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CHANGING PRESCHOOLERS' MENTAL REPRESENTATIONS IN THERAPY: THE MUTATIVE ROLE OF PLAY

by

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A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

CHANGING PRESCHOOLERS' MENTAL REPRESENTATIONS IN THERAPY: THE MUTATIVE ROLE OF PLAY

by

Iris M. Hellner

Advisor: Professor Anni Bergman

In this exploratory study preschoolers' mental representations of self and other were assessed before and after a year in play therapy to determine if changes had occurred. This study also analyzed patterns of the preschoolers' therapy play over the course of the year. The relationship between changes in mental representations of self and other and changes in the level of play structure was explored. The subjects were five preschoolers enrolled in a therapeutic nursery due to emotional problems and/or developmental delays. Each child received twice weekly individual play therapy.

Each subject was interviewed at the beginning and at the end of the therapy year using a semi-projective story-telling measure to elicit mental representations of self and other. A thematic code designed for this interview was adapted for the test-retest design of the current study and used to assess changes in the quality of mental representations and in the use of defenses. Play therapy sessions were videotaped on a monthly basis and were coded using scales that score the highest levels

of fantasy play in each play episode. Qualitative case formulations were developed for each subject.

The results suggest that changes in mental representations had occurred. Most of the subjects demonstrated: 1) structural advances in therapy play and structural advances in mental representations and 2) an increase in mental representations of aggressive figures, hypothesized to be a treatment phenomena. Two tendencies among the subjects were also reported. The first reflected an increase in mental representations of nurturing figures, a decreased use of defenses, and structured fantasy play. The second reflected a decrease in mental representations of nurturing figures and an increase in abandoning figures, an increased use of defense, greater disorganization, and unstructured play. The following hypotheses were proposed: 1) smaller amounts of structured fantasy play may be linked to smaller amounts of representational change; 2) structured fantasy play enables play narratives representing clinical themes to develop and facilitates representational changes; 3) greater affect regulation may develop in structured fantasy play; and 4) uncontained affect in therapy may have a disorganizing impact on mental representations.

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taught me a great deal and have inspired me tremendously. Her warmth, humor, and encouragement have meant a lot to me and have made the process of exiting from the program a very nice and caring experience.

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Introduction

The internal world is comprised of representational structures that organize information about the self, about others, and about the self in relation to others. These mental representations of self and other are cognitive structures, or schemata, that are affectively charged because they develop in the context of the child's earliest relationships. Internal representations of self and other grow out of real-life exchanges with others[1]. As Bowlby (1982, 1980) writes, they are complex structures of the world and of significant people that are formed early in childhood and are actively constructed from continuous interaction with people and things. Mental representations of self and other are carried, consciously and unconsciously, into new situations and relationships. They play a role in determining new experiences and in guiding behavior, especially in new and intimate relationships (Main, Kaplan & Cassidy, 1985). In their volume on object relations theories, Greenberg & Mitchell (1983) highlight that "people react to and interact with not only an actual other but also an internal other, a psychic representation of a person which in itself has the power to influence both the individual's affective states and his overt behavioral reactions" (p. 10). Mental representations of self

[1] There are many theories that detail the genesis and development of mental representations of self and other. This will not be the focus of the current study. However, it is important to state that the perspective of this dissertation is that the formation of mental representations of self and other is multiply determined (e.g. stemming from real-life experiences, fantasies, drives, affect, etc.)

and other thus form a template through which subjective and objective experiences are filtered and exert an influence on behavior, feelings, cognition, interactions, and relationships.

Given its function in influencing and determining experience, the construct of mental representations of relationships plays an important role in various models of the mind. Mental representations of self and other are of great importance in theories of psychological change and therefore in psychotherapy. One premise of psychodynamically oriented psychotherapy is that changes in the external world and in behavior are predicated on changes in the patient's internal world. One change proposed to occur in the internal world, via psychotherapy, is the alterations of mental representations of self and other. Among the many changes that may take place within the internal world as a result of psychotherapy, one of the most powerful changes is representational change.

Despite the prominence of the construct of mental representations of self and other in models of therapeutic process and change, there have been only a handful of studies that explicitly examine representational change in psychotherapy. These studies have been limited to studying changes in the mental representations of self and other of adults. While representational change is also theorized to be a therapeutic process and outcome in child treatment, it is under-emphasized and little studied. Psychodynamic and psychoanalytic child

psychotherapists indicate that play therapy[2] creates opportunities for dramatic changes of a child's representational world. While this is a widely held theoretical stance, few theoretical and clinical papers on play therapy explicitly address changes in child patients' mental representations of self and other during play therapy. Few studies have been conducted that explore changes in preschoolers' mental representations of self and other over the course of development. There have been no studies conducted that examine changes in preschoolers' mental representations of self and other as related to psychotherapy.

