



Accessing the therapeutic powers  
of play: a guide for playworkers

This information sheet explores what playworkers can do if a child cannot play because they are feeling anxious, pre-occupied with cares or worries, or afraid of the future.

The pressures of modern life and the demands on children were already impacting on children's emotional health even before the coronavirus pandemic. Since then, these pressures have increased through the:

- permanent state of uncertainty
- social and physical restrictions on every aspect of everyday life
- incredible pressure on parents
- impact of isolation
- loss of contact with extended family and friends.

Playworkers know that play belongs to the child. Playworkers provide children with a playful environment and are creative in dealing with the environmental barriers that can prevent children playing.

This includes:

- making time and space for play
- providing resources for play
- advocating for children's rights to play.

When playing, children find out about their own way of being in the world. For every child, play can be:

- **Fun** – feel good factor
- **Regulating** – playing with big feelings
- **Rewarding** – 'I did it!'

## Play is an incredible resource for children's emotional health

Access to play is exactly what children need to release the tension caused by stress and to enjoy themselves. Children are highly motivated to play and become easily absorbed, experiencing curiosity and excitement. Playing provides:

- **Immersion** – encouraging development through sensory and imaginative play
- **Relational experiences** – enhancing nervous system regulation through social engagement
- **Sense of self** – offering experiences of autonomy, relationships and finding out about 'self and other', likes and dislikes, sameness and difference
- **Competency** – offering opportunities to experience achievement at self-generated tasks which are developmentally appropriate – the emphasis is on the process not the product
- **Friendships and social skills** – providing a sense of community and identity.

Unfortunately, sometimes children can become so anxious that they cannot play. We know from neurobiology research that if a child does not feel safe, they cannot play<sup>1 2</sup>.

The human emotional response system has its own circuitry<sup>3</sup>.

**Figure 1:** Driven by our SEEKING system (curiosity and exploration) we seek connection with significant others through interactions involving CARE and PLAY. If we are out of connection with significant others, the SEEKING system is dimmed, and we may experience a range of difficult emotions such as PANIC, FEAR and RAGE. This is stressful and the way children normally cope with stress is to rely on others to help, through social engagement such as seeking connection with significant others, and play.

## Seven Core Affect Systems

Figure 1<sup>4</sup>



Playing with friends and seeking help from a calm available adult are ways that children cope with their difficult feelings. When these opportunities are restricted, children have to try to cope with these feelings on their own. This can be an overwhelming task, often resulting in strategies – such as excessive screen use, social media, excessive snacking, hours alone in a bedroom – that might work in the short term. These can be harmful if not balanced with extended family life, social engagement and opportunities to play.

### Play has been identified as inherently therapeutic<sup>5</sup>

The therapeutic powers of play:

- **Facilitates communication**  
– self-expression, collective problem solving and storytelling
- **Increases personal strengths**  
– creative problem solving, emotion regulation, self-esteem and resiliency
- **Fosters emotional wellness**  
– positive emotions, stress management, stress inoculation and resiliency
- **Enhances social relationships**  
– peer friendships, social competency and empathic communication.

### How play supports child development

As children develop, so does their play. Play and development are intricately linked and in early childhood, children need to complete developmental stages of play<sup>6</sup>, integrating each phase into the next as they develop and grow. These stages have been defined by Dr Sue Jennings as Embodiment – Projection – Role (EPR)<sup>TM</sup>.

#### EPR<sup>TM</sup>

- **Embodiment play** – is sensory, messy, physical, non-verbal
- **Projective play** – involves construction, substituting one object for another, creating stories and miniature worlds
- **Role play** – enables the child to become someone else, to try out and try on different ways of being in the world and to experiment with what might be possible.

EPR™ is a developmental pattern that uniquely charts the progression of dramatic and relational play from birth to seven years. Dr Sue Jennings argues that competence in the EPR™ sequence model is essential for a child's maturation, because it is the foundation of secure playful attachment and the child's developing sense of self – it is the process through which imagination comes into play. When working with an anxious child it is a play-map we can follow as we track the child's journey from frozen watchfulness to fluid and joyful playfulness.

Key to healthy development is the ability to regulate emotion, learnt in the early attachment play between parent and child and developed in relationship through play throughout childhood. As they learn to self-regulate, children naturally travel back and forth along the EPR™ developmental path of play, finding what they need now from the resources they have built up based on their previous play experiences. We never stop needing this resource – we carry this into adulthood. We never stop needing playful and creative relationships with our environment, our friends and our extended families.

### How playworkers can access the therapeutic powers of play

To access the therapeutic powers of play, the role of the playworker is to support the child by providing safety and containment.

We can transfer our knowledge and understanding of the therapeutic benefits of play to non-clinical settings. This will provide the safety and containment that children need to overcome the paralysing effect of anxiety.

By keeping our focus on the relational aspect of play we can provide the child with a felt sense of containment and permission that makes it safe for them to express themselves using the type of play they choose. A child cannot feel safe in a relationship that has no limits, therefore the playworker needs to set limits sufficient to keep the child safe, and to provide a felt sense of consistency and predictability. Within the safely contained play space the child leads the play, and the playworker follows.

