective ($P < 0.05$) in reducing the symptoms of oppositional defiant disorder.

These studies indicate that CCPT therapy is an effective treatment intervention when children develop behavioral problems. Perryman and Bowers (2018) chose to build upon this research by exploring if CCPT is an effective preventative intervention, for students who are deemed to be at risk of developing adverse behavioral issues which could negatively impact their academics. Using an ANOVA analysis, the researchers found that second-grade students who received 10 CCPT sessions have a statistically significant difference compared to those students who did not receive CCPT on scales of task orientation, behavioral control, assertiveness, and peer/social skills (Perryman & Bowers, 2018). These studies suggest that CCPT is both an effective treatment and

preventative intervention. The generalizability of these results is limited like much of the research in counseling by their limited sample sizes which place limits on statistical power (Lin & Bratton, 2015).

Meta-analyses in CCPT have served to overcome these limitations. One of the first meta-analyses in CCPT was conducted by Lin and Bratton (2015) in which they found 52 studies that were conducted between 1995 and 2010 that met the inclusion criteria that they used CCPT, had a control group or comparison repeated measures design, used quantitative psychometric assessment, and finally reported effect size, or information to calculate an effect size. This meta-analysis using hierarchical linear modeling techniques found a moderate statistically significant treatment effect size of .47, with CCPT being found to be more beneficial, for children 7 years of age and younger, is specifically beneficial for children with behavior problems, self-esteem issues, and poor relationships with their caregivers (Lin & Bratton, 2015). While this initial meta-analysis supported the effectiveness of CCPT as a treatment intervention in general, subsequent meta-analyses have focused on the effectiveness of CCPT with specific presenting issues including the experience of adverse childhood experiences (ACE), mental health issues, and behavioral disorders.

Since 2019 three meta-analyses have been published in the literature exploring the effectiveness of CCPT in addressing mental health symptoms in children, its effectiveness with children who have experienced ACE's and those with behavioral disorders. Pester et al.'s (2019) meta-analysis was interested in determining the effectiveness of CCPT as a treatment intervention, for decreasing common mental health

symptoms in children. The researchers focused on single case studies in their meta-analysis locating 11 studies that met their inclusion criteria of single-case research design utilizing CCPT to reduce mental health symptoms in children, or adolescents, used standardized assessments, included data to compute an effect size, and were published in English peer-reviewed journals (Pester et al., 2019). An analysis of these 11 studies found a moderate effect of 65 indicating that CCPT is effective in decreasing both internalizing and externalizing mental health symptoms and increasing children's social skills (Pester et al., 2019). Pester et al. (2019) results further suggested that CCPT is an effective treatment intervention, for children between the ages of 3 and 10 years of age and can be effective with as few as eight sessions.

Due to the increasing rates of ACE's and the negative life-long effect, it can have two meta-analyses one by Humble et al. (2019) and a second by Parker et al. (2021) focused on the effectiveness of CCPT with children and youth who have experienced ACE's. Humble et al.'s (2019) meta-analysis found seven studies that met their inclusion criteria including participants who were 17 years of age or younger and experienced one of the following; had their life threatened, sexual abuse, or serious injury. Participants received CCPT and treatment effects were analyzed using quantitative analysis after being manipulated (Humble et al., 2019). Humble et al. (2019) found that the children who participated in CCPT experienced an improvement in their self-concept, competence, a reduction in their internalizing problems, and a reduction in their post-traumatic stress symptoms. These researchers identified several limitations within the seven studies they located in the literature including researchers not reporting effect sizes,

the use of different outcome measures by researchers, and the high attrition rates found in the studies included (Humble et al., 2019). Humble et al. (2019) were only able to locate seven studies possibly, because of their decision to limit their definition of ACE's to the American Psychiatric Association 2013 Post Traumatic Stress Disorder (PTSD) criteria. These led to Parker et al. (2021) conducting a second meta-analysis in which they located 32 between-group studies that explored the effectiveness of CCPT with children who have experienced trauma but used a broader definition of trauma in which they included the following; attachment difficulties, abuse, parental incarceration, poverty, and systematic discrimination. One of the researcher's questions consisted of the measured effect of CCPT on children after experiencing one, or more ACEs (Parker et al., 2021). The researchers did not report an effect size due to only eight of the 32 studies they located, including a power analysis before they recruited participants (Parker et al. 2021). The researchers identified that more recent studies in CCPT are using high levels of rigor when designing their studies (Parker et al., 2021). The current breadth of studies indicates that CCPT is a promising intervention, for children and youth who experience ACE's (Parker et al., 2021).

Despite these meta-analyses finding that CCPT is an effective treatment intervention, all of these studies fail to suggest if it is the defining feature of symbolic play that makes this treatment intervention effective as suggested by CCPT theory. A recent study by Wong et al. (2023) suggested that 12 sessions of CCPT was effective in increasing the cognitive flexibility of children with attention deficit hyperactivity disorder. A review of the literature reveals no studies which explore how child-centered

play therapists and clients communicate with each other through symbolic play and imagination in CCPT sessions. To gain an understanding of how this communication can occur a broader search of the literature was needed in other areas of play therapy, child psychotherapy as well as developmental research.

This was necessary as a review of the CCPT literature since 2017 reveals a focus on research in marginalized, populations in which CCPT may be an effective intervention and in a variety of different settings and intensity levels. A number of researchers including Kwon and Lee (2018) have explored how CCPT can be delivered in a group format with school aged North Korean refugee children. The researchers found that in their qualitative case study the four North Korean girls who participated in CCPT experienced reduced symptoms of anxiety and depression and began engaging in more age appropriate play behaviors following their participation in group CCPT after relocating to South Korea (Kwon & Lee, 2018). Then Blalock et al. (2019) conducted a quantitative randomized controlled group study comparing the effectiveness of 16 sessions of individual or group CCPT. The researchers concluded that both treatment approaches were correlated with gains for the children in their self-regulation, social competence, and ability to take responsibility for their actions (Blalock et al., 2018). These findings suggest that CCPT can be effective even when delivered in a group setting/format.

In contrast, other researchers have recently explored if CCPT can be delivered in a more intensive format. Ritzi et al. (2017) explored the benefits of using intensive short term CCPT with children between the ages of 6 and 9 years old who were having

disruptive behaviors using a quantitative randomly assigned control group design. The researchers found that for children who received two CCPT sessions daily for 10 days, their teachers and parents reported a statistically significant reduction in their externalizing behaviors (Ritzi et al., 2017). Wick et al. (2018) built upon the results of Ritzi et al. research study and explored the use of intensive short term CCPT with Aboriginal Australian children who had experienced adversity. Due to these children living in remote areas traditional therapeutic services formats were believed to be of an hour a week can be problematic. Wicks et al. (2018) found that intensive CCPT was able to reduce the emotional issues the children were experiencing as rated by their teachers. Walker and Ray (2024) conducted a pilot study in which 13 school age children received 2 sessions of CCPT for 8 weeks in an outdoor CCPT room. The researchers found that 16 sessions of CCPT delivered in an outdoor play setting, was effective in significantly increasing the school aged children's attention and social emotional competence (Walker & Ray, 2024). These studies suggest that CCPT can be effective if delivered in an intensive short-term format with a marginalized population both in an indoor or outdoor CCPT room.

Other researchers have built on this research and explored what other marginalized populations' CCPT can be adapted to. This includes the use of CCPT with children who are marginalized due to a medical condition. Choi and Liles (2018) explored the use of CCPT with children who have spinal muscular atrophy, while Tapia-Fuselier and Ray (2019) explored how it can be adapted to be used with deaf children, and finally Carroll (2021) explored its use with children with type 1 diabetes. Similarly,

other researchers have focused on children who are marginalized due to their gender identity. Byrd et al. (2021) explored the use of CCPT with transgender children. Using a case study design Byrd et al. advocated that therapists can use CCPT in a gender affirming way in a school setting with transgender children. Post et al. (2019) reviewed different meta-analyses to see how effective CCPT is with different marginalized populations due to ethnicity and social economic status. To date, three of the groups that have been identified as marginalized in relation to their ethnicity are Hispanic, African American, and refugee children, while those that have been identified as marginalized due to their social economic status are those that attend high poverty schools (Post et al., 2021). Post et al. (2021) found that by reviewing individual outcome studies CCPT is an effective treatment intervention for marginalized individuals. This is an important finding given the increasing population however, these studies fail to explain what may make CCPT an effective treatment intervention for these individuals. Is it possible that CCPT is effective because it utilizes a child's natural means of communication through symbolic play and imagination rather than being reliant on verbal language and forcing a child to come up to the adult therapist's method of communication? However, before this can be determined it is necessary to have a clear understanding of how children and therapists in CCPT use play and imagination to communicate with each other in sessions. To gain an understanding of how this communication may take place in CCPT sessions, a review of the literature in the broader field of play therapy, child psychotherapy, and developmental psychology was undertaken.

Symbolic Play

Development of Symbolic Play

Developmental researchers have established that symbolic play also, referred to as pretend play is a universal phenomenon that plays an important role in the physical, language, narrative, and cultural development of human children (Lillard et al., 2013; Lyon-Ruth, 2006). Playing by its nature is an act of pretending in which the child tries out different roles and uses materials to create symbols (Frankel, 1998). Research has found that children's play develops along similar lines around the world. Children between the ages of 18 months and 3 years, learn through their play that symbolic forms can have meaning (Lyon-Ruth, 2006). Children can create and share these symbolic forms they play with (Lyon-Ruth, 2006). Play is the basic process through which children can communicate with others through symbolic play exchanges (Lyon-Ruth, 2006). Some theorists have suggested that the ability to symbolize is necessary for children to be able to engage in solitary pretend play; however, it has been found that the ability to engage in meta-representation is necessary for children to engage in joint symbolic play (Lewis et al., 2000). Children's joint symbolic play skills continue to develop between the ages of 3 years and 4 and a half years as children develop the ability to actively negotiate and elaborate symbolic meaning with their joint play partners (Lyon-Ruth, 2006). This ability is the beginning of a child's ability to engage in cooperative play, and their skill to compromise continues to develop into the child's 10th year (Lyon-Ruth, 2006). The development of these skills allows children to develop friendships, intimacy, and trust with their peers (Lyon-Ruth, 2006). In this way, symbolic play, and communication

through symbolic play contribute to a child's overall development which has gained the attention of researchers.

Numerous research studies have explored how play contributes to different areas of child development. Developmental researchers have built upon the foundation of previous research studies and have continued to explore the connection between play and language development in the 2000s. Research has found that there is a relationship between a child's play and the development of their language skills that some theorists have attributed to the fact that both symbolic play and language use symbols (Lewis et al., 2000). A study by Lewis et al. (2000) explored the relationship between symbolic play, functional play, non-verbal ability, and the development of expressive and receptive language skills between the ages of 1 and 6 years of age. Through their study, the researchers found that after accounting for the effects of age, there was a statistically significant correlation between symbolic play and children's expressive and receptive language (Lewis et al., 2000). Lillard (2013) reviewed the existing research evidence on the relationship between play and early language development and found that research has suggested an epiphenomenon explanation in which pretending appears to be related to early language development. This occurs because pretend play precedes language development and this link may be related to underlying symbolism (Lillard et al., 2013).

Other researchers have built on the work of language theorists and explored the relationship between play, symbolism, and culture. Stagnitti and Lewis (2015) suggested that children's symbolic play is a form of pretend play in which children incorporate the use of symbols into their play by substituting one object or symbol for another (for

example a child may use a cardboard box for a bed or a car). This makes children's symbolic play predictive of their semantic organization skills and narrative re-telling skills which is believed to be the case because symbolic play requires children to engage in a high degree of flexibility (Stagnitti & Lewis, 2015). It is these narrative re-telling skills that were of interest to Linqvist in their 2001 study that focused on the cultural aspect that play has in the lives of children. This study found that a new object was not enough to capture a child's interest, rather it is a story that creates meaning for children that captures their interest (Linqvist, 2001). The story allows a child to gain a sense of the feelings, and themes within a given situation (Linqvist, 2001). The researchers found that have adults play an important role in children's play because when they invite a child to play, the child can tell fantasy from reality and use objects to create meaning through the stories they tell (Linqvist, 2001). These stories recreate a deeper level of reality and not a realistic representation of a child's experiences (Linqvist, 2001). In this way, children are able to create play stories in which they express their feelings about their experiences with the adult serving as a host and witness. This ability to express their experience through playful storytelling has gained the interest of researchers to see if there is a link between play and a child's ability to cope with negative experiences.

Researchers have explored the link between children's play and their ability to cope. One of these researchers is Saunders et al. who in 1999 conducted a pilot study where they explored the relationship between preschool children's playfulness and their ability to cope. Saunders et al. (1999) found that there is a positive linear relationship between children's playfulness and their ability to cope. It is believed that when children

play, they are able to explore different options to solve problems and develop their social competence (Saunders et al., 1999). By 2008, there were enough research studies conducted on the relationship between coping and play for Pearson et al. (2008) to conduct a review of the research. They found that children who have a high level of play skills compared to a low level, implemented a greater number of coping strategies (Pearson et al., 2008). Children who engage in fantasy and imaginative play have been found to be able to think about a greater variety of ways to cope with different situations over a 4 year period (Pearson et al., 2008). It is because children can express their experiences and emotions while learning how to cope with a negative event, that leading theorists have advocated for its incorporation into child psychotherapy and specifically play therapy.

D. B. Winnicott Theory on the Role of Play in Psychotherapy

One theorist who advocated for the inclusion of play in all forms of psychotherapy was D. B. Winnicott. Winnicott introduced the concept of playing before specifying the role which play has in both adult and child psychotherapy (Zonzi et al., 2014). Winnicott proposed that psychotherapy takes place within the overlapping areas of the client's and therapist's play and occurs when the 2 play together (Winnicott, 1971). He believed that play is universal and can facilitate an individual's growth and health (Winnicott, 1971), a belief that is shared by child-centered play therapists. In therapy playing is viewed to facilitate an individual's growth as it allows them to be creative, and this creativity allows the individual to use their whole personality to engage in self-discovery (Winnicott, 1971). This creative play does not take place in the mind, but

rather between the individual's inner world of thought and into their outer reality through action (Frankel, 1998; Mook, 1998). Due to their limited language abilities in communicating these infinite subtleties, play becomes a form of communication making play a form of communication in psychotherapy, (Winnicott, 1971) a belief shared by child-centered play therapists. Winnicott believed that therapists serve as a trusted individual, who occupies similar potential space as between an infant and mother, in which the therapist reflects back to the client their indirect communications (Winnicott, 1971). Winnicott's work focuses on play in general and does not explore how symbolic play can be utilized in child psychotherapy.

Symbolic Play in Child Psychotherapy

It has fallen on modern theorists to build upon the work of early developmental theorists like Jean Piaget and Leo Vygotsky, as well as early psychotherapy theorists like Carl Rogers and Winnicott, to propose how symbolic play can be utilized in child psychotherapy. One such theorist Frankel (1998) proposed that it was by symbolizing in play that children are able to own what happened to them and how they feel about these events, integrating any of their disavowed states of being. Further, it is through this symbolizing play that children are able to gain a greater sense of people and events, and their own external reality based on their own construction (Frankel, 1998). When children are not given an opportunity, or are unable to symbolically play out traumatic events in their life, they may become overwhelmed and anxious as they are not able to communicate to others or themselves what their experiences mean to them (Frankel, 1998). Frankel based his theories about the role of symbolic play in child psychotherapy

on his own observations of his work with children and the published literature in the 1990s.

In contrast to Frankel, Lyon-Ruth (2006) conducted a review of developmental research on play and used it as the foundation, for her thoughts on how symbolic play can be utilized in child psychotherapy. In this review, Lyon-Ruth stated that therapeutic pretend play, in which children engage in symbolizing, allows for the creation and sharing of meaning which is negotiated between a child and their therapist. Here the transitional space between the therapist and child is viewed as a fertile area for growth, and change in child psychotherapy (Marks-Tarlow, 20l2). Child psychotherapists are required to approach their client's play with an open mind and a sense of wonderment about where the play will go, and trust in the process of joint meaning-making (Silber, 2020a). In sessions, children and their therapist engage in a complex to and fro process, through which they jointly negotiate the creation of their play world (Lyons-Ruth, 2006; Silber, 2020b). When emotionally charged material and meanings are introduced and elaborated on within their shared world, this incorporates the perspectives of the child and the therapist (Lyons-Ruth, 2006; Silber, 2020b). Child psychotherapists to use their intuition as they engage in play with their clients, acknowledging that the child and their experiences are unique; sometimes assigning meanings of hope, purpose, and growth into the play worlds they create together (Marks-Tarlow, 2015). In this way, symbolic pretend play becomes an organizing agent that allows for the organization of a sequence of events, in which affect and meaning are integrated because of the acceptance and responsiveness that the child receives from their play partner the therapist (Lyon-Ruth,

2006). Lyon-Ruth's theories about the role of symbolic play in child psychotherapy have both the therapist and child actively using symbolic play to communicate with each other.

More recent theorists have utilized attachment theory to further explore the relationship between therapist and client and their use of play in child psychotherapy. Marks-Tarlow (2015) applied attachment research to the partnership of safety and trust which develops between a child and their therapist in psychotherapy. This develops because research has found that play develops alongside a child's attachment system, allowing for bonds to form that are linked to a child's care circuit in their brains as their parents served as their first play partners (Marks-Tarlow, 2015). Child psychotherapists are able to establish the emotional tone for their sessions and allow for the creation of a sense of safety, security, and trust in their relationships with their clients, which allows them to share their feelings and experiences through play (Marks-Tarlow, 2015). Research has found that children who have psychotherapists that engage with them in a responsive and enthusiastic playful manner, have been found to demonstrate increased enthusiasm and aliveness (Barish, 2020). Several researchers including, Slade, Frankel, and Barish have advocated that there is therapeutic value in child psychotherapists simply playing with their clients without, or with minimal verbal communication (Barish, 2020; Frankel, 1998). Through their play with their psychotherapist, children learn how to make accommodations for the feelings and needs of their play partner thereby learning to engage in self-restraint and empathy which is related to their development of emotion regulation and social maturity (Barish, 2020). When children play with their therapist they learn how to cope with frustration, anxiety, excitement, and disappointment and

express them in socially appropriate ways without engaging in boasting, or cheating as they play (Barish, 2020). Children can develop these skills through both game play and symbolic play in sessions. However, there are few opportunities for symbolic play with a supportive therapist outside of play therapy.

Symbolic Play in Play Therapy

Play therapy is a therapeutic intervention in which the child's play, and its symbolic content are valued as a way in which children can communicate their feelings which they are unable to verbally express with their therapist (Barish, 2020; Mook, 1998). Symbolic pretend play with its intrinsic nature allows the child to safely express their feelings and experiences through fantasy and imagination by miniaturizing their overwhelming experiences (Christian et al., 2011). Through symbolic play, children physically use their bodies and objects to create scenes in which narratives and themes emerge over time that are imbued with imagery and symbols that they can physically change and transform (Mook, 1998).

Children's engagement in play is believed to be both restorative, and therapeutic, because of its ability to help children organize and synthesize their thoughts and experiences as well as develop their emotion regulation skills in play therapy (Christian et al., 2011; Suchow, 2011). A study by Christian et al. (2011) examined the relationship between the process of play as related to children's anxiety and found that children who experienced more anxiety demonstrated less organization in their play narrative, suggesting that when children experience anxiety, they struggle to organize their thoughts. This is where the play therapist can play a role in helping clients to organize

their narratives by asking questions and seeking clarification regarding their play narrative, or by simply reflecting back to the child what they see and hear as is the case in CCPT. This can feel odd to children who in their daily lives are surrounded by powerful adults on whom they are dependent for their care and keeping and who are often unable to hear them (Mook, 1998). The contrast in play therapy is that the therapists attune themselves to both the child's verbal and nonverbal methods of communication in which their symbolic play is a key component. In play therapy sessions, children may ignore the play therapist's verbal comments, cover their ears so as not to hear the play therapist, or even tell the therapist to no longer speak when the therapist attempts to interpret the meaning of their play (Barish, 2020). When this occurs, the play therapist must have the capacity to be a player themselves and engage with their client through symbolic play allowing for the development and enhancement of the therapeutic relationship (Suchow, 2011). This therapeutic relationship is necessary if play therapy is going to allow children to develop their emotion regulation skills as well as organize and synthesize their thoughts and experiences.

Research into therapeutic conditions which help to promote children's affect regulation skill development is necessary to understanding the role that symbolic play has in play therapy. Halfon and Bulut (2019) investigated the association between therapy conditions that promoted mentalization and the child's increased skills in affect regulation and symbolic play. Halfron and Bulut (2019) found that children's symbolic play initially increased before deceleration in change, while their affect regulation initially decreased than increased. This study was built on by Halfon et al. (2020) in

which they found that treatment that was high in mentalization adherence led to statistically significant differences in the children's affect regulation compared to low mentalization treatments. In this study mentalization involved the therapists being sensitive to the child's feelings, verbalizing the child's internal feelings and states, as well as changes in those states, and finally making connections between the child's feelings and experience (Halfron & Bulut, 2019). The researchers also found the child's changes in symbolic play and affect regulation were statistically related to positive changes in the child's total problems measured on the child behavior checklist with a significance level of ($p = .053$). It would be impossible, for children and play therapists to engage in symbolic play in their therapy sessions without also using their imaginations.

Imagination

Therapeutic Value of Imagination in Psychotherapy

Imagination is believed to have a great deal of therapeutic value as it is believed to facilitate an individual's healing and change (Mook, 1998). The imagination does this because it allows individuals to evaluate their external reality and create their own individual meaning from their experiences (Lyon-Ruth, 2006; Mook, 1998). This occurs when an individual uses their imagination to differentiate and equate their inner and outer worlds (Frankel, 1998). Children use their imagination through their play to interpret their reality (Linqvist, 2001). When children use their imagination to express their feelings and experiences within a therapeutic environment, they can imagine how to overcome different conflicts (Lyon-Ruth, 2006). Imaginative play allows children to take their overwhelming experiences and gain insight into those experiences, by learning that

other paths are possible than those that took place in reality (Mook, 1998; Silber, 2020b). It is a misconception that all children have the ability to engage in imaginative play, which is needed along with the ability to initiate and sustain spontaneity, for children to be able to engage in play therapy (Parson et al., 2021). It is important for play therapists and especially CCPT to have a clear understanding based not just on theory but also research into the role that imagination plays in child psychotherapy.

Research into the Role of Imagination in Child Psychotherapy and Play Therapy

A review of the existing literature revealed limited research into the role of imagination in child psychotherapy and play therapy. Most of the existing literature focused on theorists' and therapists' personal experiences as well as case studies rather than the control group or random assignment studies. One study by Thibodeau et al. (2016) explored how children's engagement in imaginative play impacts their executive functioning development. The researchers randomly assigned 110 children between the ages of 3 to 5 years to one of three condition groups 1) imaginative play condition, 2) non-imaginative play condition, and 3) a control group (Thibeodeau et al., 2016). Using pre and post-five-week play intervention, the researchers found that children who were assigned to the imaginative play condition showed statistically significant improvements in their executive functioning specifically their working memory and attention compared to children in the other 2 conditions (Thibodeau et al., 2016). These results suggest that when children in play therapy use their imagination in sessions, they are not only able to find alternative solutions to conflict, they are developing their executive functioning skills. While this research is beneficial in gaining a greater understanding of the role of

the imagination in play therapy, it fails to provide an explanation of how communication occurs in session through the use of imagination or symbolic play.

