

PLAY THERAPY WITH SPECIAL POPULATIONS

Feature Article by Karla D. Carmichael, Ph.D.

Therapists often feel unqualified to deal with special populations of children, because of a lack of understanding the universalness of play therapy. Play therapy has been shown to be applicable to one of the broadest of applications and theoretical bases. Special interest has been in play therapy with cross-gender identified, culturally different, physically challenged, intellectually challenged, chronically ill, terminally ill, and children in grief. While a comprehensive discussion of each of these populations is beyond the scope of a single paper, the following are indicators or starting places for the beginning play therapists.

Culturally Different Children

(Carmichael, 1991; Triandis, 1987)

Cultures differ along the following lines: What people do; who people are; in-group; out group; trust; age; gender; religion; language; race; tribe/extended family; status; meta communication versus content; self-concept versus people identity; customs; and individualist versus collectivist (Triandis, 1987). To understand the play of a child, one needs to observe how each of these plays a role in the play themes. Understanding the traditional attitudes and customs of a particular group, sect, or race of people is helpful. However, a therapist needs to establish how traditional the child and the child's family of origin are. Families and children are acculturated at different levels; therefore all people, even in the same family, may not share the same views or cultural milieu.

Triandis (1987) focuses on the issue that cultures define people according to two elements: what people do or who people are. His example is that of the spanking of a child. If the focus is on what people do, then the observer from the culture may be horrified that one person is striking another. If the cultural emphasis is on who people

are, then the observer will say that a mother has a "right" to spank her child. While minorities in the United States tend to be more in tune to who people are, communities differ in their orientation of the emphasis and the acculturation to the community will differ with individuals.

In every group of people whether the group is based on family, race, community, ethnicity or other distinction, there are in-groups and out-groups. The in-groups are those that are seen as "most like us." The out-group are those that are seen as "most different from us." The continuum of the in-group to out-group defines the prejudices of each group.

Cultures differ in their perception of who and how to trust others. Many cultures do not trust anyone outside the family, below a certain maturity, or of specific racial origin. Trust is something that is won. An easy way to find out what it takes is to ask the client, "How do you know you can trust someone?" In children, earning their trust is experiential. The therapist behaves in a consistent and accepting way to the child, and the child will trust. Trust is sacred to all cultures.

Age and gender are systematic beliefs in all cultures. The popular cry of the seventies was "don't trust anyone over the age of thirty." Age can be considered as wisdom or as "out of step." One gender can be considered superior to another. Being male is often considered a superior position; but in some cultures, females dominate. In the United States the African American and Jewish cultures tend to be matriarchs. European cultures tend to be patriarchs. Eastern cultures tend to be age dominated. Mid-eastern cultures are usually male dominated societies.

Religion may define a culture. The Muslims, Christians, Buddhists and Jews Throughout the world have cultures that may mediate the culture of the community or other differences. One of the problems that has plagued the Catholic church in North and South America is the blending of local spiritual beliefs with traditional beliefs of the Church. While they share a common belief system, each community may have special practices from their previous religion. Unique practices in one area may be common place in another such as: speaking in tongues, possession of demons, taking up the serpent, being slain in the spirit, dark sided saints, foot washing, and the encouragement of disassociation.

Chomsky (1972) maintains that we cannot express that which we do not have words to express. In other words, our cultural "feeling" is defined by the words of our language to express those feelings. Some languages do not have words to describe shadings of feelings or experiences. The child is perceived to have a limited realm of feelings, because of lack of vocabulary. Jargon is also a method to keep the in-group in and the out-group out. If a child uses jargon, tell the child, "I don't know what that means." Two reasons exist for not using the child's jargon: 1) using the jargon would be an intrusion by the therapist and 2) jargon meaning are unique to the person using it.

Racial issues are usually based on physical differences that cannot be changed. The important thing for the therapist to remember is that because a person has a particular racial appearance does not mean that the person is culturally different. Race is a poor indicator of culture difference.

When children come from a traditional tribal background, as do Native Americans and many Southeastern Asians, the children are more responsive in groups. These tribal groups see the individual's problems as group problems. In cultures having extended families, it may be necessary to

see grandparents, aunts, uncles, or other members outside the nuclear family. The primary care givers are not always the biological parents. Although a child may be from a traditional extended family or tribe, the child may be acculturated to a different norm.

Who is given status and how they are given status varies from culture. Status may be based on age, gender, or earned status. Many traditional Asians may take what a teacher, therapist or doctor says without question because of the status afforded to such people in their culture. Another culture may ignore any suggestions from a female, as women have no status in their culture.

Meta communication is the tone or intention behind the content of a statement. Some children who may not have limited language skills or who are bilingual will focus on the tone of the therapist not what is said. What is confusing about sarcasm is that there is an incongruent message between the meta communication and the content of the statement. The same incongruity leads many culturally different people to miss humor in satire. The therapist needs to be aware that the communication needs to be congruent, because the child may focus on one aspect of language more than another.

Self-concept is a particularly Western European ideal. The self-concept has to do with the related theme of cultures of individualism. Cultures focusing on self-concept and individualism will look at what is good for the individual. Cultures that have a people's identity or collectivist orientation will not be concerned about the individual, but what is best for the whole. Western cultures tend to be self-concept/individualist orientated, while Eastern/South American cultures tend to be collectivist/people identity orientated.

Customs present the final element that differentiate cultures. Customs and their adherence vary from family to family, individual to individual, and community to

community. The best way to discover customs is to ask how people celebrate events in their lives. Most people will gladly share their customs or traditions, if the seeker appears sincere.

Play therapy in a nondirective manner is not usually successful with minority children. A more structured approach is advised. I found that children need to have items included in the playroom or toy selection that are culturally specific when possible. In addition, the children may not be acculturated to the lack of structure in nondirective play therapy and may do much better with the structure of art work to begin with.

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