The key principles for helping children to feel safe:

- **Safety** – if a child is anxious and afraid they cannot play. A child is more likely to be aggressive or withdrawn if they do not feel safe. Therefore, the main aim must be to communicate the message: '*I am here to keep you safe*'.
- **Predictability** – humans are fascinated by prediction, because being able to predict what is going to happen next helps us to survive. Routines and predictability are critical to security and promoting a sense of safety.
- **Consistency** – anxiety is often associated with a lack of predictability, increased chaos, or the loss of control. Positive, consistent and repetitive experiences support regulation.
- **Trustworthiness** – human beings are interdependent creatures. We need to build trust by being consistent, predictable, warm, relational and playful.
- **Containment** – if a child feels held and contained within predictable limits and boundaries they will feel safe.

Providing the right conditions to activate the therapeutic powers of play:

- **Children need space and time for play** – a space that is safe and contained, and an uninterrupted period of time with a warm, calm and attentive adult. It can be as little as 15 to 30 minutes sessions.
- **Children need resources for play** – a specially selected play kit\*, in its own container, which is kept especially for 1:1 or small group playtime.
- **Children need someone advocating for their right to the therapeutic benefits of play** – through the provision of small groups and 1:1 play sessions. It is the focused attention from a warm, calm, attentive adult one to one with a child – or a small group of children – that makes the difference.

\* *The play kit – especially for 1:1 or small group playtime. It contains specially selected resources for play (keep it small and basic). Add loose parts for imaginative transformation.*



Embodiment and sensory play	Projective play	Role play and dressing up
<p>Playdough and cookie cutters, butter knife, other cutlery</p> <p>Smell potions mixing kit (such as bottles, jugs, funnels, water, food colouring, cinnamon, lavender, fruit tea)</p> <p>Slime ingredients</p> <p>Hand cream</p> <p>Hoops and skipping rope</p> <p>‘Back and forth’ play (such as soft balls, bat and ball, beanbags, toy cars)</p>	<p>Animal miniatures</p> <p>Small people</p> <p>Wooden village (or blocks)</p> <p>A ‘small world’ tray – filled with a layer of sand or rice (this can be a food container with a lid)</p> <p>Vehicles</p> <p>Baby doll</p> <p>Baby bottle</p> <p>Puppets</p> <p>Arts and crafts materials (such as paper, coloured tissue paper, coloured pens/felt tips, glue stick and sellotape, scissors and craft bits)</p>	<p>Hats</p> <p>Scarves</p> <p>Lengths of material</p> <p>Mask making (paper plates are great)</p> <p>Props (such as wand, sword, crown, police hat, doctor’s kit, fireman’s kit)</p>

## Conclusion

Children express their feelings and communicate their experiences through play. Children try out different ideas and solutions for their dilemmas, and they gain mastery and feel effective through play. Children do this naturally as part of their developmental journey, but when circumstances overwhelm the child's resources, making them feel anxious and unsafe, they benefit from the support and skills of an empathic adult who understands and values play.

It is important to remember that playing is something that children do whenever they have the chance. It is their way of supporting their own health and well-being. Understanding this helps us to advocate for a rights-based approach to support children's play and the importance it holds for them in their immediate lives and their everyday experiences.

Some children can rise above adversity to adapt to serious challenges, stress and risks without much help. In times of uncertainty, some children might find this less easy and they will need the support of others to make the most of the environment around them.

## References

- <sup>1</sup> Perry, B.D. and Hambrick, E. (2008) The Neurosequential Model of Therapeutics, *Reclaiming Children and Youth*, 17(3) 38-43.
- <sup>2</sup> Porges, S.W. (2007) The Polyvagal Perspective, *Biol Psychol*, 2007 February Vol.74(2) 116-143.
- <sup>3</sup> Panksepp, J. and Biven, L. (2012) *The Archaeology of Mind*. USA: Norton.
- <sup>4</sup> Kestly, T. (2014) *The Interpersonal Neurobiology of Play. Brain-Building Interventions for Emotional Well-Being*. New York: W.W.Norton & Company Inc.
- <sup>5</sup> Schaefer, C.E. and Drewes, A.A. (2014) *The Therapeutic Powers of Play. 20 Core Agents of Change* (2<sup>nd</sup> edition). NJ : Wiley and Son.
- <sup>6</sup> Jennings, S. (2011) *Healthy Attachments and Neuro-Dramatic Play*. London: Jessica Kingsley.

This information sheet has been designed to support playworkers in community settings to understand some therapeutic play skills and ideas.

In some cases, this support will not be enough and the playworker may need to support parents to seek the advice of a General Practitioner who may recommend that the family contact a Play Therapist.

Parents who are worried about their child can also self-refer directly to a Play Therapist see: [www.bapt.info](http://www.bapt.info) for more details.





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[www.playwales.org.uk](http://www.playwales.org.uk)

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