Communication Through Symbolic Play

Play as a Means to Communicate in Play Therapy

As children developmentally do not have the same level of verbal skills as adults, the nature of therapy with children involves a high degree of nonverbal communication (Truax et al., 1973). It has been theorized that children use symbolic play to communicate their feelings, and experiences to their therapist in an ambiguous manner (Frankel, 1998). It is this ambiguous manner that may allow children to not only express themselves, but also accept disowned aspects of themselves (Frankel, 1998). This ambiguous symbolic play can mean that the therapist does not always have a clear understanding of what the child is trying to communicate to them. A child's play in the play therapy room provides the therapist with a range of valuable information. For example, psychoanalytic play therapists believe that a child's capacity to play by which they process their experience provides information about the child's interpersonal skills, as well as their psychological and cognitive development (Gilmore, 2005). Through their play, children are able to communicate what they are trying to understand, and the therapist is in a position to communicate to the child that they value what the child is trying to understand (Silber, 2020b).

The play the child engages in provides them and their therapist with an intermediate area where they can safely engage with each other (Gilmore, 2005). Children will only begin to communicate their inner conflicts through symbolic play once

they have experienced their therapist as a benevolent individual with whom it is safe to communicate (Frankel, 1998). This means that the play therapist must find a way to communicate to their client that they are a safe play partner with whom they can communicate. A play therapist must be not only be a safe play partner, but also one who is informed regarding child development, childhood trauma, and family dynamics (Lyon-Ruth, 2006). This understanding allows the play therapist to maintain the safety required by the child as they jointly elaborate the child's traumatic experiences through their play (Lyon-Ruth, 2006). Within symbolic play, children engage in scaffolding where they can explore the conventional and personal meanings of different objects, all the while breaking down previous meanings and communicating the emergence of new meanings (Rucinska & Reijmers, 2015). A child's progress in play therapy can be seen as they communicate new meanings and understandings they have gained over their traumatic experiences through their use of imagination and symbolic play.

While the child client is communicating through their symbolic play, the therapist is actively engaged in listening and communicating back to the child. Psychoanalytic play therapists and child-centered play therapists are believed to engage in communication with their clients through their efforts to label the child's characters, verbally describe the play action and the experiences of the child (Frankel, 1998; Landreth, 2002). When play therapists engage in these types of verbal responses regarding the child's play, it serves to enhance the child's awareness (Frankel, 1998). This enhanced awareness that a play therapist's verbal response provides is theorized to be similar to the process that a mother's vocalizations have on a developing infant, where the mother's vocalizations

serve to take the infant's chaotic experiences and make them recognizable by naming them (Gilmore, 2005). The play therapist's participation in the play of the child and their vocalization of the play are believed, by psychoanalytic play therapists, to permit the child to modify and reintegrate their emotions and states of themselves (Gilmore, 2005). The child therapist is able to help the child to gain a better understanding of themselves (Gilmore, 2005) and their capacities. These verbalizations of the therapist serve to communicate to the child the therapist's orientation, which the child can select as they choose and then refashion into their own understanding (Lyon-Ruth, 2006). In this way, the play therapist's active communication with their child client aids the client in gaining a new understanding of what occurred and what was successfully communicated.

The play therapist's communication with their child client increases the child's understanding of what is possible. Once the child understands that they have attained this new understanding through play, they can share this new understanding with their play therapist (Lyon-Ruth, 2006). Children then begin to understand that meanings are not fixed, but can change with different perspectives, allowing the child to explore a range of perspectives in their play (Lyon-Ruth, 2006). Through this process, the child is able to use the adult play therapist's mind to find different patterns of thought and expand upon different experiences of trauma (Silber, 2020b). The use of the adult's mind by the child is believed to be a healing experience as they step away from their own preoccupation with their experiences and emotional dis-regulation (Silber, 2020b). Play therapists communicate to the child that they can use their mind through following the lead of the child (Silber, 2020b). The child indicates to their therapist through their play which

themes are important (Lyon-Ruth, 2006). The therapist will note which of their contributions either open up or shut down the child's play dialogue (Lyon-Ruth, 2006). Both theorists from CCPT and psychoanalytic play therapy have written about what is believed to be the process of communication between therapists and clients within the playroom. A review of the literature revealed that there is limited research that has tested these CCPT and psychoanalytic play therapy beliefs about how communication occurs in sessions through symbolic play and imagination.

Research on Nonverbal Means of Communication in Child Psychotherapy

Several different studies have attempted to explore the impact nonverbal communications have in child psychotherapy. Two of the earliest studies by Siegel in 1972 and Traux et al. in 1973, investigated the impact of therapists communicating the therapeutic conditions of empathy, warmth, and genuineness on children in play and child psychotherapy. The findings of both studies offered positive support for children who experienced high levels of these therapeutic conditions compared to low levels, experienced positive changes compared to negative changes in the case of the Traux et al. 1973 study (Siegel, 1972). CCPT researchers have built on this line of research by investigating how therapists actualize genuineness referred to as congruence, empathy, and unconditional positive regard in sessions. By reviewing CCPT sessions and interviewing therapists, researchers created a process model for how child-centered play therapists begin actualizing conditions of empathy, congruence, and unconditional positive regard (Jayne & Ray, 2015). Jayne and Ray (2015) proposed that therapists can actualize the attitudinal conditions by wanting to accept and understand their client, by

being open, aware, accepting, and valuing their own experiences, which allows them to do the same for their client's experiences before finally responding to their client with authenticity. The therapist's perceptions of how they actualize these conditions in CCPT therapy using a single-subject quantitative-qualitative mixed-method research design, have been found to positively impact the client's treatment outcomes (Schottelkorb et al., 2014). The researchers found that, while the children's presenting issues decreased as measured by the Behavior Assessment System for Children -2 Parent Rating Scale, the therapist's perceived conditions of empathy, congruence, and regard increased throughout a CCPT session, while unconditional positive regard decreased as measured by the BLRI (Schottelkorb et al., 2014). These studies by Jayne and Ray (2015) and Schottelkrobe et al. (2014) only begin to show how imagination and symbolic play are used to communicate in CCPT sessions.

Summary and Conclusions

Within the fields of both child psychotherapy and play therapy, it has been proposed that symbolic play and imagination have both developmental and therapeutic value for children. A variety of early and modern theorists such as Jean Piaget, Leo Vygotsky, D.B. Winnicott, and Halfon have proposed a variety of theories on how symbolic play and imagination can be used therapeutically with children in psychotherapy, to promote their health and growth. There is limited research into these theories. These different theories have been developed separately and lack synthesis, which does not aid in the researcher's efforts to validate them. Some of these theories originate in developmental theory, while others in psychotherapy and child

psychotherapy. CCPT theory has proposed that symbolic play, which engages a child's imagination is used to communicate in sessions their feelings and experiences and can be used by therapists to communicate with their clients. Currently most of the research in CCPT and play therapy has focused on the effectiveness of these therapeutic interventions, rather than how symbolic play and imagination can be used to communicate in sessions. This gap within the existing literature has been identified by a variety of researchers including Jayne and Ray, who in their 2015 article on therapist attitudinal conditions, identified the need for more research into nonverbal forms of communication in CCPT. Through the completion of the current study, this gap in the literature identified by Jayne and Ray (2015) regarding nonverbal forms of communication, will be reduced through a greater understanding of child-centered play therapists' perceptions of how they and their clients use imagination and symbolic play as a means to communicate with each other in sessions.

Chapter 3: Research Method

While play is viewed as a child's natural means of communication due to their ongoing language skills development, it remains unclear how children and therapists in CCPT sessions communicate with each other using symbolic play and imagination. Currently, research into CCPT has focused on the effectiveness of this therapeutic intervention with different populations and presenting issues rather than the processes that makes this an effective therapeutic intervention. A review of the existing literature reveals no current research studies that explore the concepts of symbolic play and imagination as a means of communication in CCPT. The purpose of this qualitative study, using a grounded theory approach, was to gain a holistic understanding of the process's child-centered play therapists and clients utilize symbolic play and imagination as a means of communicating with each other during CCPT sessions. The current chapter will provide a detailed description of how the study was conducted including the research design that was used, how participants were recruited to participate in interviews, and the inclusion/exclusion criteria for their participation. This chapter will also review the interview protocols that were utilized, how the archival video of CCPT sessions was sourced, and how these sources of data were coded and analyzed.

Research Design and Rationale

This study addressed the following research questions:

1. How do child-centered play therapists describe their use of symbolic play as a means to communicate with children in child-centered play therapy sessions?
2. How do children use symbolic play as a means to communicate with their

child-centered play therapists as observed in archival videos of child-centered play therapy?

3. How do child-centered play therapists describe their use of imagination as a means to communicate with children in child-centered play therapy sessions?
4. How do children use imagination as a means to communicate with their child-centered play therapist as observed in archival videos of child-centered play therapy?

There are several concepts central to these research questions. The first concept is CCPT, which is a non-directive therapeutic approach to therapy that is based on the belief that children have an inner tendency toward self-actualization and healing (Axline, 1974). In CCPT this inner tendency towards self-actualization and healing can be supported by giving children an opportunity to express and explore their feelings through play enabling them to find creative solutions to their challenges and problems (Hung et al., 2019). The second concept of communication is defined as the perception and production of sounds but also non-verbal signals and gestures (Gleason & Ratner, 2017), including the use of toys as a means of creating signals and gestures. The third concept of symbolic play is defined as the use of one object to substitute for another object or refer to an object that is absent as if it were physically present as well as the ability to attribute an imaginary property to an object or person (Lewis et al., 2000). Finally, the concept of imagination is defined as an individual's ability to visualize something beyond what they have personally known or experienced (Haen, 2020). This includes efforts by individuals to use toys to demonstrate their understanding or desires that are beyond what they have

experienced.

To address these research questions, I used a qualitative approach, specifically grounded theory. The purpose of qualitative research is to describe a complex phenomenon, thereby gaining a greater understanding of it that can be used to build theories that then explain how the phenomena work within a real-world setting (Burkholder et al., 2020). In qualitative research, the study is often exploratory in nature so that the researchers can incorporate and honor their participants' voices within the data they gather (Burkholder et al., 2020). Qualitative researchers gather data in natural settings through a variety of means, including observations and descriptions; the researchers also conduct thematic analyses of their study participants' perspectives and behaviors (Burkholder et al., 2020). A qualitative research approach is appropriate for gaining a better understanding of the therapeutic process and relationships in the field of play therapy and can help to construct and model how change occurs through the therapeutic process (Glazer & Stein, 2010).

I used a grounded theory research design in this study to gain a more holistic understanding of how both therapists and children communicate with each other in sessions using symbolic play and imagination. In grounded theory, researchers use the data they have collected through interviews and behavioral observations to inductively develop a theory that explains the phenomena (Burkholder et al., 2020; Glaser & Strauss, 1967, as cited in Urquhart, 2013). There are three situations in which a grounded theory approach is appropriate to use (Burkholder et al., 2020). The first situation involves when there is no current theory that explains the phenomenon of interest; second when a theory

partially explains the phenomenon, but it is incomplete or requires expansion; and third when it is necessary to update a theory, and/or researchers have identified different constructs however they have not placed them in relation to each other (Burkholder et al., 2020). A qualitative researcher should only use a grounded theory approach in their qualitative research study in one of these three situations. Twelve key features of grounded theory methodology enable researchers to analyze their data and create a theory that can be reported as a narrative framework or a set of propositions (Urquhart, 2013).

Role of the Researcher

As the researcher of this study, I took on the role of an observer-participant, which enabled me to interact directly with interview participants and observe their nonverbal reactions to interview questions as they were asked. The focus of these interactions was on observation and gathering data rather than on interaction and participation. Further, the use of the archival videos of CCPT sessions as a source of data meant that the participants in the videos were not aware of the observation. The strength of the observer-participant role is that it allows the researcher to concurrently record data, observations, and impressions as they occur during the interview process.

As a practicing play therapist, play therapy supervisor, and foundational instructor with the Canadian Association for Play Association, I have had the opportunity to interact with numerous practicing play therapists in Canada. To mitigate any sources of potential biases or ethical issues, no individuals with whom I had a current role as their supervisor or instructor were eligible to participate in the study. If we had a current supervisory or instructor relationship, the potential participant was informed that due to our other

relationship, they were not eligible to participate in the study due to ethical considerations related to potential biases.

Methodology

Participant Selection Logic

I interviewed child-centered play therapists who are currently utilizing the CCPT intervention method with children. Potential study participants were recruited through an association for play therapy electronic newsletter. This association for play therapy included an invitation to participate in this research study in two of their newsletters emailed out to their membership. In this invitation to participate potential study participants were informed about this study's inclusion and exclusion criteria as well as what would be involved if they decided to contact me about participating in a semi structured interview. Study participants were required to be 18 years of age or older, reside in North America, actively using CCPT for a minimum of 2 years with multiple clients, and they had to affirm their use of Axline's eight principles of CCPT. This study excluded anyone who is not an adult, does not live or practice in North America, anyone who is not currently practicing play therapy, anyone who has not been using CCPT for a minimum of 2 years with multiple clients, and any therapists who are not able to affirm their incorporation of Virginia Axline's principles of CCPT into their practice. Further, individuals with whom I as the researcher had a current supervisory relationship, or I am currently acting as their play therapy instructor were excluded from participating in the study.

This study utilized a purposeful sampling method to recruit participants from an

association for play therapy mailing list. Individuals who met the study's inclusion/exclusion criteria provided detailed accounts of their experience using symbolic play and imagination in CCPT sessions to communicate. The ability to provide detail rich accounts of the phenomenon being studied is the reason many qualitative researchers choose purposeful sampling methods (Ravitch & Carl, 2016). As only a few interviews can provide rich data in grounded theory research, interviews continued until data saturation is reached (Urquhart, 2013). Data saturation is reached when no new or relevant information emerges through the collection of additional data (Ravitch & Carl, 2016). Data saturation was reached with the completion of five semi structured interviews, and a sixth interview was conducted to confirm data saturation in this source of data.

The second data source in this study was archival video of child-centered play therapists conducting CCPT sessions with children. This archival data consisted of three videos of actual children participating in genuine CCPT sessions with a trained child-centered play therapist. The videos were provided by a center for play therapy who had parents' permission for the videos to be used for research purposes. As the archival video data was provided, no participant selection or sampling strategy was used to select the videos. Due to the high volume of data that can be gathered from a single video recording, data saturation was reached with the second video and a third video confirmed this saturation.

Instrumentation

Interviews are a highly valuable source of data for qualitative researchers.

Interviews allow qualitative researchers to gain their participants' perspectives and years of knowledge about the phenomena of interest in a time effective manner (Jacob & Furgerson, 2012). The current study utilized an interview guide to ensure that all main questions were asked during each interview and to provide some structure to the semi structured interviews. A copy of the interview guide can be found in Appendix A.

Rubin and Rubin (2012) advocated for researchers conducting interviews, to begin with easy questions and move toward more focused and challenging questions. The current study followed this recommendation in the flow of interview questions as can be seen in the interview guide. Using a semi structured interview style allowed me to ask follow-up and probing questions based on what the interviewee shared rather than questions being limited by a strict interview protocol (see Rubin & Rubin, 2012). The questions in the interview guide sought to leverage the clinical experience of child-centered play therapists to gain a holistic understanding of how they and their clients use imagination and symbolic play as a method of communication. The questions posed in the interview guide incorporate different theories from the literature regarding the concepts of symbolic play and imagination.

A second valuable source of data analyzed in the research study was the archival video of CCPT sessions. Archival data is an already existing source of data, that is beneficial to a research study as it exists without the instigation of researchers (Ravitch & Carl, 2016). Archival sources of data can serve several purposes in a research study including providing a form of data triangulation with interview data and supplementing interview data (Ravitch & Carl, 2016). In the current study, the archival video of CCPT

sessions provided an opportunity for data triangulation with the interviews with child-centered play therapists. The archival video of CCPT sessions also provided a source of data regarding both the children's and therapist's nonverbal behaviors in CCPT sessions which was difficult to attain from interviews.

Procedures for Recruitment, Participation, and Data Collection

A combination of archival data from three previously gathered CCPT videos and new data from six semi structured interviews with child-centered play therapists was used to ensure data saturation in this study. The archival data consisted of child-centered play therapy sessions with a trained child-centered play therapist was attained from a center for play therapy that had the necessary consent obtained for their use in research. The videos were shared over a secured link and stored on a password-encrypted flash drive.

Potential study participants were recruited through an association for play therapy electronic newsletter that was emailed out to individuals on the association's mailing list. The association included an invitation to participate in two of its electronic newsletters. The invitation to participate in the study outlined the study's inclusion/exclusion criteria for potential participants. This criterion required that potential study participants be at least 18 years of age, reside in North America, currently practicing CCPT with multiple clients for a minimum of 2 years and affirm their belief in Axline's eight basic principles of CCPT. Once they received the electronic newsletter and reviewed the requirements to participate, individuals were invited to contact me if they were interested in scheduling an interview. The first individuals who responded were scheduled for interviews and interviews continued until data saturation occurred. Interviews took approximately an

hour to complete and were conducted using Zoom, with the audio recorded for transcription purposes. At the end of the interview, participants were asked several questions. They were asked if they are open to being contacted in the future if there are any follow up questions. Participants were asked if there was anything that they were not asked about that they would like to share, and if they would like to be emailed the link to the dissertation once completed. Finally, interview participants were asked if they were aware of any other child-centered play therapists who may be interested in participating in this research study and if so, were they open to sending these individuals the invitation to participate in the research study. The invitation to participate in the study was emailed to those interview participants who indicated that they were open to sharing it with other possible participants.

Data Analysis Plan

Data analysis first involved creating transcripts for both the archival videos of CCPT sessions and the semi structured interviews with child-centered play therapists. Once transcripts had been created for both sources of data, these transcripts were reviewed before the coding process began. This review process involved cross referencing the transcript with the original audio recording of the interview and the archival video of CCPT sessions. I coded these transcripts in three stages. First, open coding procedures were utilized as a foundational technique in grounded theory research in which coding is completed line by line (see Urquhart, 2013). Following the completion of open coding selective coding began. Selective coding involves assigning categories until data saturation is reached (Urquhart, 2013). After selective coding was completed,

thematic coding was applied to determine how substantive codes related to each other. From this line of inquiry, the nature of relationships between different codes can be explored to develop a theory of these relationships (Urquhart, 2013). Throughout the coding process, a master list of codes was maintained, and similar lines were given the same code or categories depending on the stage of the coding process. I also kept a record of memos and file audits created during the coding process. The research questions that were answered through the coding process include:

1. How do child-centered play therapists describe their use of symbolic play as a means to communicate with children in child-centered play therapy sessions?
2. How do children use symbolic play as a means to communicate with their child-centered play therapists as observed in archival videos of child-centered play therapy?
3. How do child-centered play therapists describe their use of imagination as a means to communicate with children in child-centered play therapy sessions?
4. How do children use imagination as a means to communicate with their child-centered play therapist as observed in archival videos of child-centered play therapy?

To maintain order during the data analysis process, I used Microsoft Word to create and maintain tables of the coding process. These data analysis methods should assist readers of this study in trusting the results of the research study.

Issues of Trustworthiness

For readers to trust the findings of a research study, the researcher is required to

demonstrate the validity and reliability of the study's research methodology. Within qualitative research, validity refers to the study's quality and the rigor the researcher employed when conducting the study (Ravitch & Carl, 2016). In this way, researchers describe how their study's findings are accurate through their description of the phenomenon that is being studied (Burkholder et al., 2020). There are several different ways in which qualitative researchers can demonstrate their study's validity.

One way a researcher can demonstrate that their study has a high degree of validity is to demonstrate their study's credibility sometimes referred to as the study's internal validity (Ravitch & Carl, 2016). Methodological triangulation is one way researchers can increase their study's credibility (Ravitch & Carl, 2016), which this study implemented. This methodological triangulation took place between the data collected in the semi structured interviews and the archival video of CCPT sessions as well as within each of these data collection formats. Methodological triangulation can also be used by researchers to demonstrate their study's dependability (Ravitch & Carl, 2016). Ravitch and Carl (2016) define dependability as the stability of a study's data. In qualitative research, the concept of dependability is similar to the quantitative research concept of reliability (Ravitch & Carl, 2016).

This study implemented thick description as a strategy to allow readers to determine the transferability of the study's findings. Readers are provided with a thick description of the demographic information related to the therapists who participated in the interviews. It also provides the available demographic information regarding the children who participated in the archival videos of CCPT sessions. This thick description

will enable readers to determine the transferability of this study's findings to other appropriate contexts. In this way, transferability serves as a component of the study's external validity.

Reflexivity is also used to demonstrate this study's confirmability. Reflexivity is defined as the process by which the researcher engages in critical self-reflection regarding their own theoretical predispositions and biases while designing and conducting a research study (Urquhart, 2013). By engaging in ongoing reflexivity, the researcher acknowledged the significance of their role in designing, conducting, and sharing the results of their study (Ravitch & Carl, 2016). I implemented reflexivity through the writing of reflexive memos while collecting data and engaging in the coding process. These reflexive memos served as a strategy to improve the study's confirmability. A detailed description of the interview and coding process was maintained for an audit trail to be conducted of the procedures undertaken throughout the study. Audit trails are a second means by which researchers can demonstrate their study's dependability (Babbie, 2017). This study implemented an audit trail as a second strategy to improve the study's dependability. Audit trails are a record of a researcher's decisions and can be created during both the conduction of a research study and during the data analysis phase of a research study (Babbie, 2017). Audit trails documenting the decisions I made during the coding phase were kept increasing the dependability readers can have in the codes that were generated.

Ethical Procedures

Researchers should adhere to strict ethical procedures, especially when their

studies involve human participants. This study followed all ethical guidelines in compliance with Walden University's Institutional Review Board (IRB), from which institutional approval was sought before this study was conducted. Walden University's approval number for this study is 05-5-23-0041660. Prospective research participants received an email informing them of the inclusion/exclusion criteria of the study, the purpose of the study, the voluntary nature of the study, the expected duration of the interview, and all research procedures. I informed the participants that the Zoom interviews would be audio recorded so that they could be transcribed following the interview and that there would be no compensation for their participation in the interview. The participants were also informed that the interview would be semi structured using an interview guide to ensure that all participants have an opportunity to answer all key questions. Prior to participating in the interviews, participants were emailed an informed consent document indicating that their participation in the study is voluntary and they can withdraw their consent to participate in the study at any point. Participants were asked to respond to this email by emailing back the phrase I consent prior to the interview being scheduled. Due to the number of interviews that needed to be transcribed, transcription software was utilized. To maintain confidentiality, each participant was given a participant code, and interviewees were only referred to by their first names during the interview. Once the transcription software completed a transcript of each interview, I reviewed the transcript and cross referenced with the audio recording to ensure accuracy before the final transcript was created.

Archival videos of CCPT sessions served as a second source of data. Prior to the

inclusion of archival videos of CCPT sessions a signed letter of cooperation by the center for play therapy who gathered the archival data was signed outlining that confidentiality of session materials will be maintained. Confidentiality was also maintained by ensuring that records identify participants using a code. All data files were secured on a password-protected flash drive and on a password protected computer. The audio recordings of the interviews and all transcripts will be maintained along with the data analysis coding documents for a minimum of 5 years. During this time, I will be the only person with access to the data. After this time the data will be destroyed.

Summary

This qualitative grounded theory research study used both archival video of CCPT sessions and interviews with child-centered play therapists to identify the process of how both therapists and their children communicate with each other using symbolic play and imagination. From these identified processes, a more holistic understanding of how communication between children and therapists in CCPT sessions using symbolic play and imagination was developed. To develop this understanding, verbatim transcripts were completed of both the audio recordings of the interviews and video recordings of the CCPT sessions. These transcripts were analyzed by hand using open coding, selective and thematic coding processes. CCPT theory states that play is a child's natural means of communication and a therapist's reliance on verbal communication creates barriers in the therapeutic relationship (Landreth, 2002), was used to analyze the transcripts of archival CCPT sessions and interviews with child-centered play therapists. The results of this study builds on the existing literature.

Chapter 4: Results

CCPT is based on the belief that children use toys and engage in symbolic and imaginative play as a developmentally appropriate means to communicate with others. Because there is limited research into the processes children and therapists use to communicate with each other in CCPT sessions using symbolic play and imagination, this grounded theory qualitative study explored how North American child-centered play therapists and their clients communicated with each other in CCPT sessions using symbolic play and imagination. This research study sought answers to research questions on how the therapists describe their use of symbolic play and imagination as a means to communicate with children in child-centered play therapy sessions and how children use symbolic play and imagination as a means to communicate with their child-centered play therapists, as observed in archival videos of child-centered play therapy. I used a grounded theory approach to ensure that the study participants and their experiences were at the center of the study. A grounded theory methodology enables researchers to provide insightful and clinically useful descriptive models for complex human behaviors that are latent with meaning (Pascaul-Leone, 2009). A more holistic understanding of the processes used by both clients and child-centered play therapists to communicate in CCPT sessions was gained by triangulating therapists' perspectives of their experiences of the phenomenon with data from archival videos of CCPT sessions.

This chapter will describe the results of the data collected through interviews with child-centered play therapists and archival videos of CCPT sessions. This chapter will also discuss the data analysis process, including coding and theme emergence. In the

upcoming sections, demographic information regarding the study participants and the study setting will be presented. This chapter will also present information regarding the steps taken in conducting this research study to create trustworthiness in the data gathered.

Setting

Potential participants were contacted through an association for play therapy, including the invitation to participate in their July 2023 and September 2023 electronic newsletters. Potential participants were asked to respond to the invitation to participate by emailing me their interest in participating in the research study. I then emailed prospective participants who responded to the invitation the informed consent form for this study. The prospective participants were asked to respond by consenting to participate in the research study. The interview process took place between July 2023 and December 2023. Interviews were conducted utilizing Zoom in the privacy of my home. Participants completed their interviews in their home or office locations. One participant paused their interview at the beginning, muting themselves to ensure their children were occupied during the interview. The semi structured interviews were recorded using Zoom software. Zoom software was also used to conduct the initial transcription of the interviews. I reviewed the initial transcription against the audio recording and made all necessary corrections before coding began.

A second method of participant requirement was snowballing. I asked participants if they knew anyone else who met the inclusion/exclusion criteria and if they were open to sharing the invitation to participate in the study with those individuals. One or more

individuals who were aware of the invitation to participate shared information about the study within play therapy Facebook groups they were members of. One study participant said they learned about the study and contacted me after seeing it on Facebook.

No incentives were provided to participants to participate in this research study. There was no known undue influence that may have motivated individuals to participate in the semi structured interviews. Several participants indicated that they chose to respond to the invitation to participate in the research study as they desire to engage in play therapy research themselves in the future, and they wanted to support those currently doing play therapy research. Participants interested in conducting research may differ to therapists who are not interested in conducting research. An environmental factor that may have affected participant recruitment was the inclusion of the invitation to participate initially in the summer electronic newsletter of an association for play therapy. Further, the invitation was included toward the bottom of the newsletter, which required potential participants to have to scroll to the bottom of the newsletter during a time when many individuals may not be checking their emails due to summer holidays.

A center for play therapy provided the three archival videos of CCPT sessions. This center for play therapy gathered, chose, and shared these archival videos as there were appropriate permissions in place by video participants. As these are archival videos, there are no known environmental factors that may have affected the information gathered from them.

Demographics

At the recruitment phase, eight potential participants indicated their interest in

participating in this research study. One participant did not respond after being sent the informed consent form to participate in the study. A second participant had a supervisory relationship with me and was excluded from participating to prevent potential bias. One study participant indicated that they had a coworker who had expressed interest in participating, but after reviewing the study's inclusion and exclusion criteria, it was determined that this individual did not have the required 2 years of experience practicing CCPT with multiple clients required to participate. The remaining six study participants who self-identified as female were between the ages of 34 and 66. One of the participants identified that they worked with both urban and rural clients. Four of the participants stated that they worked with clients who lived in urban areas. One participant identified that they worked with rural clients. The participant who identified that they had the least experience practicing CCPT therapy stated that they had been practicing part time for 4 years. The participant with the most experience reported that they had been practicing CCPT for 20 years. This led to an experience range between 4 to 20 years practicing CCPT. While the research studies inclusion/exclusion criteria required that potential study participants reside in North America, all study participants were residing in Canada when the interviews were conducted. The child participants in the three archival videos of CCPT session were two females and one male participant between 4 and 12 years of age.

Table 1

Semi Structured Interviewee Demographic Table

Participant	Age	Gender	Practice Population	Years of Experience
1	41	Female	Urban & Rural	6
2	51	Female	Urban	12
3	39	Female	Urban	20
4	34	Female	Urban	4
5	54	Female	Rural	5
6	66	Female	Rural	7

Data Collection

Data were collected through six semi structured interviews with child-centered play therapists and from three archival videos of CCPT sessions. The interviews were conducted through Zoom. Each participant's consent was obtained and documented before the interviews were scheduled. The interviews were conducted between July 1, 2023 and December 31, 2023. These interviews lasted between 30 and 60 minutes and were audio recorded and initially auto transcribed by Zoom. I then reviewed these auto transcriptions for accuracy and made necessary corrections This process involved reviewing auto transcription while listening to the audio recording of the interview to ensure they matched. Any auto transcription errors identified were corrected so that the final transcript was true to the experiences of the child-centered play therapist that were shared. The initial CCPT session video was provided in June 2023, and the other 2 were provided in November 2023.

The data collection methods aligned with what was outlined in Chapter 3. However, Chapter 3 outlined a process in which the participants of the interviews were asked in their initial interview if they consented to be contacted to participate in a second

interview if further questions arose during the data analysis process. While a couple of participants agreed to be contacted regarding participating in a second interview if additional questions arose, the questions that arose during the data analysis process were beyond the scope of this research study's questions; therefore, the study participants who did consent to being contacted for a follow-up interview were not contacted. I will discuss how these questions could be explored in future studies in Chapter 5.

Data Analysis

The research questions that were answered through the open coding, selective coding, and thematic coding process were:

1. How do child-centered play therapists describe their use of symbolic play as a means to communicate with children in child-centered play therapy sessions?
2. How do children use symbolic play as a means to communicate with their child-centered play therapists as observed in archival videos of child-centered play therapy?
3. How do child-centered play therapists describe their use of imagination as a means to communicate with children in child-centered play therapy sessions?
4. How do children use imagination as a means to communicate with their child-centered play therapist as observed in archival videos of child-centered play therapy?

The data analysis process began by creating transcripts for the three archival videos of CCPT sessions and the six interviews. Following the completion of the transcripts, I made a form to aid with hand coding the data. In this form, the transcript was one

column, a column for open coding and a second for selective coding. I chose hand coding to stay immersed in all aspects of the coding process and honor the participants' words and experiences. Once the transcripts were created and input into the coding document, I used the grounded theory foundational technique of open coding, which is completed line by line (Urquhart, 2013). To aid in the grounded theory open coding process of line by line each question and response from the transcript was place as separate chunk into the coding document. This made it very easy to related selective codes that were found to the semi structured interviews questions asked. Completing open coding line by line ensures the participant's choice of words and meaning is honored and respected in the coding process.

After a transcript had been open coded line by line, the selective coding process began. Selective codes were created by assigning categories (Urquhart, 2013). The selective coding process continued until data saturation occurred within each transcript. As data came in at different points, open and selective coding occurred as data were attained and transcribed. Methodological triangulation was a key feature in establishing and demonstrating this study's trustworthiness, credibility, and dependability. A triangulation document recorded each selective code and the transcript where it was located, which enabled me to understand when methodological triangulation occurred in this research study and also cued me to review previous data for new selective codes. This process also assisted me in determining when data saturation was reached within a single transcript, source of data, and in the study as a whole. This practice ensured nothing had been missed and each participant's experience was honored.

In grounded theory methodology, the final coding phase is thematic coding (Urquhart, 2013). The purpose of thematic coding in grounded theory is to understand how substantive selective codes relate to each other (Urquhart, 2013). Thematic coding was conducted following the completion of selective coding on the majority of the data had been completed. The thematic coding was then re-evaluated and revised as the final data sources were gathered.

As a researcher, I maintained a reflective and audit memo throughout the data collection and analysis. Reflective memos allow qualitative researchers to engage in critical self-reflection (Urquhart, 2013). Creating a reflective memo allows researchers to reflect on their biases and interpretations as they engage in the data gathering and analysis processes (Ravitch & Carl, 2016). The reflection memo also served as an audit trail in which I recorded my decisions during the data collection and analysis phases. An audit trail is an effective way for researchers to record their choices in an organized fashion and increase a study's dependability (Babbie, 2017). As a practicing play therapist, the reflective memo and audit trail provided me with a place to reflect on my experiences practicing CCPT with children. I analyzed the transcripts and created codes so my biases did not influence the coding processes.

Data saturation is an integral concept to data analysis. When a researcher analyzes their data, they will reach the point of saturation when they no longer uncover new or relevant information by collecting additional data (Ravitch & Carl, 2016). This research study had two different data sources and two different points where data saturation occurred. During the data analysis process no additional selective codes were revealed

when the second archival CCPT video was analyzed. The lack of finding any additional selective codes suggested that data saturation had been reached. The analysis of third archival video confirmed that data saturation had been achieved through the archival videos of CCPT sessions. As a high volume of data can be, and was, attained from a single video regarding both the child's and therapist's methods of both verbal and non-verbal behaviors in CCPT sessions, it was anticipated that a single video might allow for data saturation to occur.

For the interviews, the data analysis process revealed a single additional selective code in the third and fourth interviews. It was anticipated that it would take eight to ten interviews before data saturation occurred. Data saturation was reached in the fifth interview when no additional selective codes emerged during the data analysis process. Completing the sixth interview confirmed that data saturation had been reached. Ground theory believes that interviews provide a rich data source for researchers (Urquhart, 2013).

In my reflective memo, I reflected on what may have contributed to data saturation being reached earlier in the data collection and analysis process than was anticipated during the research study design phase. I reflected on the possibility that the earlier achievement of data saturation may have been due to poorly designed interview questions. A review of the interview questions demonstrated their alignment with the study's research questions. I also reflected on the training child-centered play therapists receive and how that may have impacted participants' responses to the semi structured interview questions. The textbook Play Therapy: The art of the relationship (Landreth,

2002), which is in its fourth edition and a well-respected source of information on CCPT for therapists, devotes limited space to communication through symbolic play and imagination. The textbook spends two pages addressing children's communication through play in general (Landreth, 2002). The book does not discuss a therapist's use of symbolic play as a form of communication, and the topic of imagination is not addressed. Instead, the author focuses on the types of responses a therapist should utilize in CCPT to facilitate the child feeling heard and accepted (Landreth, 2002). These therapist responses are referred to as tracking statements (Landreth, 2002). This may limit child-centered play therapist's thoughts on how communication occurs through symbolic play and imagination.

Selective Codes and Thematic Codes

Selective coding and data analysis took place following the completion of the open coding of each of the transcripts. Open coding involved coding each sentence in the transcripts and non verbal interaction in the archival videos of CCPT descriptively. The selective coding and data analysis revealed 20 selective codes and six subcodes. I arrived at these selective codes by first going through the open codes and eliminating the ones that were not relevant to this study's research questions. I then reviewed the remaining open codes in relation to the studies' definitions of symbolic play, imagination, and communication. These definitions were integral to the selective coding process and data analysis. The definition of communication for this study includes the production of sounds as well as non verbal gestures, including the use of toys for the purpose of conveying meaning. This definition meant that open codes that described how toys and

materials were moved in sessions needed to be selectively coded in addition to verbal exchanges between the therapist and client. This definition of communication also meant that verbal responses that were not English words also needed to be coded and analyzed for communication intent. The definition of symbolic play for this study meant that open codes, which described how one object was substituted for an absent item or had an imaginary property, needed to be selectively coded. Finally, this study's definition of imagination meant that open codes describing how toys were used to demonstrate an understanding of desires beyond what the client experienced or knows exists in reality, needed to be selectively coded. As selective codes were found, future open codes were evaluated to determine if an existing selective code fit or if a new selective code was required to honor the experience communicated by the participant. This selective coding and data analysis process revealed 20 selective codes and six subcodes.

Thirteen selective codes were found within and between the interviews and archival videos of CCPT sessions. Eight selective and sub selective codes were unique to the interviews with child-centered play therapists. In comparison, five of the selective codes were unique to the data found in the archival videos of CCPT sessions. The 20 selective codes that were found through the data analysis process are as follows: (a) choice of symbolic play, (b) choice of symbolic play repeated, (c) child labels toys/figures, (d) client labels feelings, (e) children narrate play, (f) children vocalizes their thoughts, (g) children utilize sound effects, (h) children communicate with their bodies, (i) movement of toys/figures, (j) child ensures witness to their symbolic play, (k) child uses a character to ask questions, (l) child assigns a role to themselves, (m) child

assigns a role to therapist, (n) therapist embodies the child's role, (o) therapist seeks role confirmation (whisper technique), (p) therapists interprets and reflects the child's symbolic play and feelings, (q) child confirms or disconfirms therapists understanding of their symbolic play, (r) therapist reflect their corrected understanding of the child's symbolic play, (s) therapist asks questions to gain understanding, (t) therapist vocalizes child's efforts.

Three selective codes have one or more subcodes that were revealed during the data analysis process. The first selective code choice of symbolic play has four subcodes associated with it. The four subcodes are (a) symbolic play and imaginative play represent life experiences: (b) materials represent self, others, and how they feel about self, needs, and desires: (c) through symbolic play and imagination, children communicate: desires, emotions, thoughts and an understanding of self, (d) symbolic play is the universal verbal and non-verbal language of children. These subcodes elaborate on the selective code of choice of symbolic play. The selective code choice of symbolic play repeated has the subcode symbolic play and imagination changes over repetitions to become more hopeful/successful. This subcode builds upon the initial selective code and discusses how repetitions become more hopeful or successful when the child engages in them. Lastly, the selective code therapist embodies the child's role is associated with the subcode therapist enters into the child's world. These subcodes offer support and elaboration for the selective codes that they are associated with.

The thematic codes that emerged were (a) methods used by the child-centered play therapist to communicate in CCPT sessions, (b) the methods used by children to

communicate in CCPT sessions, (c) the methods that therapists and children used to communicate when the child engages in solo play, (d) the methods used by therapists and children to communicate when the child engage the therapist in joint play. I identified the participants' responses and, how they related to the selective codes, and how the selective codes were associated with each other within the thematic codes that emerged through the data analysis process. Table 2 organizes 15 selective codes and five subcodes under the themes of solo play, how the therapist communicates, and how the child communicates. Table 3 organizes 17 of the selective codes and six subcodes under the themes of joint play, how the therapist communicates, and how the child communicates. The two figures provide possible exchanges using the codes between a child-centered play therapist and a child when the child is engaged in solo play and when they are involved in joint play.

Table 2

Thematic Coding Solo Play

Therapist	Child
Therapist asks questions to gain understanding	Choice of Symbolic Play Subcodes 1) Symbolic and imaginative play represents life experiences 2) Materials represent: self, others, how they feel about self, needs and desires 3) Through symbolic and imagination child communicates: desires, emotions, thoughts, and an understanding of self 4) Symbolic play is the universal verbal and non verbal language of children
Therapist vocalizes child's efforts	Child labels feelings
Therapist interprets and reflects child's symbolic play and feelings	Child confirms or disconfirms therapists understanding of their symbolic play
Therapist reflects their corrected understanding of the child's symbolic play	Child labels toys/Figures
	Movement of Toys/Figures
	Children narrate play
	Children vocalizes their thoughts
	Children utilize sound effects
	Children communicate with their bodies
	Child ensures witness to their symbolic play
	Choice of symbolic play repeated Subcode Symbolic play and imagination changes over repetitions to become more hopeful/successful

Table 3

Thematic Coding Joint Play

Therapist	Child
Therapist embodies the child's role Subcode Therapist enters into child's world	Choice of Symbolic Play Subcodes 1) Symbolic and imaginative play represents life experiences 2) Materials represent: self, others, how they feel about self, needs and desires 3) Through symbolic and imaginative play child communicates: desires, emotions, thoughts, and an understanding of self 4) Symbolic play is the universal verbal and non verbal language of children
Therapist seeks role confirmation (whisper technique)	Child assigns role to therapist
Therapist interprets and reflects child's symbolic play and feelings	Child confirms or disconfirms therapists understanding of their symbolic play
Therapist reflect their corrected understanding of the child's symbolic play	Child labels toys/Figures
Therapist vocalizes child's efforts	Movement of Toys/Figures
	Children narrate play
	Child assigns a role to themselves
	Child uses character to ask question
	Children vocalizes their thoughts
	Children utilize sound effects
	Children communicate with their bodies
	Child ensures witness to their symbolic play
	Choice of symbolic play repeated Subcode Symbolic play and imagination changes over repetitions to become more hopeful/successful
	Child labels feelings
	Child assigns role to self

Figure 1

Example Sequence for Solo Play

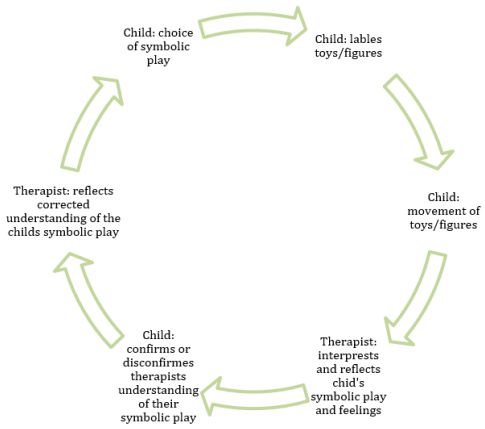
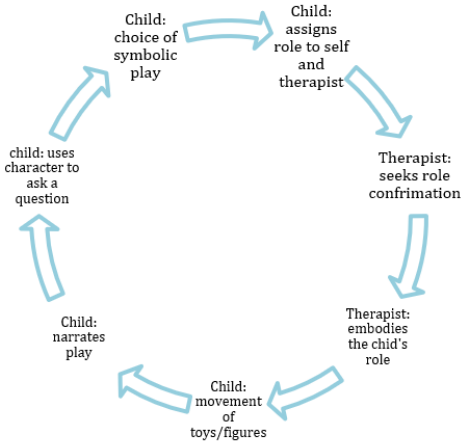


Figure 2

Example of Sequence for Joint Play



Evidence of Trustworthiness

Researchers must provide enough information regarding the steps they took to conduct an ethical, valid and reliable research study for readers to trust the findings. For a reader to trust a study's findings, a researcher must demonstrate the study's

methodological reliability and validity. In qualitative research, a researcher can demonstrate their study's validity through the rigor and quality they employ when conducting their study (Ravitch & Carl, 2016). Through the rich description of the phenomenon they have studied, a researcher can demonstrate the accuracy of their findings (Burkholder et al., 2020). There are several different ways in which qualitative researchers can demonstrate their study's trustworthiness, validity, and reliability. In the following sections, I will describe the steps taken in this research study to establish its trustworthiness, validity, and reliability through the demonstration of this study's credibility, transferability, dependability, and confirmability.

Credibility

Establishing a study's credibility is one way in which researchers can establish the trustworthiness and validity of a research study (Ravitch & Carl, 2016). In qualitative research, credibility is partially established by a researcher demonstrating that those interviewed were individuals with experience with the phenomenon (Rubin & Rubin, 2012). In the current study, the child-centered play therapist participants were required to have a minimum of 2 years of experience practicing CCPT with multiple clients. At the beginning of the interview, participants were asked about the number of years they had been practicing CCPT. The participants report a range of years of experience, with four years at the low end and 20 years at the high end. This study's interview questions, which can be seen in Appendix A, were written to elicit the therapist's clinical experience of symbolic play and imagination as a method of communication. The child-centered play therapists were asked to think about and share specific case examples from their clinical

experience in which they felt those communication methods were important to a client's healing journey. These research questions provided rich details about the therapists' experiences of symbolic play and imagination in their CCPT sessions.

A second way in which a researcher can demonstrate their study's credibility and validity is through triangulation (Ravitch & Carl, 2016). This study implemented methodological triangulation. As the data collection and analysis process occurred, I created and updated a selective code triangulation document in which each selective code was recorded as it was made and which data sources it was found within. This document enabled me to see when a selective code was found across both sources of data. This triangulation document also enabled me to recognize when a selective code was only found within one data source. As I updated this triangulation document, I engaged in reflective journaling to engage in self-reflection as the data was being transcribed and analyzed.

Transferability

Transferability in qualitative research is focused on maintaining the context specific richness of the research study while considering which broader context the study's findings may be transferable to (Ravitch & Carl, 2016). Qualitative research does not focus on creating transferable findings for other settings or contexts. However, by creating thick descriptions of the study's context, readers can consider what other settings or contexts the study's findings may be transferable to (Ravitch & Carl, 2016). This study provides a detailed description of the semi structured interview questions in Appendix A. The interview participants were asked these questions as well as follow up questions

based on their responses to the questions in the interview guide. The purpose of asking follow up questions was to gain clarification and confirmation that I understood what they were sharing about their experiences. A semi structured interview format was chosen to allow me to ask these types of follow up questions.

This study also provided a thick description of the demographic information gathered through the data collection process for both the interview and archival video participants. This thick description of the participant's demographic information and the setting in which the data was gathered was done to enable readers to determine the transferability of this study's findings.

Dependability

The dependability of a qualitative research study is based on the stability of the data that is collected by a given study (Ravitch & Carl, 2016). This stability of data involves the concept that the collected data is consistent with the research questions that were asked in the study (Ravitch & Carl, 2016). Dependability can be achieved in qualitative research through triangulation and sequencing of research methods (Ravitch & Carl, 2016). This study's research questions could not be answered through a single data collection method. For this reason, I gathered data from archival videos of CCPT sessions and completed interviews with child-centered play therapists. The archival videos of CCPT sessions provided data on the observable verbal and non-verbal methods children and therapists use in CCPT sessions to communicate with each other in sessions. The semi structured interviews with child-centered play therapists provided information regarding the therapists' experience of how they and their clients communicate in

sessions using symbolic play and imagination. While the archival video of CCPT sessions provided information regarding how children and therapists communicate with each other in a CCPT session.

Methodological triangulation is another way researchers can demonstrate their study's dependability and stability (Ravitch & Carl, 2016). I created a triangulation document during the data analysis process, which was continually updated. This document contains a record of each selective code and the sources of data it was located in. This study demonstrates a high degree of methodological triangulation with 13 of the selective codes found in the data from the archival videos of CCPT sessions and the semi structured interviews. Two selective codes and the six subcodes were found only within the interviews, and five selective codes were found only within the archival videos of CCPT sessions. The data triangulation document can be seen in Appendix B.

The completion of audit trails, which document the decisions made during a study's data collection and analysis phases, is another way a researcher can demonstrate their study's dependability (Babbie, 2017). During this research study's data gathering and analysis phase, I kept a combination of reflective memo and file audit. In this file audit document, I recorded choices I made regarding creating and revising selective codes. I kept this document in order to increase readers' dependability in the codes created through this study's data analysis phase.

Confirmability

Confirmability is another way a qualitative researcher can demonstrate their studied trustworthiness (Ravitch & Carl, 2016). In qualitative research, confirmability

can be achieved through reflexivity and triangulation (Ravitch & Carl, 2016). Reflectivity involves a researcher engaging in critical self-reflection of their biases and theoretical predisposition (Urquhart, 2013). As both a practicing play therapist and researcher, it was vital for me to keep and maintain a reflective memo during this study's data collection and analysis phases. Within this reflective memo, I reflected on my experiences practicing CCPT with clients and how my experiences differed and were similar to the experiences shared by my interview participants. Using the reflective memo allowed me to examine my biases and theoretical predispositions, keeping them separate from the data gathering and analysis. This way, I could honor the experiences shared in the interviews. I also sought to honor the language my interview participants chose when engaging in the data analysis process and creating the study's selective codes.

Results

This study involved four research questions that explored how child-centered play therapist and their child clients communicate with each other in CCPT sessions through symbolic play and imagination. These research questions guided the questions asked in the semi structured interviews with child-centered play therapists, the selective coding of the archival videos of CCPT sessions, and the interview transcripts. This data analysis revealed 26 selective codes organized into 20 main selective codes and six subcodes. Three of these main selective codes had sub selective codes associated with them. The first of these main selective codes with sub selective codes associated with it is the choice of symbolic play.

Selective Code 1: Choice of Symbolic Play

Each of the interview participants were asked about a case in their clinical experience where a child's engagement in symbolic play was important to their healing journey. This question, among others asked during the interview, revealed the selective code of choice of symbolic play. Child-centered play therapists are encouraged to stock their playrooms with various symbolic play materials to encourage and facilitate children to communicate (Landreth, 2002). Further, CCPT theory supports the idea that children in session choose what they will engage with in sessions (Landreth, 2002). As such, CCPT theory and teachings support the selective code choice of symbolic play. The choice of symbolic play is one way in which children communicate with their therapist in sessions. I was able to locate this code in each of the interview transcripts.

Participant IP1 discussed a case in which they worked with a young boy who was diagnosed with autism and desired to have friends. She shared that in his CCPT sessions, he chose to engage in symbolic play utilizing the sandtray, "He flooded the sandtray, and he coloured it red. And it was kind of it looked like really scary. And there was this tiny island just in this poisonous Red Sea, and he called it poisonous. He said, it's dangerous, this Red Sea. And he had like a lighthouse on the island." Out of the various materials available to him in the play therapy room, he chose to utilize the sandtray to create a tiny island surrounded by what he called a poisonous red body of water. It is possible that the creation of this tiny island surrounded by poisonous water was the client's way of communicating their isolation and loneliness.

Participant IP5 spoke about a case in which their client engaged in various types

of symbolic play. However, they believed that their client's choice of symbolic play was their way of understanding why their father was not in their life. This participant expressed, "Sometimes he play the same thing and sometimes he wouldn't. And it was often there became this dynamic of father and son that seemed to play out because he was trying to understand why his father wasn't there." When a child engages in a similar type of symbolic play over several sessions and/or using different types of play materials like a dollhouse and puppets this is referred to as a theme. Types of themes in CCPT include nurturing, power and control, and safety. Participant IP3 also spoke about the importance of play themes in their client's choice of symbolic play. "So acting out similar themes to like, you know, parents going to jail, police being contacted, family members being harmed and acting out those pieces being quite powerful in terms of the child being able to control the outcome of that." This participant indicated the importance of a child being able to choose and control how their symbolic play progresses in session.

Some children who participate in CCPT sessions use the materials available in the CCPT room to communicate their choice of symbolic play as shared by participant IP2. This participant shared an example of a case in which their client used various materials and the space available to them in the CCPT room to explore their choice of symbolic play. "So he would create these elaborate wildfire scenes using the entire play space, always using the, we had some great Playmobile fire trucks and ambulance and police cars, so using all of those, using all of the different emergency characters. And then there was trees and sticks and stuff. So he would just create these elaborate scenes throughout." This participant highlighted how a client's choices of different materials in the CCPT

room can help communicate their choice of symbolic play.

Children in CCPT sessions are not dependent on the materials in the room to choose their symbolic play. They can also utilize themselves as an actor to communicate their choice of symbolic play, as shared by participant PI4. This participant shared how one of their client's symbolic play choices involved using themselves to engage in baby play. "Baby play played out being different ages herself, kind of take. She took herself back all the way until she was a baby throughout our process together." This child used themselves as an active participant in their choice of symbolic baby play.

As triangulation was an integral means by which this research study demonstrated its trustworthiness, it is essential to note that the selective code of choice of symbolic play can also be found in each coded video transcript. Each archival video of CCPT sessions took place in different CCPT spaces with different children. Within the videos, it was possible to see the wide variety of materials available to the children in the CCPT spaces. These choices included a house center, figures, puppets, and dress up items, to name a few of the options available to them. This range of available materials highlighted in each video that the child was choosing between the materials available to engage in the specific choice of symbolic play that they expressed in the video.

Participant VP2 chose to sit beside a sandtray in their session and then engage with a range of vehicle figures that they utilized to have a crash. Despite sitting beside their sandtray this client did not choose to include the sandtray in their choice of play. "Client verbal response; its these three vehicles that got into and accident. Therapist verbal response; oh there's an accident those three, Client verbal response; there's kids on

the bus." Similarly, participant VP3 had a range of materials available to them to choose from; however, they chose to spend their entire session time engaging with figures they labeled as bobble heads and littlest pet shop. Using these figures, the child was able to engage in symbolic fighting play. Participant VP3 verbal response; "now you bonked me. I'm going to kill you because you bonked me. Makes fighting sounds." Then the participants non verbal behavior had their figures fight with each other.

Participant VP1 chose to engage in a couple of different choices of symbolic play during their session time; these types of symbolic play had them taking an active role within their play. In the first example, the child engaged in symbolic play utilizing a toy phone in the CCPT room. Participant VP1 makes the sounds of a phone ringing and then picks up the phone. She says, "Hello, Hi unh hum yah bye." Participant VP1 then hung up the phone before stating, "That was quick." The therapist responded to this symbolic play by saying, "That was a fast phone call." At another point in the session, the child discussed with their therapist that they were going to engage in cooking play, demonstrating their ability to choose to engage in multiple types of symbolic play in a single session. Participant VP1 stated, "Now what I'm going to make is a little cake. I'm going to make some pancakes as a little snack." This was paired with them choosing a pan from the bowl of items inside the kitchen set and placing it on top of the stove, then picking up a spatula in their hands. The therapist responded to this symbolic play sequence by saying, "So your going to make pancakes now for a little snack."

The data analysis process found four sub selective codes that were directly associated with the main selective code of choice of symbolic play. These four sub

selective codes were found during the analysis of the interviews with child-centered play therapist's transcripts. As these sub selective codes are interpretive of a children's engagement in symbolic play, they were only located within the interview transcripts. They were not observable in the archival videos of CCPT sessions.

Subselective Code 1.1: Symbolic Play and Imaginative Play Represent Life Experiences

Data analysis of the interviews revealed this sub selective code of symbolic play and imaginative play represents life experience within each of the interviews analyzed. This sub selective code suggests that the children's choice of symbolic play represents experiences they have had outside of the CCPT room. During the interview, participants were asked how their clients communicate with them through symbolic play and imagination. The responses suggest their belief that their child client's engagement in symbolic play and imaginative play is a way in which they communicate to them about their life experiences. This belief aligns with CCPT theory, which states that children play out their feelings and experiences (Landreth, 2002).

Participant IP3 shared, "It can be thematic, where it's just the same themes that the child is dealing with in real life come out, but it's not in the same character format. It allows an opportunity to keep distance and to kind of get closer at the same time. But I've definitely seen for a lot of like, a lot of trauma where maybe they don't have the verbal ability to describe the trauma that happened, but they can act out pieces of it or fragmented memories." In comparison, participant IP4 was not as direct in describing their belief that their child's symbolic and imaginative play represents their life

experiences as participant IP3.

Participant IP4 shared a clinical example to demonstrate how clients will play out their life experiences. “I knew that he was experiencing difficulties at school socially, and he, he was playing out a lot of stories where the interaction between the puppets would escalate and they would start off playing a game and then get angry at each other and start attacking each other. Uhm, and then the endings were clearly not ending that would happen in in real life, like the, the adult turtle or whatever wouldn’t respond the way that I assume that a teacher or parent would respond. And it was kind of okay for that turtle to be aggressive and get rid of the other one, whereas I don’t, yeah, it was clearly something he was struggling through in real life, like wanting, wanting that to not be a difficulty, wanting that.” This example by participant IP4 demonstrates how a child incorporates their imagination into their symbolic play, which represents their life experience rather than how they wish they could respond. In the situation described by participant IP4, the child struggled socially at school, but then the child’s imagination adds to their symbolic play experiences they have not experienced in real life (the definition of imagination in this research study) by having one puppet get rid of another.

Participant IP4 also described another case in which they believed another child was playing out their life experiences without needing to discuss what had occurred. “She could refer to her own feelings as well and mention her mom, but a lot of the time. There were those moments of it seemed as though that those connective moments of knowing what we were both playing about but not actually speaking it.” This is similar to what participant IP1 shared, “Well, I think the the magic of CCPT is that it is through

metaphor, and it is so wonderful because the child doesn't necessarily know that they are playing out their life story." Both of these child-centered play therapists discussed in their interviews how children are able to through symbolic play express what their experiences are without having to directly vocalize it to their therapists.

A number of the interview participants focused on how one of their clients' real life experiences could show up in their symbolic and imaginative play. Participant IP1 shared "You know, like they'll be play out like if they've got like a mean teacher that might show up as like a witch or something like if there's really struggling this, particularly the kids with neuro-diversity. And the teacher might not understand them. And so the teacher shows up as the witch or whatever so like it."

Similarly, participant IP2 shared the example of a child they worked with and a connection to what they knew was going on in the child's real life with what they played out in the CCPT room. This participant shared their thoughts regarding the link between the child's continuous wildfire symbolic play in their CCPT sessions and their feelings about themselves. "And I think some of the things that I got from it is that like I think there was often fires in his life, that he, he was a, had an explosive temper at times, not at times often. And I think sometimes the message, like he gets the message that he's bad when that happens and that it's just this endless working trying, like working tirelessly to try and contain that, but it just is not possible sometimes." Through their efforts to put out wildfires, the child was able to express that they were trying to contain their own temper, but that was challenging for them.

Participant IP5 focused on how the CCPT materials and the child's engagement in

symbolic and imaginative play were related to what the child was trying to understand about their life. Participant IP5 shared, “But we played through the puppets. There was times it was violent and I understood from other conversations with other people that his father had been violent. And then there were times that it was very nurturing and kind. And there was times that he got mad trying to sort things out. So it just seemed like the whole time he was just trying to make sense of why his father had gone away.” This example shows the importance of materials as a means of communication in CCPT sessions.

Subselective Code 1.2: Materials Represent: Self, Others, How they Feel about Self, Needs, and Desires

Data analysis of the interviews revealed the sub selective code of materials representing self, others, how they feel about self, needs and desires. This subcode can be found in each of the interview transcripts. CCPT theory proposes that child-centered play therapists should choose materials for their playrooms to enable children to express the real life experiences that lead them to therapy (Landreth, 2002). During their interviews, each of the therapists focused on different aspects of this subcode, such as self, desires/needs, and others.

Participant IP1 focused on the client’s selection of materials in the CCPT room and how they represented what the child desired or needed. This participant shared, “I was playing a pirate game with a kid who just wanted to find the treasure. And obviously, that’s, you know, finding relationship with his friends, or a deeper relationship with mom that he felt he’d lost.” Later in the same interview, this participant described another way

in which this child expressed their desire or need for friendship in their symbolic play in the CCPT room. This participant shared “and he was digging down to the bottom, saying that, you know, because you got the blue bit at the bottom. So that’s the sea. And he made several little islands, and then he started to put bridges on them as well. And so that was him symbolic. Right? It was him. I’m ready to form relationships with other kids now and that’s when he got his friends.” For this child, the placement of the bridges (a material) in the sandtray signaled his readiness for his desired friendships.

Other child-centered play therapists focused on how the materials chosen by children to play with represented themselves and how they felt about themselves. Participant IP2 shared an example of how they believed that a client continually chose to assign themselves the role of a police boy by choosing a playmobile male police figure for their symbolic play, which communicated how they felt about themselves. They reported, “but sometimes this police boy was the bad police boy and he wasn’t bad, but I think he felt of himself as he was bad.” This therapist believed that the child sometimes described the police figure as a bad police boy as their way of communicating; they felt negatively about themselves.

In some cases, the child will share with their therapist that the figure they are creating is a representation of themselves directly in session. This can be seen in what PI4 shared, “It was, it was a kid who drew himself as a knight, and would do a lot of drawings about castles and dragons, and all of this stuff, and I was able to talk where he talked to me about his pictures, a lot of themes of protection.” Not all children are consciously aware that their choice of materials represents themselves.

This subcode also speaks to how the choices of materials by children represent how they feel about themselves. Participant IP3 shared their clinical experience that through symbolic play in CCPT, children can play out how they feel about themselves through characters. IP3 shared, “So I think it allows them to get out the emotions, kind of have the mastery of taking control, maybe being able to take on roles that they weren’t able to, to do or take on during the trauma. So if it’s a child, you know, maybe they weren’t able to take on a protective rescuer role. They could have, you know, they could have some negative feelings themselves that they weren’t able to stop something or prevent something, but in the play they can. Either out of themselves becoming a character, or bringing in allies, or bringing in helpers, then they can do that.” In this example, the therapist shared how a child was not able to take on a protective role when something bad happened in their life, and they felt negatively about themselves due to this. However, through their choice of materials, they would take on that role in their symbolic play.

Finally, this sub selective code also speaks to the materials a child chooses to engage with in the CCPT room, which can represent others. Participant IP5 shared a case example in which the child chose to use themselves and natural materials to represent their deceased father and his burial. This participant shared, “I think he was just trying to experience what what the death might what death might feel like, being buried on and like he was laying on the cold ground because it was cold here last week under a pile of leaves and it was dark, you know. I think he was just trying to come to some understanding of what it would be like to be dead like his dad.” In this way, the child’s

choice to lay on the ground and have leaves placed on top of him was his way to representing the passing and burial of his father.

Subselective Code 1.3: Through Symbolic Play and Imagination Children Communicate: Desires, Emotions, Thoughts, and an Understanding of Self

The child-centered play therapists who participated in the interviews were asked about how children communicate with them through symbolic play and, later in the interview, through imagination. Analysis of their interview transcripts led to the sub selective code through symbolic play and imagination children communicate: desires, emotions, thoughts, and an understanding of self. Each of the interview participant's responses to the interview questions regarding how children communicate with them through symbolic play and imagination contributed to this sub selective code. This sub selective code is in line with CCPT theory, which encourages therapists to have materials that allow for the expression of a wide range of emotions and that through CCPT, children can develop their understanding of self (Landreth, 2002).

Participants IP2, IP3, and IP4 focused on how children communicate their desires through symbolic play and imagination. Participant IP2 shared a case example in which they felt their client was trying to communicate with them regarding their desire to put out the fires in his life but that it was not always possible through their attempt to put out wildfires. Participant IP2 reported, "So we were constantly moving around the playroom working hard to put out these fires. So that's kind of what the theme of the or the scene was that he set each time and and I think some of the things that I got from it is that like I think there was often fires in his life, that he, he was a, had an explosive temper at times,

not at times often. And I think sometimes the message, like he gets the message that he's bad when that happens and that it's just this endless working trying, like working tirelessly to try and contain that, but it just is not possible sometimes." In this clinical example, the child was required to engage their imagination, which is defined as something the child has not experienced in real life, to compare their temper to wildfires.

Participant IP4 shared how a client of theirs communicated their desire for protection from bad people following one of their family members having experienced a sexual assault. Participant IP4 shared, "It was after a family member had been assaulted, sexually assaulted. So a lot of, a lot of sand. It kind of brought in to using more than just the sandtray to using more of the room, but a lot of play around protection boundaries, the bad guys being on the tray under the table. People being put in jail like a lot of again without explicitly talking about what had happened". Participant IP3 put it very succinctly when they shared, "If they are taking on a role of nurturing, that could be something that they didn't have and something that they want or they need." In both examples, the therapist communicated their belief that the client's symbolic imaginative play was their way of communicating their desire or need for something such as protection or nurturing. This play can also be the child's way of communicating other things as well.

This sub selective code also stipulates that children communicate their thoughts and ideas regarding themselves and others through symbolic play and imagination. This was demonstrated in what was shared by participant IP1. Participant IP1 shared their clinical experience in working with children who had experienced domestic violence at

home and how they would communicate thoughts and feelings about themselves and their families through their symbolic play and imagination. IP1 reported, “A domestic violence client. I’ve worked with many of them, so I was working in a shelter as well. So often they will come in, and they will get something like. In this case it was a little tiny crab. And they would hide the crab under the sand, and obviously that’s them. And then there would be like a big dinosaur, like a T. Rex, or something stomping around. And there would be something else for their mom like a rabbit or something, and the dinosaur would like, beat up and push out, knock down buildings and fences, as in knocking down everybody’s boundaries right?” In this clinical example, the child communicated that they felt small and needed to hide by choosing a crab figure for themselves while choosing a large animal like a T Rex to represent the perpetrator.

Subselective Code 1.4: Symbolic Play is the Universal Verbal and Non Verbal Language for Children

The data analysis of the interviews with child-centered play therapists revealed the sub selective code that symbolic play and imaginative play is the universal verbal and non verbal language for children. Three of the therapists interviewed shared their belief that play is the language of children. This belief is based on CCPT theory, which states that play is children’s natural means of communication (Axline, 1974; Landreth, 2002). Participant IP6 shared their experience working with a child who had lost a family member and how they expressed their experience of that loss through their symbolic play in the sandtray and beyond the sandtray. They stated, “All people going through loss, grief and loss need to tell the story of the death somehow, someway. So I’m not

expecting a child to sit down and give it to me in words." Participant IP5 shared, "I really believe that children, in as we say all the time as a play therapist, in the language of play, that they will show me what they are thinking about, what their feelings are, what their experiences are, what they are trying to understand through their play." Participant IP3 linked this language specifically to symbolic play. This participant shared, "All play is communications, right? So whether it's verbal or not, so symbolic play is communication. So I feel like when a child presents something that is something that they want or they need and something that they're longing for. I believe that it comes out for a reason. It comes out because they're processing it, or they're stuck, but that's still something that they're dealing with." This belief that children's language is play makes a child's choice of symbolic play an important method of communication.

Selective Code 2: Choice of Symbolic Play Repeated

Data analysis of the interviews revealed the main selective code of symbolic play repeated. This selective code speaks to how children in CCPT sessions will frequently engage in the same type of symbolic play over a variety of CCPT sessions. As the archival videos of CCPT sessions involved different children, it was impossible to locate this selective code within that data source. Four of the therapists interviewed shared their experiences with their clients engaging in the same type of symbolic play over multiple sessions with them.

Participant IP4 shared one of their clinical cases in which their client engaged in symbolic play in which they would be locked in jail and then set free over multiple sessions. They reported, "And kind of like imagining that he was in jail and then I set him

free and then like it was a lot of repetitive and then switching to me being the person who was hiding, waiting to be found." Participant IP5 focused on how their client would repetitively use the puppets to engage in repetitive symbolic play during their CCPT sessions. Participant IP5 shared, "He wanted to use puppets, and we used puppets every time we got together and I was. I was one particular puppet, and I always had to start the game the same way." Finally, participant IP2 shared a clinical example in which their client engaged in repetitive symbolic play both within a session and over the course of multiple sessions related to having to put out wildfires. This participant shared, "And so he continuously working tirelessly to put these fires out and in the beginning it was like they were never like he just about get them out and then they'd start again up somewhere else in the other part of the playroom. So we were constantly moving around the playroom working hard to put out these fires." The choice of symbolic play is one way in which children communicate, and the repetition of this same type of symbolic play may be the child's way of communicating the importance of that type of symbolic play to them.

Subselective Code 2.1: Symbolic Play and Imagination Changes over Repetitions to Become more Hopeful/Successful

The subcode of symbolic play and imagination changes over repetitions to become more hopeful/successful, builds on the previous selective code that children repeat their symbolic play as a child must repeat their play before it can be changed over repetitions. The participants were asked how children communicate with them in CCPT sessions through symbolic play and imagination. Their responses to these questions

revealed that in their clinical experience, a child's imagination allows for changes in their symbolic play to become more hopeful or successful over repetitions. As this code speaks to repetitions over various sessions and the archival videos of CCPT sessions each involved a different child, there was limited opportunity for repetition to be observed.

In each interview, participants shared their experience with their client's repeated symbolic play, becoming more hopeful/successful over different sessions. A few examples of the participant's responses will be shared here. Participant IP1 shared her experience working with children who had experienced domestic violence and how their play changed over repetition. She shared, "It was really amazing, and she played out this hulk, bashing down the doors of the Barbie house, and the two Barbie's inside were quivering with fear, and he came right in and was like throwing things. But in the end the Barbie's rose up and they shut the door, and they locked it and made sure the Hulk couldn't get in. And yeah, so like she that story changed like, we watched it several times. And it is really powerful, and they don't necessarily know it is therapeutical therapy, but it it does work." This example demonstrates how the child's symbolic play can change over repetitions to have the Barbies go from quivering in fear of the Hulk to locking the door so the Hulk cannot enter.

Hopeful was chosen as one of the words to describe the change in the children's play based on what participant IP2 shared. This participant reported, "I was saying it's hard when you're, you're working so hard and the fires just keep happening. So just being able to reflect back what I was seeing and then with time he was able like the fires were still happening but there was, it was hopefully it's, I'm go get that person to help

me. And it was just really awesome to see there was a shift in the play and that it wasn't so hopeless that these fires just keep happening. He was able to access some other resources to help him put the fires out. And then they eventually he put them out and they stayed out and then finally one time he didn't play this anymore". This participant was very specific that over repetitions, their client's play became more hopeful and less hopeless as they were finally able to put out their wildfires, and they finally stayed out.

Participant IP3 suggested that a child's imagination was responsible for their play becoming more hopeful or successful through repetition. This participant shared, "So sometimes when they act of trauma the outcome is the same outcome as in real life, which could be a positive or negative outcome of a trauma. But it allows them to insert other things into the play, like fantasy characters, or have themselves take on a more powerful role, either by acting the characters or by the way they move the character. So by doing things like, you know barrier, protection, inserting themes of safety or nurturing." This participant responded to the interview question regarding how children communicate through imagination. They provided the above clinical example in which, through repetitions of symbolic play, their client inserted fantasy characters using their imagination into the play, making it more successful and safer for them.

Selective Code 3: Child Labels Toys/Figures

The preceding selective codes were primarily found within the interviews with child-centered play therapists. Many selective codes were identified from archival videos of CCPT sessions. While the research and interview questions were used to guide the data analysis of the interview transcripts, the research questions, the study's definition of

symbolic play, imagination and communication, and CCPT theory were used to guide the analysis of the archival videos. CCPT theory states that a therapist should not label a toy or figure that a child is using in session before the child labels that toy or figure (Landreth, 2002). CCPT theory states that this is because it returns control of the session to the child and enables them to feel heard, understood, and accepted (Landreth, 2002). Analysis of the archival videos of CCPT sessions revealed that children in CCPT sessions communicate with their therapist by labeling the toys and figures they use in sessions.

In each of the archival videos of CCPT sessions, it was possible to find examples of times when the child labeled the toy or figure they were playing with in the session. Participant VP3, in their CCPT session, spent most of the time sorting and organizing figures, eventually labeling some of those figures as hamsters, which she stated she enjoyed. Participant VP3 expressed, “This one I think and this one love hamsters.” While this participant labeled the figures they were choosing and suggested, they picked them because they loved hamsters. Participant VP2 labeled where they were in the play and what the figure was. Participant VP2 stated, “I’m in this pick up truck.” Finally, a child may also label aspects of a toy or figure they are using, as participant VP1 did when they labeled parts of the toy kitchen set they were playing with. In this session, participant VP1 picks up an item on the kitchen set and sets it back down. They then move the faucet on the sink before stating, “Dials and sink. Oh, I see there broke a little.” These examples demonstrate how children in CCPT sessions label the toys and figures they use, allowing the therapist to use those labels when communicating with the child about their symbolic play and imaginative play in sessions.

Selective Code 4: Child Labels Feelings

Labeling toys and figures is not the only labeling children do in CCPT sessions; the data analysis of the archival videos revealed that children also label their feelings. This labeling of feelings can be directly seen in the archival videos of CCPT sessions, which were discussed by participant IP4. This participant shared a case example where the child could discuss their feelings in session. “She could refer to her own feelings as well as mention her mom, but a lot of the time. There were those moments of it seemed as though that those connective moments of knowing what we were both playing about but not actually speaking it.” While this participant did not share what feelings her client labeled and shared in sessions, she shared that this client could talk about their feelings.

In the archival videos of CCPT sessions, participant VP1 could label their desire for something to happen and that they liked a toy in the CCPT room. Early into their CCPT session, this child ran into the room and punched a bop bag, stating, “Take that.” The child-centered play therapist labeled the item, “That’s yogi.” To which the child responded, “I like yogi.” Later in that same CCPT session, while engaged in symbolic cooking play, they stated their desire for what they were cooking to be finished cooking. Participant VP1 said, “Hmmm going to make some cheese. I wish these things were done now.” This selective code is supported by CCPT theory, in which therapists are encouraged to include toys and materials in the playroom to facilitate and enable children to express their feelings (Landreth, 2002).

Selective Code 5: Children Narrate Play

The data analysis of the archival videos of CCPT sessions and the interviews

revealed the code that children narrate their play in CCPT sessions. One of the therapists interviewed spoke about children's ability to narrate their play directly when asked how children communicate in sessions through symbolic play. Participant IP3 shared, "Especially when they don't quite have the full verbal ability to narrate their play. They can give you kind of a few words here and there." She spoke about how when working with young children who often don't have the language ability to narrate their play fully, they can, however narrate their symbolic play with a few words here and there.

The more developed a child's language skills are, the more they can narrate their symbolic play. In the second archival video of a CCPT session, participant VP2 narrated their symbolic play of a car accident. Participant VP2 started by sharing, "Siren sounds. The parade is cancelled." The therapist comments, "Oh no looks like the parade is cancelled something is going on." The participant makes more siren sounds and adds more vehicles to the play before commenting, "It's these three vehicles that got into an accident." In this way, narrating that the parade they discussed earlier in their play became canceled when three vehicles got into an accident. Emergency vehicles may be responding based on the sound of sirens going off. This is similar to how participant VP3 narrates their play of a fight occurring between two characters in their symbolic play. The participant starts off saying, "Hey I did it by accident. I whacked you with my tail like this." The participant then moved her figure to have the tail of the figure hit the other figure that was held by the therapist. In this way, the child both narrates their play and demonstrates what had occurred in the symbolic play.

Selective Code 6: Children Vocalizes Their Thoughts

The data analysis of both the archival videos of CCPT sessions and the interviews revealed the selective code of children vocalizing their thoughts in CCPT sessions. Participant IP5 shared a clinical example from their experience in which their client vocalized their thoughts that the therapist's figure should go to bed because the child's character was the father. The child stated that as they were the father and so they were in charge of the therapist's figure, who was the child in the symbolic play. Participant IP5 shared, "Oh, I remember even one time he was trying to put Bruno to bed, trying to go to sleep, and I kept acting up and getting up. Can I have a drink of water? Can I go? Can you read me another story? They just doing all those typical childish things. And he got really, really angry, really angry, like why don't you just going to bed? I told told you, and I'm in charge. I'm the father. You just go to bed." In this way, the child could vocalize their thoughts about what the therapist character in the symbolic play should be doing.

This selective code of children vocalizing their thoughts was also found within the archival videos of CCPT sessions. The archival videos demonstrate that children can vocalize their thoughts about what they like, what items in the CCPT room look like, and what they will do in the CCPT room. Participant VP1 vocalized their thoughts on what they would do in their CCPT session, "I'm going to write a list. On this them I'm going to write something. A list." While participant VP3 vocalized their thoughts about a figure in the play therapy room being their favorite when they stated, "That's my favorite." The participant vocalized this thought when they did not allow the therapist to have one of the

littlest pet shop figures as they wanted that one for themselves. These examples demonstrate that children can vocalize their thoughts about various topics in CCPT sessions. These vocalizations of the child's thoughts provide insight into their symbolic and imaginative play.

Selective Code 7: Children Utilize Sound Effects

The data analysis of the archival videos of CCPT sessions revealed the code of children utilizing sound effects to communicate in sessions. This code suggests that children include the use of sound effects to assist them in communicating in CCPT sessions and enhance their symbolic play. The analysis of the archival videos revealed that children can use multiple sound effects in a single CCPT session. Participant VP1 utilized both a phone ringing sound effect and a cooking timer sound effect in their CCPT therapy session. The child used the sound of a ringing telephone to signal to the child-centered play therapist a change in their symbolic play, while the cooking timer sound effect was used to signal that what they were cooking was done. To signal a change in their symbolic play participant, VP1 made the vocalization of a phone ringing, “ring ring ut ooh.” Then they walked over and picked up a toy phone that was sitting on the table. This same participant later in the session made the sound of a cooking timer go off to signal what they cooking was finished, along with their non verbal actions in the session. This participant made a “Bing” sound before going over to the kitchen set in the CCPT room, taking an item out of the set and placing it on the table. Participants VP2 and VP3 highlight the use of sound effects in symbolic play with vehicles. Participant VP3 chose to make siren sounds to highlight the police responding and arresting the therapist figure

in their symbolic play. While participant VP2 included driving sounds when engaging in symbolic play with different vehicles in session, they shared, “Vroom, vroom, beep beep.” These children used various sound effects to communicate and enhance the symbolic play in their CCPT sessions.

Selective Code 8: Children Communicate with their Bodies

The data analysis of both archival videos of CCPT sessions and the interviews revealed the selective code that children communicate with their bodies in CCPT sessions. One of the therapists interviewed shared a case from their clinical experience in which the child’s communication through their body was an important component of how they communicated in their CCPT sessions. Participant IP2 shared, “It wasn’t’ necessarily as much about the content, but it was the way she was doing things with her big body movements and the throwing a lot of paint and messing it up and just so she would say things I just need so much space and, and like just this real need to kind of share that this messiness is her life.” This therapist described a child who used art materials as symbolic play in their CCPT session. Through her large body movements, she was able to communicate to her therapist her need for space and how messy she felt her life was.

The selective code that children communicate through their bodies in CCPT sessions can also be found within the data from the archival videos of CCPT sessions. Participant VP3 used her body to communicate at various points throughout her CCPT session. During the session, participant VP3 used their hands, waving them over a pile of figures on the floor when they were labeling the figures at the littlest pet shop, “Actually

littlest pet shop." Then, later in the session, the participant placed their hands on two different spots on the carpet to indicate where each animal pile they were discussing with the therapist should go, "Wild animals here and I'll collect the home animals here." Finally, towards the end of the same CCPT session, participant VP3 placed their hands on their child-centered play therapist as a way to communicate with the therapist that she wanted them to stop choosing figures from the pile of littlest pet shop figures. In each of these cases, the child was able to communicate a variety of different things using their bodies in their CCPT sessions.

Selective Code 9: Movement of Toys/Figures

The data analysis of both the archival videos of CCPT sessions and the interviews revealed that children's movement of toys and figures in CCPT sessions is one way in which they communicate. Participant IP3 stated it best when they shared, "Sometimes we talk about children finding their voice. And finding that voice I think most people think of as verbal, right? But sometimes maybe finding their voice is, is through their actions." This example suggests that children's physical actions can function as a method of communication in the same way in which their voices can be used to communicate. A child's actions may actually be a more precise and accurate form of communication due to children's limited language development.

Interview participants IP1 and IP4 provided examples from their clinical experiences in which the children they worked with communicated with them through the movement of toys and figures. Participant IP4 shared a case they worked with in which the child they were seeing communicated that something was dangerous by throwing a

ball at it when they were playing a game of mommy and baby cats. This participant shared, “There was one time when she was playing that we were cats, and there was a blanket on the floor and she would chuck a ball if any imaginary thing same too close. That was dangerous, as she called it. Communicated without without saying it.” Participant IP1 shared a case from her clinical experience in which a child who had experienced domestic violence she was working with communicated the possibility that they were feeling scared by having their figure hide in the sand. This participant shared, “In this case it was a little tiny crab. And they would hide the crab under the sand, and obviously that’s them.” The placement of the crab figure under the sand and the throwing of the toy ball at imaginary items are just two examples of how the movement of toys/figures can be used to communicate in CCPT sessions.

The data analysis of the archival videos of CCPT sessions also revealed support for the selective code children communicate through the movement of toys/figures in CCPT sessions. The participant VP3 moved their figure in the air, having them circle around before being placed back on the ground. The therapists in the video followed this figure’s movement, saying, “Oh my goodness their flying around.” In this way, the client could communicate to their therapist that their figure was flying. This is similar to participant VP2, who moved the toy tow trucks to communicate that they were responding to a car accident that occurred in their symbolic play. Initially, the child moves a tow truck towards a vehicle crash while making siren sounds, then proceeds to choose another tow truck out of a bucket of figures and has it move towards the accident. Once the tow trucks arrive at the accident, the child moves the cranes on the back of the

tow trucks. The child-centered play therapist responded to the child's movements by commenting, "Oh we need another tow trucks, your getting the cranes all ready their hooks. Your having a little bit of trouble there you have it." These examples demonstrate how children can move toys and figures in CCPT sessions to communicate, which the therapist can observe and respond to verbally.

Selective Code 10: Child Ensure Witness to their Symbolic Play

The analysis of the first archival video of a CCPT session revealed the selective code that children ensure witness to their symbolic play. This selective code was found only within this single data source. Reviewing the archival video transcript and selective coding revealed that this code could be located six times within this CCPT session. This selective code can be seen in the interaction between participant VP1 and their child-centered play therapist. Participant VP1 claps their hands together in front of the therapist. They then turn back to the kitchen set and open the oven door. The oven door makes a loud noise as it is opened. The participant looks back at the therapist. The therapist responds by saying, "It kind of surprised you a bit there." Participant VP1 responds by saying, "Yah." Participant VP1, looking back at their therapist, indicates their motivation to ensure that they are paying attention to what is occurring in their symbolic play with the kitchen set.

In a second situation in the same session, participant VP1 begins by saying, "Ahhh." Then, she shakes her fingers while facing the stove on the kitchen set. The child then turns towards the therapist and visibly shakes her fingers, where the therapist has a good view of them. Participant VP1then states, "I got, yah I got." The child then turns

back to the stove and again places their fingers on the stove before waving them in the air. However, this time the participant vocalizes, “Ouch” before again turning back to the therapist and shaking her fingers in the air. It is at this point in the play therapy session that the therapist understands what participant VP1 wanted them to see and understand. The therapist demonstrates to the child that they understand by saying, “Oh you burned your finger.” To which the child replies, “Yah.” By turning their body towards the therapist and repeating her gestures, the child ensures that the therapist witnesses and understands their symbolic play. The child’s efforts to ensure that their therapist is watching their symbolic play suggest that they are trying to communicate something important through their play.

Selective Code 11: Child uses Character to Ask Questions

The data analysis of the fourth interview led to the selective code of a client using a character to ask questions. A review of the data from the archival videos of CCPT sessions and the transcripts from the interviews found this code only within the fourth interview. In the interview, participant IP4 shared, “She would ask questions on behalf of one of the characters to one of my characters or herself to me, or she would communicate the characters needs to me.” Here, the therapist discusses how her clients would use a character to communicate through symbolic play by asking questions. The questions may be something the child does not feel comfortable enough to ask on their own, and having their character ask the question may provide the child with a greater sense of emotional distance from a subject.

Selective Code 12: Child Assigns a Role to Themselves

The analysis of both the interviews and the archival videos of CCPT sessions revealed the selective code that children assign roles to themselves in CCPT sessions. The code was found in each of the interviews and archival videos. During the interviews, the participants were asked to discuss cases where their clients communicated with them through symbolic play and imagination. The participants shared clinical examples in which the children they worked with assigned themselves a role in their symbolic play. Participant IP1 discussed how their client assigned themselves the role of attacking the therapist's team, "And then he says to me and your team come and jump in, and then my team have to attack them, because they've jumped into the sandtray, and that you know." This child gave themselves a role involving toy figures in the CCPT session; however, children can also give themselves a role to act out.

Children in CCPT sessions can also choose to act out a role rather than using a figure to take on a role. Participant IP2 shared how their client gave themselves a role as a pirate to play out in the session. This participant shared, "Yes, yeah, and I feel like the only way he was able to articulate was through that being in that pirate role and glaring at me and, and hitting me with that sword." Participant IP4 shared a similar case example in which their client assigned themselves the role of a baby. This can be seen when participant IP4 shared, "Her pretending to be a little baby that was crying in the night make and the first, the first time she had to crawl herself all the way to the kitchen to get a bottle." It can be seen from these examples that when children assign themselves a role in their symbolic play, the therapist can understand the role the child has assigned

themselves.

Children assigning themselves roles in their symbolic play or imaginative play was found in the analysis of the archival videos of CCPT sessions. The data from the archival videos suggest that children can quickly assign themselves roles and may choose to communicate those roles verbally to their therapist. Participant VP1 quickly assigned themselves the role of a parent when they stated, “Pretend I’m your mom.” The archival videos of the CCPT session also revealed that children can be less direct when they assign themselves a role, as seen when participant VP2 stated, “Right now I’m going to the police station.” The therapist responds, “Your going to the police station.” Then, participant VP2 responded by stating, “Yah, to get my swat car.” This exchange confirms that the child has given themselves the role of a police officer rather than someone just going to the police station. These are examples of imaginative play as the children do not have experience being a parent or a police officer.

Finally, the analysis of the archival video of CCPT sessions revealed that children could assign themselves a task oriented role in a CCPT session. In one of the archival videos, participant VP3 spent the majority of their session time sorting figures into different piles. During this sorting play, the participant gave themself the role of sorting out a particular type of figure. Participant VP3 gave themself this role by stating, “How about I do the wild ones.” The archival videos of CCPT sessions demonstrated that children can assign themselves roles verbally and through a combination of their actions and verbal conversation. Children are not the only ones who can take on roles in CCPT sessions; therapists can be assigned roles as well.

Selective Code 13: Child Assigns a Role to Therapist

The analysis of both the archival videos of CCPT sessions and the interviews revealed the selective code in which children assign a role to their therapist. CCPT theory allows therapists to engage in symbolic and imaginative play so long as the child leads the play (Landreth, 2002). The interview transcripts revealed that children can assign their therapist a role directly. This can be seen when participant IP1 shared, "You know, with the kid who regresses to being a baby she's four she comes in every week she needs to just such on a pacifier and the baby bottle, and I'm like, oh you need to be a baby again. Oh, and she's like, and you're my mom. And I'm like. Okay, and I'm going to pretend to be your mummy while we're in this room." Children can also assign roles non verbally to the therapist, as was shared by participant IP4. Participant IP4 discussed how one of their clients assigned them the role of protector by giving them a toy ball. She shared, "Kind of, she shifted the responsibility the next session she came in and I, she gave me the ball to protect, protect the blanket." Further participant IP6 provided an number of different examples of how a client could non verbally invite the child-centered play therapist into the play. Participant IP6 shared, "You know, it could be crawling up to my feet or my legs and tickling, or it could be pushing a puppet's nose into my my ear or my neck. And these are all invitations without words." These examples demonstrate that children in CCPT sessions can verbally or non verbally assign their therapist a role when the therapist understands the symbolic play the child is engaging in.

The selective code of children assigning roles to their therapist was also found within the archival videos of CCPT sessions. Participant VP3 assigned their therapist a

role by saying, “Ah, I’m arresting you.” In this way, the child assigned the therapist a role by telling them what they would do to the figure they were using. Later, during the same symbolic play, participant VP3 directs the therapist to have their figure say something in the symbolic play. This occurs when the therapist stated, “Oh their so mad at each other they are really having trouble getting along.” At this point, participant VP3 says, “Your supposed to be saying that with that.” At that point, participant VP3 picks up the therapist’s figure sitting on a bus and hands it to the therapist. A child can also provide the therapist with details about their role. Participant VP1 provides their therapist with the following instructions, “Hmmm your favorite color is yellow and pink and pretend you keep switching back and forth.” These examples from the archival videos of CCPT sessions demonstrate how children can verbally assign a role to their therapist and give them directions about how to play their assigned role.

Selective Code 14: Therapist Embodies the Child’s Role

Data analysis of both the interviews and the archival videos of CCPT sessions revealed that child-centered play therapists embody the role a child assigns them. CCPT theory supports that therapists should embody the role their clients assign them, follow the directions given by the child, and not influence the play (Landreth, 2002). In the interviews, the participants were asked about how they communicated with their child clients through symbolic play and imagination. The participant’s responses to these questions revealed the selective code that the therapist embodies the role the child assigned them. Participant IP2 shared, “When I’m invited into the play, I’m careful not to get too exuberant in my role. Like sticking with what the child’s ideas.” This is similar to

what participant IP4 shared in their interview. She shared, “always through her lead, and through the character that she cast me as I, I think the most pure answer to that one is that I stayed in my role, that she put me in and communicated through my actions and words that I was playing that, that role. And not anything else.” The interviews provide an understanding of how child-centered play therapists view their efforts to communicate with their child clients through symbolic play and imagination.

To understand how a therapist’s effort to communicate through symbolic play and imagination occurs in CCPT it was necessary to review the archival videos of CCPT sessions. The archival videos of CCPT sessions also supported the selective code that therapists embody the roles assigned to them by children. Participant VP1 gave their therapist the role of being a baby in the session. The following exchange between participant VP1 and the therapist demonstrates the therapist’s efforts to embody the role the client assigned them. The exchange begins with participant VP1 saying, “You spilling okay (speech unclear).” The therapist then responds, “You want to pretend I’m spilling.” Participant VP1 says, “Yah.” At this point, the therapist picks up the yellow baby bottle on the table they are sitting at and holds it up to shake it. The therapist then states, “This? Spill spill spill. Waaah. Waaah.” It can be seen from this example that the therapist embodied the role of the baby given to them by their client, spilling their bottle as was directed by the client. The therapist did not add their ideas to the client’s symbolic and imaginative play.

Subselective Code 14.1: Therapist Enters into the Child’s World

The analysis of the interviews revealed the code that the therapist enters into the

child's world. Due to the interpretive nature of this code, it was only located within the data from the interviews. The interview participants were asked how they communicated with their child clients through symbolic play and imagination. This code was found in the interviews with two of the therapists. Participant IP1 shared, "And you're entering into their world rather than you know prodding and poking them with with really triggering questions." This example demonstrates that in CCPT, the therapist is to enter into the child's world.

Participant IP2 focused on what entering into their client's world communicates to that child. Participant IP2 stated, "So I, I do fully, immerse myself in the play, just being very careful that I'm not not adding my own ideas and sticking with what the role is that I have been given. And I guess, well, I think that's kind of the main, like what message that gives to the child is that I'm here, I see you, I'm, I'm with you and whatever they're sharing with me is okay and it's not shocking me and I can be with, of course there's limits within that, but um, yeah, that I'm with them and, I think that communicates to them that kind of acceptance and that understanding and yah, they feel safe, they feel able to, what their ideas are important to me." Participant IP2 also reported, "When I'm invited into the play, I'm careful not to get too exuberant in my role. Like sticking with what the child's ideas, and that's what I think. I'm communicating is you're in charge, what you're saying is important to me and I'm coming along with you, being with you, um, so I feel like that's something I try to do specifically every time I'm with a child." These examples demonstrate how much a therapist's effort to enter into their client's worlds communicates to the child how valuable their thoughts and feelings

are to the therapist. However, when entering into the world of the child, the therapist needs to be careful not to add their own ideas into the play and to solely act out the role given to them by the child.

Selective Code 15: Therapist Seeks Role Confirmation (Whisper Technique)

The analysis of both the interviews and the archival videos of CCPT sessions revealed the selective code therapist seeks role confirmation (whisper technique). This selective code speaks to the child-centered play therapist's efforts to ensure that they allow the child to lead the symbolic and imaginative play in sessions. An analysis of the semi structured interview transcripts coding found this code in four of the interview transcripts. Participant IP1 shared, "And you might be joining in with that story as well, right? But obviously we're always checking in what? Who do you want me to be? Which character, you know, like oh, okay, I'm going to be this one. Yeah. And you're going to say this. I'm going to say this." Later in the interview, the participant shared an example of how this would occur in a CCPT session. Participant IP1 shared a clinical example in which the therapist played a caregiving role while the child took on a baby role. They shared, "Come on, then, little baby Emma, or whatever she's chosen as her baby name, and I'm like, what does baby Emma want to do? Does she want food? Does she want drinks?" These examples demonstrate how the therapist will ask questions to ensure that they are correctly playing the role assigned to them by the child.

I added the whisper technique into this selective code to honor participants' IP2 and IP4 responses. Both participants discussed how when a child asked them to take on a role within the symbolic and imaginative play and they needed to know what the child

wanted them to do next, they used the whisper technique to ask the child. Participant IP2 shared, “I’m not really using my own imagination, but I’m certainly anytime I’m invited into the play, I fully engage in imaginative play and, and, I often am using the whispering technique, like what should I say, what should I do?” Participant IP4 also referred to their use of the whisper technique with children in sessions. This participant stated, “To the point where if I wasn’t quite sure what she meant by what to do something, it would, you know, use that whisper voice of what, what should I do now or what so and so do now. Because I wanted to stay very, very true to what she was experiencing in that moment.” These examples demonstrate how a child-centered play therapist will use a whisper technique in which they, in a whisper voice ask the child what their figure or character should be doing in the symbolic play.

The selective code of the therapist seeking role confirmation was also found within the analysis of the archival videos of CCPT sessions. The archival videos of CCPT sessions demonstrate how therapists will ask questions to understand what their character is supposed to be doing in the play. The therapists interacting with participant VP1 did this by asking, “Okay so my favorite colors when I am a baby are yellow and pink and I can switch them back and forth.” When the participant VP1 gave the therapist the directions, “Hmmm your favorite color is yellow and pink and pretend you keep switching back and forth.” This is similar to how the therapist who participant VP3 directed to count figures asked questions to ensure they understood their role. This therapist asked, “Okay so we are both going to count our piles.” These examples demonstrate a child-centered play therapist’s efforts to ensure the child’s direction for

their symbolic and imaginative play experience is honored by the therapist.

Selective Code 16: Therapist Interprets and Reflects the Child's Symbolic Play and Feelings

Analysis of both the transcripts from the interviews and the archival videos of CCPT sessions revealed the code that therapists interpret and reflects the child's symbolic play and feelings. This code aligns with CCPT theory and training in which child-centered play therapists are encouraged to make tracking statements (Landreth, 2002). Tracking statements involve reflecting back to the child what the therapist sees them doing, the words they share, and their feelings (Axline, 1974; Landreth, 2002). In this way, the child-centered play therapist communicates with their child client that they see, hear and understand what they are trying to communicate through their symbolic play. To make these reflections to their clients, the therapist uses all the information they have available to them in the playroom. This can be seen in the examples presented below. This reflection does not involve interpreting how a child's play in the session relates to their experiences outside of the therapy session. Several of the study participants stated that child-centered play therapists do not make interpretations about how a child's play in session relates to their experiences outside of session.

The analysis of the interviews found evidence for the code the therapist interprets and reflects the child's symbolic play and feelings. Participant IP4 shared, "Sort of like an adult therapy that we, may mirroring something back to the child." Here, the participant discusses how they, as a therapist, may reflect back to a child similarly to how a mirror reflects an image, or an adult therapist may mirror back what the adult discusses

in therapy. This reflection involves a certain degree of interpretation. When reflecting back to the child's feelings, the therapist has to interpret what the child is saying and doing as well as what their facial expression demonstrates to reflect the child's feelings back to them correctly. The need for interpretation on the part of the therapist can be seen in the clinical example shared by participant IP2. Participant IP2 shared, "One time he, he just said, I think like I'm gonna hurt this baby. And then he looked up at me to see how I reacted to that and I just said, Oh, you're really angry at that baby. And I think then with that he wasn't judged for wanting to hurt the baby." In this way, the therapist's interpretation is based on the child's discussion that they wanted to hurt the figure of a baby and that they were feeling angry with the baby. By correctly interpreting and reflecting the child's feelings of anger towards the baby figure, the child was able to engage in the symbolic play they desired. Participant IP2 went on to share, "It just allowed him to exclude the baby, throw the baby, not have have the awesome family adventures with the baby, nowhere like not part of it, but he was able to express a lot more of that anger which he may was not able to in his home life." This example demonstrates how correctly interpreting and reflecting back a child's feelings can give them permission to explore what they need to in their symbolic play.

The analysis of the transcripts from the archival videos of CCPT sessions also supported the code the therapist interprets and reflects the child's symbolic play and feelings. The interpretation and reflection of the feeling aspect of the selective code can be seen in the first archival video. In this sequence, participant VP1 begins by opening a door on the kitchen set she is using for her symbolic play. VP1 then tells their therapist,

"There's real water in there." The child then looks back at the child-centered play therapist, and the therapist responds to the child saying, "You're surprised there is real water." In this situation, the therapist needed to take what the child said about the water and their facial and body posture to correctly interpret and reflect back to the child their feeling of surprise.

In the second archival video, the therapist was required to interpret and reflect back to the child their symbolic play involving different vehicles. This exchange begins with the child picking out a figure of a bus and moving it around other vehicle figures that were already chosen by the child and placed around them on the floor. The child participant VP2 begins by making driving noises, "Vrooom, vroooom." The therapist responds to the child's verbal and physical actions by interpreting the child's symbolic play. In this exchange, the therapist comments, "Oh my goodness the bus is going wild in and out of the cars." Later in the same symbolic play sequence, the therapist had to make another interpretation based on the child's movement of the vehicle figures, their verbal response of making driving and crashing sound effects, and the statement, "There's kids on the bus." The therapist needed to take all of the child's verbal and non verbal actions together to make the statement, "Oh no, there's kids on the bus. It careens around and corner and it is on it's roof." The therapist correctly interpreting and reflecting back to the child their symbolic play may allow the child to feel seen and understood. While child-centered play therapists use all the information at their disposal to make their interpretations and reflections, they are not always accurate.

Selective Code 17: Child Confirms or Disconfirms Therapists Understanding of their Symbolic Play

The analysis of the archival videos of CCPT sessions found that therapists are not always correct when they reflect on their client's symbolic play and feelings. When this occurs, the child they are working with may disconfirm the therapist's understanding of their symbolic play. The analysis of the archival videos also revealed that when a therapist correctly interprets and reflects a child's symbolic play, the child may confirm that the therapist's understanding is correct. The analysis of the archival videos revealed the selective code child confirms or disconfirms the therapist's understanding of their symbolic play.

The analysis of the archival videos of CCPT sessions revealed the selective code in all three archival videos of CCPT sessions. The first and second archival videos of CCPT sessions show situations where the participants first disconfirm the therapist's reflection and then confirm their later corrected reflection. In the second archival video, participant, VP2 told their therapist in their symbolic play, "Oh it look like I might not be getting to the police station today." The therapist incorrectly reflects to the child, "Their heading to the police station." Participant VP2 corrected the therapist by stating, "I'm heading to the police station." The therapist makes a second reflection based on this additional information stating, "Oh, you are your headed there." Participant VP2 confirms that the therapist corrected understanding by saying, "Yah, in a swat car." This exchange demonstrates a therapist's efforts to correctly interpret and reflect a child's symbolic play through their acceptance of feedback from the child.

In the first archival video of a CCPT session, participant VP1 at first disconfirms their therapist's reflection, and then later, once the therapist has more information, they make a new reflection which the child confirms. This exchange begins with participant VP1 turning towards the therapist with a bottle in their hands. The therapist responds to the child by saying, "You drink it." The participant responded, "Uh uh," and shook their head horizontally, indicating no. The therapist makes a new reflection by incorporating this new information that you don't drink it from the child by saying, "Just a pretend drink. You pretend drink out of it." The child confirms the therapist's new reflections of their symbolic play by pretending to drink from the bottle and making sipping noises such as, "Ssssip. Umm, that's good." The exchange between therapists and children demonstrates that the therapist can vocalize a corrected understanding of the child's symbolic play.

Selective Code 18: Therapist Reflect their Corrected Understanding of the Child's Symbolic Play

Analysis of the archival videos of CCPT sessions revealed the code that therapist reflects their corrected understanding of the child's symbolic play. A couple of examples of how this occurred in the first and second archival videos of CCPT sessions were presented above in the discussion of the selective code child confirms or disconfirms the therapist's understanding of their symbolic play. It was possible to find examples of therapists' efforts to reflect back to their child client their corrected understanding of the child's symbolic play in each of the archival videos. Examples were provided in the above section of times in the first and second videos where the therapist reflected on their

corrected understanding of a child's symbolic play. This code was also located within the third archival video of a CCPT session.

The participant in the third archival video of a CCPT session was engaging in some physical fighting between different figures toward the end of their session. The therapist in this session interprets and reflects their understanding of the child's symbolic play by saying, "Oh you guys are really having trouble getting along." Participant VP3 corrects the therapist by saying, "I know because that stinker hit me." In this way, the participant is correcting the therapist's understanding that the fight between two figures is based on one figure having hit the other in the symbolic play. The therapist in this situation then reflects back to the child verbally their corrected understanding of participant VP3 symbolic play when they say, "That stinker hit you." By the therapist reflecting back to the child their corrected understanding of their symbolic play, the therapist is communicating to the child that what they have communicated is being heard and understood by the therapist.

Selective Code 19: Therapist Asks Questions to Gain Understanding

The data analysis from the interviews and the archival videos of CCPT sessions revealed the code therapist asks questions to gain understanding. Of interest, this code varies from CCPT teaching, which suggests that if the therapist has enough information to ask a question, the therapist has enough information to make a statement (Landreth, 2002). The interview transcripts showed that therapists are asking questions so that they are not making assumptions about what the child is communicating through their symbolic play. Participant IP3 stated it best when they shared, "So I try to teach my

therapist to really, well, what really happened. Not just what did they say, what did they see, describe, describe the play, you know don't make assumption, right? Which? A lot of people think play therapists make assumptions, but they want you to make assumptions. This happened. What does that mean? Ask the child. Don't assume that if picked out, it's a mother. Always ask." Participant IP3 also shared where this would occur in a session with a child. Participant IP3 shared, "They're acting out anger and you know that that's anger because there is raised voices and people are fighting and then a person goes down. If the person when down, did they die? You have to ask them [child] what happened to that person." In this way, the child-centered play therapist does not assume that the figure died in the child's symbolic play; rather, they treat the child as the expert in their symbolic play.

The analysis of the archival videos of CCPT sessions also supported the code that the therapist asks questions to gain understanding in sessions. A therapist may ask a child a question when they cannot understand what they were doing in their symbolic play, such as in the first archival video when the therapist asked participant VP1, "So what are you making now?" The therapist may also ask a question to gain an understanding of what they should be doing when the child invites them into the play. This can be seen in the third archival video when the therapist asks participant VP3, "Leave her, where shall I pick different one?" While some therapists may be worried that the flow of a child's play may be interrupted by asking a question, this did not appear to occur in the archival videos of CCPT sessions.

Selective Code 20: Therapist Vocalizes Child's Efforts

Data analysis of the first video of CCPT session and the second interview revealed the selective code therapist vocalizes the child's efforts. In this video, the therapist recognized participant VP1's effort and recognized how challenging it was for them to close the door on the kitchen set they were engaged with. In this archival video, the therapist vocalized, "That's a tough one you are using both hands." Then later in the child's symbolic play the therapist stated, "It's kind of tough to get that door to go up. You're working real hard to try and get that door closed." This is similar to what participant IP2 shared in their interview regarding their client, who was repeatedly starting wildfires throughout the CCPT room. Participant IP2 shared, "I was saying it's hard when your're, you're working so hard and the fires just keep happening." In both types of situations, the therapist's efforts to vocalize the child's hard work likely communicated to the child that the therapist saw what they were doing and understood the effort that was involved in what they were doing in their symbolic play.

These 20 main selective codes and the six sub selective codes can be organized into two themes based on this study's research questions of how children and therapists communicate with each other utilizing symbolic play and imagination. One theme would be how child-centered play therapists communicate with their clients using symbolic play and imagination. The second theme would be how children communicate with their therapist using symbolic play and imagination. The data analysis process also revealed a second way the selective codes could be organized based on the type of play the child engaged in during their CCPT sessions. Children in CCPT sessions often engage in one

of two types of play in sessions. Children engage in solo play, in which they play independently during the session. Children also engage in joint play, in which the child engages their therapist in the play. Then, within these more prominent themes of solo play and joint play, the selective codes can be organized into the methods children and therapists use to communicate with each other. Nine of these selective codes can be utilized in both types of play in CCPT sessions.

Tables 2 and 3 demonstrate how these selective and sub selective codes can be organized. Table 2 outlines how child-centered play therapists and children can communicate with each other through symbolic play and imagination when the child chooses to engage in solo play in their CCPT session. Table 3 outlines how child-centered play therapists and children can communicate with each other through symbolic play and imagination when the child chooses to engage their therapist in joint play during their CCPT session. Figure 1 demonstrates a possible sequence of exchanges between a therapist and child when the child is engaged in solo play. In Figure 2, you can see a possible sequence of exchanges between a child and therapist when the child engages the therapist in joint play. Though these are only possible exchanges, they explain how one code leads to another in a CCPT session.

These possible exchanges demonstrate two different processes at work regarding communication between child-centered play therapists and a child in session. When a child chooses to engage in solo play, the communication through symbolic play and imagination in the session is similar to the communication between a mother and infant, in which the mother takes the chaotic experiences of the infant and makes them

recognizable through their vocalizations. This comparison between a therapist's communication with their client to the communication between a mother and infant has been explored by psychoanalytic play therapy theorists Frankel (1998) and Gilmore (2005), but not by CCPT theorists. This process can be seen when the child in a CCPT session chooses a type of symbolic play that represents their life experiences and their material choices represent themselves, others as well as their needs and desires. The child then engages in their symbolic play choice and communicates through the movement of their bodies, toy/figures, labeling of toys/figures, feelings, and narration of their play. The child-centered play therapist is active when the child is communicating. The therapist actively helps the child to take their chaotic experiences and make sense of them by interpreting and reflecting back to the child their understanding of their symbolic play and feelings. This process then allows the child to correct their therapist's miss understandings of their symbolic and imaginative play, confirm their correct interpretations, and more importantly, mentalize their symbolic and imaginative play. It may also allow the child to learn the spoken language terms associated with what they have successfully communicated nonverbally through their symbolic and imaginative play actions. The ability to mentalize their symbolic play Halfron and Bulut (2019) found, was related to the increased ability to engage in affect regulation by children.

A separate communication process occurs when the child chooses to have their therapist join them in joint symbolic and imaginative play. This process begins with the child choosing a type of symbolic play and then assigning themselves and their therapist a role within their choice of symbolic play. Throughout their engagement in symbolic and

imaginative play, the child will use the same symbolic play and imaginative play communication methods they used when they engaged in solo play however, the therapist will use additional communication methods. When the child invites them into the symbolic play, the therapist will begin by seeking out role confirmation so that they are able to effectively embody the role they have been assigned. Then they can enter into the child's world. This study found that when a therapist is unsure of what the child wants them to enact in the joint play, they will seek out role confirmation by using the whisper technique to ask the child what they should be doing in the play. This process ensures that the therapist is honoring the intention of the child's choice of symbolic and imaginative play. The child may choose to have their therapist take on the role they experienced in life while taking on a role in a situation they have not experienced, thus allowing them to engage in imaginative play. The child assigning their therapist a role they have experienced in life allows the child to see and direct another through what they experienced while they have an opportunity to take on a new role that they have not experienced (defined as imagination for the purposes of this study). This variation in roles may allow the child to imagine different solutions and more hopeful or successful outcomes to situations they have experienced. The subcode suggested that a child's engagement in symbolic and imaginative play becomes more hopeful/successful through repetition. The child-centered play therapist embodying the role assigned to them and following the child's directions allows the child to feel empowered and may also allow the child more therapeutic distance from their emotionally charged life experiences. This combination of empowerment and emotional safety allows the child to process their

traumatic experiences safely and effectively while staying within their natural and developmentally appropriate language of play. This also allows child-centered play therapists to gain an understanding of how a child understands the rules associated with different roles, such as police officer or parent, as suggested by Vygotsky.

Communication through symbolic play and imagination between a therapist and their clients occurs within the broader context of a CCPT session. The therapist begins a CCPT session by signaling to the child a sense of permissiveness and that they will be leading the session by saying; in this room, you can play with anything you would like if there is something that you cannot do I will let you know. They will then wait for the child to begin to engage with the materials found in the playroom. Once the child begins to engage with the materials in solo or joint play, they communicate through symbolic and imaginative play. This study found that there are 19 ways children communicate through symbolic play and imagination in CCPT sessions. Once this occurs, the child's child-centered play therapist will use the seven ways found within this study to communicate with the child through symbolic play and imagination. The therapist may take a break from communicating through symbolic play and imagination in session to communicate a limit and help ground the child in reality. These communication methods will continue throughout the CCPT session until the end of the session approaches. They will then communicate that the session is ending in a number of minutes, allowing the child to finish off what they are playing and prepare to leave the playroom.

Summary

This research study collected data from interviews with child-centered play

therapists and archival videos of CCPT sessions. This data was used to understand how therapists and children communicate with each other using symbolic play and imagination in CCPT sessions. The participants were recruited to participate in the study by responding to the invitation to participate by contacting me and scheduling an interview after reviewing the consent form. The interviews were conducted and initially transcribed through Zoom. The interviews took approximately an hour to complete. The archival videos of CCPT sessions were provided by a cooperating agency that had the appropriate permission to use the videos for the purposes of research. Both the interviews and archival videos were transcribed and analyzed.

The data analysis from the interviews and the archival videos of CCPT sessions led to the discovery of 20 selective codes and six subcodes that could be organized under two themes. The first two themes are directly related to the research questions about how children and child-centered play therapists communicate through symbolic play and imagination. The first two themes involved who was communicating. The third and fourth themes that emerged were the type of play that the child was engaged in during their CCPT session. The first type of play is called solo play and involves the child playing independently while the therapist observes and vocalizes their understanding of the child's play. The second type of play is called joint play, and it involves the child inviting their therapist to join them in their play. In joint play, the therapist embodies the role that the child has assigned them to play. The data analysis revealed 20 selective codes and six subcodes, which can be organized under these four themes.

The 20 selective codes found through the data analysis process are as follows: (a)

choice of symbolic play, (b) choice of symbolic play repeated, (c) child labels toys/figures, (d) child labels feelings, (e) children narrate play, (f) children vocalizes their thoughts, (g) children utilize sound effects, (h) children communicate with their bodies, (i) movement of toys/figures, (j) child ensures witness to their symbolic play, (k) child uses a character to ask questions, (l) child assigns a role to themselves, (m) child assigns a role to therapist, (n) therapist embodies the child's role, (o) therapist seeks role confirmation (whisper technique), (p) therapists interprets and reflects the child's symbolic play and feelings, (q) child confirms or disconfirms therapists understanding of their symbolic play, (r) therapist reflect their corrected understanding of the child's symbolic play, (s) therapist asks questions to gain understanding, (t) therapist vocalizes child's efforts.

Three of the selective codes discussed above have subcodes associated with them. The selective code choice of symbolic play has four subcodes associated with it. The four subcodes are (a) symbolic play and imaginative play represent life experiences: (b) materials represent self, others, how they feel about self, needs, and desires: (c) through symbolic play and imagination, children communicate; desires, emotions, thoughts and an understanding of self, (d) symbolic play is the universal verbal and non-verbal language of children. The selective code choice of symbolic play repeated has the subcode symbolic play and imagination changes over repetitions to become more hopeful/successful associated with it. Finally, the selective code therapist embodies the child's role is associated with the subcode therapist entering into the child's world.

Based on the data gathered during this study, children and therapists appear to

employ many different methods to communicate through symbolic play and imagination in CCPT sessions. It seems that some communication methods are unique to child-centered play therapists. In comparison, there are other communication methods that children uniquely employ in CCPT sessions. Data analysis revealed that the type of play children engage in during their CCPT sessions, such as solo play or joint play, can impact children's and therapists' communication methods. This study found that when the child chooses to engage in solo play, the child-centered play therapist reflects back to the child their interpretation and understanding of the child's symbolic play, similar to how a parent helps an infant make sense of and understand their experiences. It was also found that when the child choose to engage their therapists in joint play, they embody the role assigned to them and seek role clarification. It is possible that having the therapist embody the role assigned to them by the child allows the child to assign the therapist the role they experienced in real life, providing emotional distance from their traumatic experiences and the ability to take on a role they were not able to do in real life. This may allow the child to take on a new role such as being the rescuer or aggressor.

The following chapter will discuss how this study's research findings build upon the existing literature. I will also provide more discussion regarding interpreting the study's results. I will discuss the current study's limitations and suggest how future studies can overcome them. I will also make suggestions regarding future research in symbolic play and imagination in CCPT. I will also explore the implications of social change and the significance of this study in both CCPT research and play therapy research in general. Additionally, I will make recommendations regarding

communication in CCPT sessions based on the study's findings and present final conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to develop a holistic understanding of the processes used by child-centered play therapist and their clients to communicate with each other utilizing symbolic play and imagination in CCPT sessions. CCPT theory states that play is a child's natural means of communication and a form of self-expression (Axline, 1974; Landreth, 2002). A review of the literature revealed no research studies that have explored how children and therapists communicate with each other through symbolic play and imagination. Research in CCPT has relied on verbal communication between children and their therapists (Jayne & Ray, 2015). This study begins to fill this gap in the literature. Using a grounded theory methodology, data from interviews and archival videos of CCPT sessions were analyzed to create a holistic understanding of the processes used by child-centered play therapists and their clients to communicate with each other through symbolic play and imagination in CCPT sessions. The data analysis revealed that there are numerous ways in which therapists and children communicate with each other through symbolic play and imagination.

This study's data analysis revealed 20 selective codes and six subcodes associated with how child-centered play therapists and children communicate with each other through symbolic play and imagination. This study found many ways children communicate with their therapists in CCPT sessions. One of the main ways in which children were found to communicate was through their choice of symbolic play. Through their choice of symbolic play, it was found that therapist experience tells them that children communicate their needs, desires, thoughts, and understanding of themselves.

Child-centered play therapists believe that a child's choice of symbolic play materials and play reflects their life experiences, needs, desires, and thoughts about themselves. When engaging in this symbolic play and imagination, children may communicate by narrating their play, vocalizing their thoughts, labeling feelings, figures, and toys, moving figures, toys, and their bodies. Many of the methods used by a child to communicate through symbolic play and imagination in CCPT sessions were used by them when they engaged in solo and joint play. Children used a couple of methods to communicate, which were unique to the type of play they were engaging in, such as assigning their therapist a role when they were engaged in joint play. This study's findings were not limited to the communication methods of children but also those used by therapists.

There are seven different ways in which child-centered play therapists communicate with their clients in session through symbolic play and imagination. These methods vary slightly depending on the type of play their child client engages in during their CCPT session. When the child engages in solo play, the therapist will interpret and reflect back to the child their understanding of the child's symbolic play and feelings. If the therapist incorrectly interprets the child's symbolic play, the child may correct the therapist understanding of their symbolic play. When this occurs, the therapist will reflect back to the child their corrected understanding of their symbolic play. When the child chooses to engage in joint play during a session, the therapist will communicate through symbolic play and imagination by understanding and embodying the role the child wants them to play. In this way, the child-centered play therapist communicates to the child that they believe their symbolic and imaginative play is important because they have been

heard, understood, and accepted.

Interpretation of the Findings

This grounded theory qualitative research study aimed to gain a holistic understanding of how child-centered play therapists and children communicate with each other in CCPT sessions using symbolic play and imagination. In order to gain this holistic understanding, this study asked four research questions:

1. How do child-centered play therapists describe their use of symbolic play as a means to communicate with children in child-centered play therapy sessions?
2. How do children use symbolic play as a means to communicate with their child-centered play therapists as observed in archival videos of child-centered play therapy?
3. How do child-centered play therapists describe their use of imagination as a means to communicate with children in child-centered play therapy sessions?
4. How do children use imagination as a means to communicate with their child-centered play therapist as observed in archival videos of child-centered play therapy?

These research questions along with the studies definitions of symbolic play, imagination and communication were used to create the questions asked in the interviews and to analyze the archival video of CCPT sessions. The grounded theory analysis of the transcripts from the semi structured interviews and archival video of CCPT sessions revealed 20 selective codes and subcodes related to how child-centered play therapists and children communicate through symbolic play and imagination. Thematic analysis of

these selective codes and subcodes revealed that there are methods that children use to communicate, while there are other ways in which therapists use to communicate in CCPT sessions. Further, the methods utilized by children and therapists differ depending on whether the child in session is engaged in solo play or joint play in sessions.

A holistic understanding of how therapists and children communicate through symbolic play and imagination is necessary as CCPT theory states play is children's natural method of communication and how they engage in self-expression (Axline, 1974; Landreth, 2002). The current literature on CCPT focuses on the effectiveness of CCPT with different populations and presenting issues. Few studies were found exploring what makes CCPT an effective therapeutic intervention (Haen, 2020; Russ, 2005, as cited in Haen, 2020; Schottelborb et al., 2014). Further, despite the primarily nonverbal nature of CCPT, a significant amount of research in CCPT was reliant on the verbal communication between therapists and children (Jayne & Ray, 2015).

Though a review of the current literature shows no research into how therapists and children communicate with each other in session through symbolic play and imagination, one study was found similar to the current one. Hung et al. (2019) explored how therapists respond to their clients when they engage in emotional conversations during sessions and found that when the social worker providing CCPT accurately reflected the child's feelings in session, it positively impacted the child's emotional arousal level. The researchers also found a negative impact on a child's emotional arousal level when the social worker did not accurately reflect their feelings (Hung et al., 2019). These findings align with the selective codes found in this study in which the therapists

interpret and reflect the child's symbolic play and feelings and the selective code that the child will confirm or disconfirm the therapist understanding of their symbolic play. The findings also support the research into the attitudinal conditions of CCPT, which can be actualized by wanting to accept and understand their clients (Jayne & Ray, 2015). These attitudinal conditions positively impact a child's treatment in CCPT (Schottelekorb et al., 2014). One way a therapist can demonstrate their interest in and commitment to understanding their client is through the selective code found in this study of interpreting and reflecting the child's symbolic play and feelings during sessions.

Despite the challenge of researching symbolic play and imagination as a method of communication between therapists and children, multiple developmental theorists have explored the concepts of imaginative and symbolic play and the role they can play in the lives of children. In 1962, Piaget proposed that children develop the capacity to make unlimited symbolic combinations necessary for imaginative play in which they engage in actions that they would not do in reality around the age of 3 to 4. Further, Piaget (1962) proposed that a child's symbolic play schemas develop independently from language development. If this case, therapists must be able to communicate through symbolic play and imagination with their child clients. To date, modern neuropsychologists have found that traumatic experiences are held within an individual's body's neural circuitry, meaning it is difficult for children to process these experiences using higher thinking processes like language (Marks-Tarlow, 2012).

Another early developmental theorist, Vygotsky, also supports the idea that children communicate through symbolic and imaginative play. Vygotsky proposed that

children create imaginary situations during their preschool years to play out their unrealized needs and desires (Vygotsky, 1967). This is supported by the current study's findings, as the child-centered play therapists discussed how children communicate their desires through their engagement in symbolic play and imagination and how the materials chosen by the child represent their needs. Vygotsky also proposed that through the creation of imaginary situations, children will act out their understanding of the rules associated with different roles (Bodrova et al., 2013), which also appears to be supported by the results of the current study. This study found that children communicate through symbolic play and imagination by assigning themselves and their therapist a role to play when they engage in joint play in sessions. This study also found that when a therapist is assigned a role, they will embody that role in the way the child wants them to engage in it. Child-centered play therapists will ask questions to seek clarification regarding their assigned role, using the whisper technique in which they ask clarifying questions to the child in a whispering voice. A child's responses to these questions may provide information regarding their understanding of the rules associated with the role they assigned.

The findings of this study also support other concepts proposed by Vygotsky: scaffolding and the zone of proximal development. Scaffolding occurs within a child's zone of proximal development, which is the distance between a child's actual developmental (what a child can do independently) level and their level of potential development (what a child can do with guidance; Kassett et al., 2004). Scaffolding involves a more knowledgeable individual interacting with the child to assist them in

solving a problem or accomplishing a task (Kassett et al., 2004). In child psychotherapy, the level of scaffolding the therapist provides varies based on children's emotional response level (Kassett et al., 2004). When the child's level of emotional response decreases, the therapist increases their level of scaffolding, and when the child's level of emotional response increases, therapists decrease their level of scaffolding (Kassett et al., 2004). It is possible that the selective codes the therapist interprets and reflects the child's symbolic play and feeling and the therapist vocalizes the child's effort are ways in which child-centered therapists engage in scaffolding.

Further research would need to be conducted to determine if child-centered play therapists consciously vocalize a child's effort or interpret and reflect a child's symbolic play and feelings to assist them in staying in their zone of proximal development. Researchers have suggested that in child psychotherapy, the zone of proximal development is the playing zone in sessions (Zonzi et al., 2014). If a child's zone of proximal development is narrow, their progress in therapy may be difficult and slow (Zonzi et al., 2014). When a therapist and child's communication is mismatched, it can interfere with their imaginary play and playing zone (Zonzi et al., 2014). These findings underscore the importance of good communication between therapists and children to therapeutic progress in therapy. This study's findings that children will confirm or disconfirm a therapist's understanding of their symbolic play and a therapist will reflect their corrected understanding of a child's symbolic play may be an effort by therapists to prevent mismatches in communication.

Further, a therapist's efforts to communicate with their child client through

symbolic play and imagination could also be seen as a way to communicate with the child in their natural language and to enable the child to stay within their zone of proximal development. This idea was supported by what was shared by participant IP4, who discussed how "I think the, the general feeling is that they're within their window of tolerance and they are using me to kind of like stay within that." When asked as follow-up question about how they believe clients feel when they use symbolic play to communicate. This participant also shared,

> Those connective moments of knowing that what we were both playing about but not actually speaking it I think that probably felt safe enough for her to stay within her window of tolerance rather then, jumping into any sort of activity I would have planned.

It will be up to future researchers to explore the relationship between the proximal zone of development and the window of tolerance.

While there has been little research into communication through symbolic play and imagination in play therapy, psychoanalytic and CCPT theorists have written about how this communication happens in sessions. These theorists have discussed how symbolic and imaginative play occurs between the child's inner world of thought and is manifested in their outer reality through their actions (Frankel, 1998; Mook, 1998). This type of play contains infinite subtleties which, due to their developing language skills, children lack the verbal skill to communicate outside of their play (Winnicott, 1971). This study found that child-centered play therapists share this belief, which is supported by CCPT theory that symbolic play is the natural verbal and non verbal universal

language for children. A couple of the therapists interviewed as a part of this study spoke about their belief that symbolic play is a children's universal natural verbal and non verbal language.

A second proposal made by psychoanalytic and CCPT theorists that the findings of this study support is that children communicate in sessions through their play. Through their engagement in imaginative play, theorists believe that children will play out their overwhelming experiences (Mook, 1998; Silber, 2020b) and express their feelings (Lyon-Ruth, 2006). This conviction is supported by the current studies' sub selective code that a child's choice of symbolic and imaginative play represents their life experiences. This study also found that therapists believe that the child's choice of toy and figure materials in session represent themselves, others, their needs, desires, and how they feel about themselves. These theorists also believe that through their engagement in play, children can communicate to their therapists what they are trying to understand (Silber, 2020b). The results of this study support this belief through the sub selective codes found in the interview transcripts that through symbolic and imaginative play, children communicate their desires, emotions, thoughts, and their understanding of self and the subcode that symbolic and imaginative play represents a child's experiences.

Psychoanalytic play therapists also believe that children can use their imagination to overcome different conflicts and arrive at a new understanding, which they can communicate to their play therapist through their play (Lyon-Ruth, 2006). This belief is supported by the selective code of repetitive choice of symbolic play and the subcode of that through symbolic play and imagination changes over repetitions to become more

hopeful/successful. The finding of this selective code and subcode suggests that children in CCPT use their imagination and engage in symbolic and imaginative play to find creative and unique solutions to traumatic experiences they have had in real life. In child-centered play therapists experience who participated in this study when children repeatedly play out their negative life experiences; they use their imagination to find alternative, more successful ways to resolve those experiences.

Psychoanalytic play therapists and CCPT theorists propose that therapists communicate with children through their efforts to describe the actions and experiences of the child as well as label the child's characters (Frankel, 1998; Landreth, 2002). This conviction is supported by the selective code that therapists interpret and reflect back to the child their understanding of the child's symbolic play and feelings. Multiple therapists discussed this reflection in their interviews, and it was seen in the archival CCPT sessions. Children in play therapy sessions may ignore their play therapist's verbal comments and can go so far as to cover their ears or tell the therapist to stop talking (Barish, 2020). When this occurs, or the child assigns the child-centered therapist a role, it is crucial that the therapist can engage in symbolic and imaginative play and communicate through their engagement in that play. This was supported by the selective code that therapists embody the role assigned to them by the child and the subcode that the child-centered play therapist enters in the child's world.

Limitations of the Study

All research studies have limitations that are unique to an individual study. A limitation of this study, which is the same as all qualitative research, is the

generalizability of the study's findings (see Ravitch & Carl, 2016). In qualitative research, this is referred to as the transferability of a study's findings (Ravitch & Carl, 2016). Readers of qualitative research studies use the study's description to determine what situations a study's findings could be transferred to. A semi structured interview format was chosen for the interviews to enable me to ask participants follow-up questions regarding their initial responses to the interview questions. By asking follow-up clarification questions, I ensured that I was correctly understanding the information the therapist shared about their experiences. In this way, I was able to honor the experiences of the participants who volunteered for the study and increase the trustworthiness of the data gathered. A thick description of this study's interview questions is included in Appendix A.

Thick description was also provided regarding the demographic information of the six child-centered play therapists who volunteered to participate in the study. Purposeful and snowball sampling methods were employed to recruit participants for this study. These sampling methods led to the recruitment of six therapists who identified as female and resided in Canada at the time of their interviews. The recruitment of these participants may limit the transferability of the study's findings to other female therapists who reside in Canada. Several therapists who volunteered to participate in this study's interview stated that they volunteered due to their own interest in conducting play therapy research in the future. As participants were not asked about what led them to volunteer for this study, there may be a difference between those who chose to volunteer and those who did not. This may limit the study's transferability to therapists who are interested in

conducting play therapy research.

To increase this study's credibility, efforts were taken to ensure that all of the interview participants had experience providing CCPT. This was done by requiring all interview participants to have at least two years of experience providing CCPT to multiple clients. The study's participants reported a range of clinical experience providing CCPT between 4 to 20 years. This meant that the participant with the least amount of experience providing CCPT had double the amount of experience required by the study's inclusion/exclusion criteria. The interview participant's experience providing CCPT to clients helps to establish this studied trustworthiness. There was no noticeable difference in participant's responses to the interview questions based on their years of experience practicing CCPT. The study's inclusion/exclusion criteria also required the therapists to confirm their incorporation of Virginia Axline's basic principles of CCPT. This study did not ask participants what type of training they received in CCPT or where they received it. Participants who received in person training, certification in CCPT, training through online methods, and supervision may differ in how they communicate with their clients through symbolic play and imagination in CCPT sessions.

Another method employed to build this study's trustworthiness was using methodological triangulation to demonstrate the study's dependability and credibility. This methodological triangulation was established by determining which selective and subcodes were unique to or shared across the study's interviews and the archival video of CCPT sessions. This study found a high degree of methodological triangulation within the interviews and archival videos of CCPT sessions and between them. There were only

two selective codes unique to a single data source. This limitation to a single source of data may limit the transferability of these two selective codes.

Another organization provided the archival video of CCPT sessions and, as such, the archival videos were chosen by the organization who provided them limiting selection bias. This selection process by the providing organization meant that researcher selection bias did not become a limitation of this study. However, this selection process meant the child participants in sessions were between 4 to 12 years of age. Younger or older children may utilize different communication methods through symbolic play and imagination in CCPT sessions. As a cooperating organization provided the videos of CCPT sessions there was limited demographic information gathered regarding the child participants in the videos. This may limit the study's transferability to children of a similar age and gender to the children who participated in archival videos. Further, as there was no demographic information gathered regarding the cultural background of either video or interview participants, the study is not able to speak to if an individual's cultural background impacts how they communicate through symbolic play and imagination in CCPT sessions.

Another limitation of the current study was using a single researcher to create the transcripts of the CCPT sessions, review and correct the auto transcribed transcripts from the interviews and engage in the data analysis process. This reliance on a single researcher could lead to biases impacting the data analysis processes. To increase this study's validity and confirmability, I maintained a combination of a reflective memo and an audit trail. Reflective memos allow researchers to engage in critical self-reflection so

that their biases and theoretical predispositions do not affect the study (Urquhart, 2013). As a practicing play therapist who utilizes CCPT with some of the children I see, I have personal experience regarding how clients and I communicate through symbolic play and imagination in CCPT sessions. The reflective memo and audit tail provided me a place to reflect on the emerging data and my experiences as a play therapist, play therapy supervisor, and instructor. Engagement in critical self-reflection through this study's data gathering and analysis phases helped prevent my personal bias from impacting the study results.

Recommendations

One of the aims of this study was to begin to fill the gap in the literature regarding communication in CCPT sessions through symbolic play and imagination between therapists and their clients. Jayne and Ray (2015) stated that CCPT research was limited due to reliance on verbal communication. This study gathered data on how therapists and children communicate with each other through symbolic play and imagination from interviews and archival videos of CCPT sessions. The therapists who volunteered to participate in this study all resided in Canada at the time the study was conducted and self-identified as female. Future research should be conducted with therapists who reside in different countries and identify as male or transgender. This study also required therapists to affirm their belief in and incorporate Virginia Axline's principles into their practice of CCPT. It may be beneficial for future research to explore the types of training in CCPT. These types of training could include in person versus online forms of training and explore the difference between certification in CCPT versus supervision of clinical

practice.

Numerous studies in CCPT have explored the effectiveness of this therapeutic intervention model with various cultural groups and marginalized populations. The cultural and marginal groups include North Korean refugee children (Kwon & Lee, 2018), Australian aboriginal children (Wicks et al., 2018), Hispanic, African American, and refugee children (Post et al., 2021), deaf children (Tapia-Fuselier & Ray, 2019), and diabetes (Carroll, 2021). The current study did not explore culture's impact on how children and therapists communicate through symbolic play and imagination. Future research should explore whether children and therapists from different cultural backgrounds impact the methods they use to communicate through symbolic play and imagination. Future researchers should also explore whether marginalized populations utilize different methods to communicate through symbolic play and imagination in CCPT sessions.

The current study used archival videos of CCPT sessions as a data source. These archival videos were chosen and provided by a cooperating agency. The videos provided did not include any CCPT sessions where the children in the sessions engaged in symbolic or imaginative play utilizing either a sandtray or puppets. This lack of sessions using sandtrays and puppets is a limitation as the participants interviewed spoke positively about their use as material children use in CCPT sessions to communicate. Future research should explore if there are differences in how children and therapists communicate through symbolic play and imagination based on the materials chosen in the play therapy room. As the archival videos of CCPT sessions utilized were provided,

limited information was available regarding the children who participated in CCPT. There was no information regarding which of Nordling and Guerney's four stages of CCPT the child was in when the provided CCPT session occurred. Cochran et al. (2010) proposed that a child's play could provide therapists with an understanding of the stage of therapy the child was in, thus suggesting that the selective code choice of symbolic play may be related to the stage of therapy. It would be beneficial for future researchers to explore whether the stage of therapy impacts how children communicate in sessions through symbolic play and imagination. Also, the age range of the children in archival videos of CCPT sessions was limited. One of the therapists interviewed spoke about how, when working with young children in CCPT therapy, they can only narrate their play with a word here and there due to their limited verbal vocabulary. It would be beneficial for future researchers to explore if there are different ways in which children as young as 2 to 4 years old, have a developmental delay, and those who are deaf and cannot verbally narrate their play communicate through symbolic play and imagination in additional way than those found by the current study.

The therapists who participated in the interviews spoke about the transformative role of imagination in CCPT sessions. While investigating this was beyond the scope of the current studies' research questions, this should be pursued by future researchers. Participants spoke about how in their clinical experience, imagination enabled their clients to be more creative, become better problem solvers, come up with other ideas that could help in their own lives, and be more hopeful about different possibilities in their lives that they can explore. Participant IP3 clearly stated it when they shared, "I think

imagination. Allows for that possibility, allows for maybe that hopefulness or that resiliency, you know that they, they can do things. I mean imagining themselves doing things." Future researchers should explore the possibility that imagination is a process that facilitates change in CCPT sessions.

Implications

Positive Social Change

Through this grounded theory qualitative research study, I used interviews with child-centered play therapists and archival videos of CCPT sessions to gain a holistic understanding of how children and therapists communicate with each other through symbolic play and imagination. The interviews allowed this study to benefit from their years of experience providing CCPT with children and youth. Through their answers to the semi structured interview questions, the therapists spoke about their own experiences and those of their clients, using symbolic play and imagination as a method of communication. The archival video of CCPT sessions provided the opportunity to directly observe and analyze how therapists and children communicate through symbolic play and imagination in CCPT sessions. This study found 20 methods therapists and children communicate with each other through symbolic play and imagination. These means can be organized into the methods utilized by therapists and children and the methods employed by each when the child engages solo play in a session or asks the therapist to join them in joint play. These findings can positively impact the field of CCPT and its practice.

There are several ways in which child-centered play therapists can utilize the

results of this study to improve their interactions with the children they see. This greater understanding of the methods children use to communicate with therapists in CCPT sessions will aid therapists in forming therapeutic relationships with their clients. Having a better understanding of the methods they can use to communicate with their clients through symbolic play and imagination, a developmentally appropriate approach should help the children feel seen, heard, understood, and accepted, thereby improving the therapeutic relationship. This more holistic understanding of how communication occurs through symbolic play and imagination can improve communication in CCPT sessions between children, and therapists and may allow children to move through the stage of CCPT more efficiently. The increased movement through the stages of CCPT may lead to children healing faster from adverse childhood experiences and allow therapists to provide services to more children. As CCPT is practiced around the world, this study has the potential to positively impact the lives of countless children. These findings can have a global impact through changes to how child-centered play therapists are educated.

The results of this study should be incorporated into the training of future child-centered play therapists. Reaching data saturation in the fifth interview and a review of commonly referenced textbooks on CCPT suggests the training for therapists has included limited materials about how communication occurs through symbolic play and none regarding how communication occurs through imagination. Communication through symbolic play and imagination should be included in all future CCPT therapy textbooks and incorporated into all training programs. Future child-centered play therapists should be taught about the specific ways their future clients will attempt to

communicate with them through symbolic play and imagination and how they can communicate with them through these means. Teaching future therapists how communication occurs in session through symbolic play and imagination can positively impact children's therapeutic relationships and progress in CCPT.

Conclusion

This grounded theory qualitative research study, explored how child-centered play therapist and their clients communicate with each other through symbolic play and imagination. CCPT is based on the belief that a child's natural form of communication is through play, as their language skills are still developing. It is crucial for therapists to understand how children communicate through symbolic play and imagination in CCPT sessions. Despite its importance, a review of the literature revealed no studies on this area of work. CCPT theory recognizes that limiting communication to verbal language, places barriers between therapists and children in sessions (Landreth, 2002). For this reason, it is beneficial to the therapeutic alliance for therapists to communicate with their clients using symbolic play and imagination. A search of the literature also revealed no studies investigating how child-centered play therapists communicate with children using symbolic play or imagination. This study began filling this gap in the literature by conducting interviews and reviewing archival videos of CCPT sessions.

The analysis of the data gathered through the conduction of interviews and archival videos of CCPT sessions, revealed 20 selective codes and six subcodes established how children and therapists communicate with each other through symbolic play and imagination in CCPT sessions. A thematic analysis of this data found that child-

centered play therapists employed seven unique methods to communicate with their child clients in sessions. The data analysis found that three of these communication methods were distinctively used, when the child in session chose to engage their therapists in joint play. These methods involved the therapists embodying the role assigned to them by their client, which had the subcode of entering into the child's world. The therapist also sought out role confirmation. No matter what type of play the child chose during these sessions, the data revealed that the therapist was actively interpreting and reflecting back to their understanding of the child's symbolic play and feelings. This process of therapists interpreting and reflecting back is similar to the processes that occur between an infant and their parent/caregiver. The methods used by parents/caregivers to interpret the infant's verbal and non verbal efforts to communicate through their body movements and vocalization, help the infant to make sense of their chaotic experiences. Similarly, the therapists' conscious effort to use these processes to interpret and reflect back to the child their symbolic and imaginative play could help them make sense of what is communicated through their play. The data analysis also revealed 19 ways children communicate with their feelings and experiences therapists through symbolic play and imagination in sessions.

The thematic analysis of the data found that children use different processes to communicate through symbolic play and imagination based on the type of play they choose to engage in during their session. When the child chooses to engage in solo play in sessions, they will communicate by; labeling their feelings and the toys/figures they use, vocalizing their thoughts, and narrating their play. The study also found that children

will communicate through sound effects, the movement of their bodies, and the movement of toys/figures. Sometimes, in session, children engage their therapist as a part of their play by assigning them a role.

The thematic data analysis revealed that when a child chooses to engage in joint play with their therapist, they use several different processes to communicate through symbolic play and imagination. These processes focus on assigning a role to themselves and their therapist. Through this assignment, children can take on different roles than they may have been in their real life experiences. Through their play, children can take on roles they have already experienced; however, they have control over the other roles through the directions they give to their therapist. In this way, the therapist takes on the role of a supportive playmate, playing out the role assigned to them as they are directed to. This may provide the child with the emotional distance they need to process their traumatic experiences when they assign their therapist, the role they occupied in real life and empower them to take on a different role and direct the therapist's actions. In this way, the child controls the choice and direction of the symbolic and imaginative play.

Despite what type of play a child chooses to engage in during their CCPT session, the child's choice of symbolic play allows them to communicate their life experiences, desires, emotions, thoughts, and understanding of themselves. Their choice of materials allows them to represent themselves and others, how they feel about themselves, and their needs and desires. This study found that children will repeat their choice of symbolic play and that over time, the child's repeated engagement in the same type of symbolic play will become more hopeful and successful, communicating a change in how

the child feels about a life event or a resolution to a problem that they have encountered.

The holistic understanding of how children and child-centered play therapists communicate with each other through symbolic play and imagination can aid therapists in more effectively communicating with their clients. This study serves as a starting point for therapists to have a clearer understanding of the methods their clients will use in CCPT sessions to communicate with them, and how they will change depending on what type of play the child engages in during their sessions. This study also provides child-centered play therapists a clearer understanding of how they can communicate with their clients through symbolic play and imagination, children's natural means of communication, and reduce barriers between themselves and their clients. This increased understanding should allow therapists to assist their clients in effectively moving through the stages of CCPT and feel heard and understood in sessions.

The findings of this study regarding the processes used by both child-centered play therapists and children to communicate through symbolic play and imagination should be used to educate current and future therapists. The results of this study provide therapists with concrete processes that they can use to effectively communicate with their clients in their natural language of symbolic play and imagination. Further, this study provides therapists with an understanding of their clients' methods of communicating with them through symbolic play and imagination. This knowledge would allow for greater understanding and ease of communication in CCPT sessions. More research is needed into communication in CCPT and play therapy in general.

This study serves as a starting point for future research into communication

between therapists and clients in CCPT sessions through symbolic play and imagination. All scientific research requires replication. This study has several limitations that future studies could overcome. One of the limitations of this study is that all interview participants resided in Canada at the time of the study and identified as female. Future studies should include individuals residing in other countries and child-centered play therapists who identify as male or transgender. Future studies should also explore if there are additional methods of communication that children and child-centered play therapists utilize when they engage with puppets and sandtrays in sessions, as these materials were not utilized by the children in the archival videos of CCPT sessions. Further, it was beyond the scope of the current study, if the types or frequency of the methods of communication through symbolic play and imagination found in this study changed based on the stage of CCPT. Future researchers could explore this possibility. The 20 selective codes and six subcodes found in this study demonstrate the importance and possibility of research into communication between children and child-centered play therapists through symbolic play and imagination.

References

Axline, V. M. (1974). *Play therapy*. Ballantine Books.

Babbie, E. (2017). *Basics of social research* (7th ed.). Cengage Learning.

Barish, K. (2020). The role of play in contemporary child psychotherapy: A developmental perspective. *Journal of Infant, Child & Adolescent Psychotherapy, 19*(2), 148–158. https://doi.org/10.1080/15289168.2020.1756031

Blalock, S. M., Lindo, N., & Ray, D. C. (2019). Individual and group child-centered play therapy: Impact on Social-Emotional Competencies. *Journal of Counseling & Development, 97*(3), 238–249. https://doi.org/10.1002/jcad.12264

Bodrova, E., Gemeroth, C., & Leong, D. J. (2013). Play and self-regulation: Lessons from Vygotsky. *American Journal of Play, 6*(1), 111–123.

Bratton, S. C., Dee, C., Ray, N. A., Edwards, A., & Landreth, G. (2009). Child-centered play Therapy (CCPT): Theory, research, and practice. *Person-Centered and Experiential Psychotherapies, 8*(4), 266–281. http://doi.or/1477-9757/09/04266-16

Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice, 36*(4), 376–390. http://doi.org/10.1037/0735-7028.36.4.376

Byrd, R., Lorelle, S., & Donald, E. (2021). Transgender and gender-expansive affirming child-centered play therapy. *International Journal of Play Therapy, 30*(2), 146–156. https://doi.org/10.1037/pla0000155

Burkholder, G. J., Cox, K. A., Crawford, L. M., & Hitchcock, J. H. (2020). *Research design and methods: An applied guide for the scholar-practitioner.* SAGE Publication.

Christian, K. M., Russ, S., & Short, E. J. (2011). Pretend play processes and anxiety: Considerations for the play therapist. *International Journal of Play Therapy, 20*(4), 179–192. https://doi.org/10.1037/a0025324

Choi, H. "Brian," & Liles, E. E. (2018). Adapting child-centered play therapy for children with spinal muscular atrophy. *International Journal of Play Therapy, 27*(4), 205–214. https://doi.org/10.1037/pla0000088

Cochran, J. L., Cochran, N. H., Fuss, A., & Nordling, W. J. (2010). Outcomes and stages of child-centered play therapy for a child with highly disruptive behavior driven by self-concept issues. *Journal of Humanistic Counseling, Education and Development, 49*(2), 231–246. http://www.counseling.org/Publications/Journals.aspx

Dougherty, J., & Ray, D. (2007). Differential impact of play therapy on developmental levels of children. *International Journal of Play Therapy, 16*(1), 2–19. https://doi.org/10.1037/1555-6824.16.1.2

Frankel, J. B. (1998). The play's the thing: How the essential processes of therapy are seen most clearly in child therapy. *Psychoanalytic Dialogues, 8*(1), 149–182. https://doi.org/10.1080/10481889809539237

Gilmore, K. (2005). Play in the psychoanalytic setting. *Psychoanalytic Study of the Child*, *60*, 213–238. https://doi.org/10.1080/00797308.2005.11800752

Glazer, H. R., & Stein, D. S. (2010). Qualitative research and its role in play therapy research. *International Journal of Play Therapy, 19*(1), 54–61. https://doi.org/10.1037/a0017933

Gleason, J. B., & Ratner, N. B. (2017). *The development of language* (9th ed.). Pearson.

Green, E. J., Crenshaw, D. A., & Kolos, A. C. (2010). Counseling children with preverbal trauma. *International Journal of Play Therapy, 19*(2), 95–105. https://doi.org/10.1037/a0017667

Guerney, L. (2001). Child-centered play therapy. *International Journal of Play Therapy, 10*(2), 13–31. https://doi.org/10.1037/h0089477

Haen, C. (2020). The roles of metaphor and imagination in child trauma treatment. *Journal of Infant, Child, and Adolescent Psychotherapy, 19*(1), 42–55. https://doi.org/10.1080/15289168.2020.1717171

Hall, J. G., (2019). Child-centered play therapy as a means of healing children exposed to domestic violence. *International Journal of Play Therapy, 28*(2), 98–106. https://dx.doi.org/10.1037/pla0000097

Halfon, S., & Bulut, P. (2019). Mentalization and the growth of symbolic play and affect regulation in psychodynamic therapy for children with behavioral problems. *Psychotherapy Research 29*(5), 666–678. https://doi.org/10.1080/10503307.2017.1393577

Halfon, S., Yilmaz, M., & Cavdar, A. (2019). Mentalization, session-to-session negative emotion expression, symbolic play, and affect regulation in psychodynamic child psychotherapy. *Psychotherapy, 56*(4), 555–567.

https://dx.doi.org/10.1037/pst0000201

Heshmati, R., Esmailpour, K., Hajsaghati, R., & BArenji, F. A. (2023). The effecti of child-centered play therapy (CCPT) on the symptoms of oppositional defiant disorder in preschool children. *International Journal of Play, 12*(2), 193–205. https://doi.org/10.1080/21594937.2023.2209240

Humble, J. J., Summers, N. L., Villarreal, V., Styck, K. M., Sullivan, J. R., Hechler, J. M., & Waren, B. S. (2019). Child-centered play therapy for youth who have experienced trauma: A systematic literature review. *Journal of Child and Adolescent Trauma, 12*(3), 365–375. https://doi-org/10.1007/s40653-018-0235-7

Hung, E. N., Leung, G. S.-M., & Cheung, J. C.-S. (2019). Responding to children's "emotion talk" a conversation analysis of a therapeutic encounter between a social worker and two siblings using child-centered play therapy. *Journal of Social Work Practice, 33*(4), 433–445. https://doi.org/10.1080/02650533.2019.1686349

Jacob, S. A., Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report, 17*(42), 1–10. http://nsuworks.nova.edu/tqr/vol17/iss42/3

Jayne, K. M., & Ray, D. C. (2015). Play therapists' demonstration of the attitudinal conditions in child-centered play therapy. *Person-Centered & Experiential Psychotherapies, 14(*2), 119–136. https://doi.org/10.1080/14779757.2014.952899

Jensen, S. A., Biesen, J. N., & Graham, E. R. (2017). A meta-analytic review of play therapy with emphasis on outcome measures. *Professional Psychology: Research and Practice, 48*(5), 390–400. https://doi.org/10.1037/pro0000148

Kassett, J., Bonanno, G., & Notarius, C. (2004). Affective scaffolding a process measure for psychotherapy with children. *Journal of Infant, Child, and Adolescent Psychotherapy, 3*(1), 92–118. https://doi.org/10.1080/15289160309348457

Kwon, Y. J., & Lee, K. (2018). Group child-centered play therapy for school-aged North Korean refugee children. *International Journal of Play Therapy,* 27(4), 256–271. https://doi.org/10.1037/pla0000077

Lambert, S. F., LeBlanc, M., Mullen, J. A., Ray, D., Baggerly, J., White, J., & Kaplan, D. (2007). Learning more about those who play in session: The national play therapy in counseling practices project (Phase I). *Journal of Counseling & Development, 85*(1), 42–46. https://doi.org/10.1002/j.1556-6678.2007.tb00442.x

Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). Brunner-Routledge Taylor and Francis Group.

Lewis, V., Boucher, J., Lupton, L., & Watson, S (2000). Relationships between symbolic play, functional play, verbal and non-verbal ability in young children. *International Journal of Language & Communication Disorders, 35*(1), 117–127. https://doi.org/10.1080/136828200247287

Lillard, A. S., Lerner, M. D., Hopkins, E. J., Dore, R. A., Smith, E. D., & Palmquist, C. M. (2013). The impact of pretend play on children's development: A review of evidence. *Psychological Bulletin, 139*(1), 1–34. https://doi.org/10.1037/a0029321

Lin, Y-W., & Bratton, S. C. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling & Development, 93*(1), 45–56. https://doi.org/10.1002/j.1556-6676.2015.00180.x

Lindqvist, G. (2001). When small children play: How adults dramatise and children create meaning. *Early Years: Journal of International Research & Development, 21*(1), 7–14. https://doi.org/10.1080/09575140123593

Lyons-Ruth, K. (2006). Play, precariousness, and the negotiation of shared meaning: A developmental research perspective on child psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy, 5*(2), 142–159. https://doi.org/10.2513/s15289168jicap0502_2

Marks-Tarlow, T. (2012). The play of psychotherapy. *American Journal of Play, 4*(3), 352–377. http://www.thestrong.org

Marks-Tarlow, T. (2015). From emergency to emergence: The deep structure of play in psychotherapy. *Psychoanalytic Dialogues, 25*(1), 108–123. https://doi.org/10.1080/10481885.2015.991239

Mook, B. (1998). Imaginative play in child psychotherapy: The relevance of Merleauponty's thought. *Journal of Phenomenological Psychology, 29*(2), 231. https://doi.org/10.1163/156916916298X00111

Parker, M. M., Hergenrather, K., Smelser, Q., & Kelly, C. T. (2021). Exploring child-centered play therapy and trauma: A systematic review of the literature. *International Journal of Play Therapy, 30*(1) 2–13. http://dx.doi.org/10.1037/pla0000136

Parson, S. B., Renshaw, K., & Stagnitti, K. (2021). Can children's play themes be assessed to inform play therapy practice? *Clinical Child Psychology & Psychiatry, 26*(1), 257–267. https://doi.org/10.1177/1359104520964510

Pearson, B. L., Russ, S. W., & Spannagel S. A. C. (2008). Pretend play and positive psychology: Natural companions. *The Journal of Positive Psychology, 3*(2), 110–119. https://doi.org/10.1080/17439760701760617

Perryman K. L., & Bowers, L. (2018). Turning the focus to behavioral, emotional, and social well-being: The impact of child-centered play therapy. International Journal of Play Therapy, 27(4), 227–241. http://dx.doi.org/10.1037/pla0000078

Pester, D., Lenz, A. S., & Dell'Aquila, J. (2019). Meta-Analysis of single-case evaluation of child-centered play therapy for treating mental health symptoms. *International Journal of Play Therapy, 28*(3), 144–156. http://dx.doi.org/10.1037/pla0000098

Piaget, J. (1962). Play, dreams and imitation in childhood. W.W. Norton & Company.

Post, P. B., Phipps, C. B., Camp, A. C., & Grybush, A. L. (2019). Effectiveness of child-centered play therapy among marginalized children. *International Journal of Play Therapy, 28*(2), 88–97. https://doi.org/10.1037/pla0000096

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.

Ray, D. C., Lee, K. R., Meany-Walen, K. K., Carlson, S. E., Carnes-Holt, K. L., & Ware, J. N. (2013). Use of toys in child-centered play therapy. *International Journal of Play Therapy, 22*(1), 43–57. https://doi.org/1037/a0031430

Ritzi, R. M., Ray, D. C., & Schumann, B. R. (2017). Intensive short-term child-centered play therapy and externalizing behaviors in children. *International Journal of Play Therapy, 26*(1), 33–46. https://doi.org/10.1037/pla0000035

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd

ed.). SAGE.

Rucinska, Z. & Reijmers, E. (2015). Enactive account of pretend play and its application to therapy. *Frontiers in Psychology, 6*. https://doi.org/10.3389/fpsyg.2015.00175

Salcuni, S., Di Riso, D., Mabilia, D., & Lis, A. (2017). Psychotherapy with a 3-year-old child: The role of play in the unfolding process. *Frontiers in Psychology, 7*. https://doi.org/10.3389/fpsyg.2016.02021

Saunders, I., Sayer, M., & Goodale, A. (1999). The relationship between playfulness and coping in preschool children: A pilot study. *American Journal of Occupational Therapy, 53*(2), 221–226. https://doi.org/10.5014/ajot.53.2.221

Schottelkorb, A. A., Swan, K. L., Garcia, R., Gale., & Bradley, B. M. (2014). Therapists perceptions of relationship conditions in child-centered play therapy. *International Journal of Play Therapy, 23*(1), 1–17. https://doi-10.1037/a0035477

Schultz, W. (2016). Child-centered play therapy. *Reason Papers, 38*(1), 21–37.

Shahabizadeh, Z. & Toozandehani, H. (2016). Assessing the effectiveness of child-centered play therapy in reducing behavioral disorders of primary school children [Special issue]. *Mediterranean Journal of Social Sciences, 7*(3, S3). https://doi.org/10.5901/mjss.2016.v7n3s3p104

Siegel, C. L. F. (1972). Changes in play therapy behaviors over time as function of differing levels of therapist-offered conditions. *Journal of Clinical Psychology, 28*(2), 235–236. https://doi.org/10.1002/1097-4679(197204)28:2<235::AID-JCLP2270280236>3.0.CO;2-P

Silber, L. M. (2020a). Play for a change; Therapeutic action in contemporary child

psychotherapy. *Journal of Infant, Child & Adolescent Psychotherapy, 19*(2), 109–114. https://doi.org/10.1080/15289168.2020.1759309

Silber, L. M. (2020b). Reimagining humpty dumpty with play's therapeutic action. *Journal of Infant, Child & Adolescent Psychology, 19*(2), 183–198. https://doi.org/10.1080/15289168.2020.1756032

Stagnitti, K., & Lewis, F. M. (2015). Quality of pre-school children's pretend play and subsequent development of semantic organization and narrative re-telling skills. *International Journal of Speech-Language Pathology, 17*(2), 148–158. https://doi.org/10.3109/17549507.2014.941934

Suchow, S. (2011). Fasten your seat belts: How play therapy bridges fantasy and reality. *Journal of Infant, Child & Adolescent Psychotherapy, 10*(4), 428–441. https://doi.org/10.1080/15289168.2011.614519

Swan, K. L., & Schottelkorb, A. A. (2015). Contact work in child-centered play therapy: A case study. *Person-Centered & Experiential Psychotherapies, 14*(4), 268–284. https://doi.org/0.1080/14779757.2014.976798

Tapia-Fuselier Jr., J. L., & Ray, D. C. (2019). Culturally and linguistically responsive play therapy: Adapting child-centered play therapy for deaf children. *International Journal of Play Therapy, 28*(2), 79–87. https://doi.org/10.1037/pla0000091

Thibodeau, R. B., Gilpin, A. T., Brown, M. M., & Meyer, B. A. (2016). The effects of fantastical pretend-play on the development of executive functions: An intervention study. *Journal of Experimental Child Psychology, 145*, 120–138.

https://doi.org/10.1016/j.jecp.2016.01.001

Truax, C. B., Altmann, H., Wright, L., & Mitchell, K. M. (1973). Effects of therapeutic conditions in child therapy. *Journal of Community Psychology, 1*(3), 313–318. https://doi.org/10.1002/1520-6629(197307)1:3%3c313::AID-JCOP2290010319%3e3.0.CO;2-T

Urquhart, C. (2013). *Grounded theory for qualitative research: A practical guide.* SAGE Publication Inc.

Vygotsky, L. S. (1967). Play and its role in the mental development of the child. *Soviet Psychology, 5*(3), 6–18. http://dx.doi.org/10.273/RP01061-040505036

Walker, K. L., & Ray, D. C. (2024). Outdoor child-centered play therapy: A pilot study on outcomes. *International Journal of Play Therapy, 33*(1), 52–63. https://doi.org/10.1037/pla0000213

West, C. (2001). Play/therapy: A Vygotskian perspective. *Journal of Systemic Therapies, 20*(3), 60–67. https://doi.org/10.152/jsyt.20.3.60.23057

Wicks, J. M., Cubillo, C., Moss, S. A., Skinner, T., & Schumann, B. (2018). Intensive child-centered play therapy in a remote Australian Aboriginal community. *International Journal of Play Therapy, 27*(4), 242–255. https://doi.org/10.1037/pla0000075

Wilson, B. J., & Ray, D. (2018). Child-centered play therapy: Aggression, empathy, and self-regulation. *Journal of Counseling & Development, 96*(4), 399–409. https://doi.org/10.1002/jcad.12222

Winnicott, D. B. (1971). Playing and reality. Routledge Classics.

Wong, T.-Y., Chang, Y.-T., Wang, M.-Y., & Chang, Y.-H. (2023). The effectiveness of child-centered play therapy for executive functions in children with attention-deficit/hyperactivity disorder. *Clinical Child Psychology & Psychiatry, 28*(3), 877–894. https://doi.org/10.1177/13591045221128399

Zonzi, A., Barkham, M., Hardy, G. E., Llewelyn, S. P., Stiles, W. B., & Leiman, M. (2014). Zone of proximal development (ZPD) as an ability to play in psychotherapy: a theory-building case study of very brief therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 87*(4), 447–464. https://doi.org.10.1111/papt.12022

Appendix A: Interview Guide

Introduction: Hello. Thank you for taking the time to meet with me today and participate in this interview as a part of my dissertation. Before we begin, I just want to insure you have had a chance to review the study's inclusion criteria and the consent document I emailed you. Do you have any questions about either? Can you confirm that you meet this studies inclusion criteria? Do you consent to participating in this research study? The interview today should take about an hour to complete and will be recorded to aid in the transcription process. You will not be identified in the transcript but referred to as a participant number. If, at any point in time, you wish to stop please let me know.

Do you have any questions?

Let's begin with some demographic information. How many years have you been practicing child-centered play therapy?

Do you practice play therapy with an urban or rural population?

Tell me about what drew you to practicing child-centered play therapy as a play therapy intervention?

What do you believe to be the most important elements of child-centered play therapy?

Can you describe a case from your work where you felt that the child's engagement in symbolic play was particularly important in their healing journey?

What appeared to be happening in this case?

What role did symbolic play have in this child's treatment?

Can you describe a case from your work in which you used symbolic play as a way of communicating with your client?

How was symbolic play a helpful way of communicating with your client in this situation?

Can you describe a case from your work in which a child used symbolic play to communicate with you?

How was symbolic play a helpful way for them to communicate with you in this situation?

Can you describe a case from your work where you felt that the child's use of their imagination was particularly important in their healing journey?

What appeared to be happening in this case?

What role did the engagement of the imagination have in this child's treatment?

Can you describe a case from your work in which you used imagination as a way of communicating with your client?

How was imagination a helpful way of communicating with your client in this situation?

Can you describe a case from your work in which a child used imagination to communicate with you?

How was imagination a helpful way for them to communicate with you in this situation?

Conclusion: Thank you for taking the time to meet with me and answer questions. Is there anything that I have not asked which you believe would be beneficial to my study. Do you have any questions for me?

If there are any follow up questions, are you interested in being contacted about

participating in a follow up interview?

Do you know of anyone who meets this studies inclusion criteria who may be interested in participating in an interview for this research study? Would you be interested in forwarding them an invitation to participate in this research study?

Following the conclusion of this dissertation the results will be accessible on Scholarwork would you be interested in having the link to the studies results emailed to you?

Appendix B: Data Triangulation

Code	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Video 1	Video 2	Video 3
Choice of Symbolic Play	X	X	X	X	X	X	X	X	X
Symbolic Play and Imaginative Play Represents Life Experiences	X	X	X	X	X	X			
Materials Represent; Self, Others, How they Feel about Self, Needs and Desires	X	X	X	X	X	X			
Through Symbolic Play and Imagination Children Communicate; Desires, Emotions, Thoughts, and an Understanding of Self	X	X	X	X	X	X			
Symbolic Play is the Universal Verbal and Non Verbal Language for Children			X		X	X			
Choice of Symbolic Play Repeated		X	X	X	X	X			
Symbolic Play and Imagination Changes over Repetitions to Become more Hopeful/ Successful	X	X	X	X		X			
Child Labels Toys/Figures							X	X	X
Child Labels Feelings				X			X		
Children Narrate Play			X				X	X	X
Children Vocalizes Their Thoughts					X		X	X	X
Children Utilize Sound Effects							X	X	X
Children Communicate with their Bodies		X							X
Movement of Toys/Figures	X	X	X	X			X	X	X
Child Ensure Witness to their Symbolic Play							X		
Child uses Character to Ask Questions				X					
Child Assigns a Role to Themselves	X	X		X	X	X	X	X	X
Child Assigns a Role to Therapist	X	X		X	X	X	X		X
Therapist Embodies	X	X	X	X	X	X	X		X

Code	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Video 1	Video 2	Video 3
the Child's Role									
Therapist Enters into the Child's World	X	X							
Therapist Seeks Role Confirmation (Whisper Technique)	X	X		X		X	X		X
Therapist Interprets and Reflects Child Symbolic Play and Feelings		X		X		X	X	X	X
Child Confirms or Disconfirms Therapists Understanding of their Symbolic Play							X	X	X
Therapist Reflect their Corrected Understanding of the Child's Symbolic Play							X	X	X
Therapist Asks Questions to Gain Understanding		X	X				X		X
Therapist Vocalizes Child's Efforts		X					X		