Literature and research studies that have been conducted on children's mental representations of self and other have focused on understanding the quality and structure of young children's representations. This information stems largely from the vast body of literature that focuses on defining mental representations and from theoretical and empirical work that examines the normal development of the representational world. Research studies have successfully demonstrated the ability to access preschoolers' mental representations of self and other, but have not examined change. Additionally, such studies have focused on "normal" populations of children and have not explored the mental representations of self and other in a clinical population of preschoolers.

I became interested in exploring preschoolers' mental representations of self and other after working in several

therapeutic nurseries. The changes I observed in the children after spending only one year in a therapeutic environment were astounding. An underlying factor in these observable changes, I believe, was the alteration of the children's mental representations of self and other. No doubt, numerous factors contribute to such impressive changes: various, simultaneous therapies (e.g. play therapy and speech/language therapy); the therapeutic milieu of the classroom; relationships forged between the children and teachers and among peers; therapeutic work with parents; as well as changes spurred on by the course of development, to name of few. This study does not purport to say that one mutative aspect can be isolated nor that one is more meaningful than another. However, one element that is particularly therapeutic and particularly influential in facilitating changes in mental representations of self and other is play therapy.

A premise of the current study is that like in adult psychotherapy, play therapy facilitates representational change in young children. It will be argued that play therapy processes, specifically fantasy play, provide an ideal forum to facilitate changes in preschoolers' mental representations of self and other. Many therapeutic functions of fantasy play in child psychotherapy have been discussed by clinicians of varying theoretical positions. However, the specific role of fantasy play

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[2] I will use the term play therapy to encompass a wide range of theoretical positions on play therapy, including child psychoanalysis.

in altering mental representations of self and other in play therapy has not been explicitly examined.

What is known about play therapy from research studies is quite limited. There have been few empirical studies detailing play therapy processes (i.e. what happens in a particular session and across sessions). Most play therapy research has concentrated on outcome, rather than process. There is a remarkable absence of research data on play in play therapy. Information on play derives mostly from developmental research on the cognitive structural aspects of play. This literature provides the most clarity on the play of preschoolers. However, this literature does not examine the nature of play in play therapy. The role of play, the types of play utilized, and the patterns of play that emerge in play therapy, have been examined in only a few studies. This is quite striking, given the prevalence of play therapy as a treatment modality, especially for young children.

This dissertation examines preschoolers' mental representations of self and other before and after a year in play therapy. The relationship between qualitative and structural changes in the preschoolers' mental representations of self and other and the patterns of play over the course of the therapy year will be explored. Specifically, the possible relationship between sophisticated fantasy play and representational change will be investigated.

Review of the Literature

This chapter will begin by reviewing the literature that *explicitly* addresses change in mental representations of self and other in psychotherapy, with an emphasis on work that is applicable to children. Several theoretical models will be presented to provide a context for how such change processes are thought of conceptually. Research studies that have specifically addressed changes in mental representations of self and other in therapy will then be highlighted. Next, measures that have been developed to examine the representations of children under five will be reviewed. The next section details the development of cognitive structures of play. This body of work is the result of research in developmental psychology and it represents the most detailed information that exists about the play of young children. What follows is a review of the relationship between the development of structure in fantasy play and psychological adaptation. The role of fantasy play as a therapeutic process facilitating change in mental representations of self and other will next be explored. Finally, the chapter will review play therapy research findings, limited to studies that examine play within play therapy. This will describe how the research is lacking and also present what information about play therapy processes does exist from research studies.

Altering Mental Representations in Psychotherapy: Theory

There is a vast literature detailing the development of mental representations of self and other in young children (for example, Mahler, Pine & Bergman, 1975; Stern, 1985; Bretherton, 1990) and a vast literature investigating methods of exploring mental representations of adults and children. However, there is scant attention paid to *changes* in mental representations of self and other, in particular, changes that evolve out of the therapeutic process. In theoretical writings on psychotherapy, this notion that changes in mental representations of self and other occur during psychotherapy is most often an implied phenomenon. It is rarely made explicit. An article by Lyons & Sperling (1997) is one of the few to explicitly address changes in the mental representations of adults during psychotherapy. The authors write that "although usually not specifically named, representations of attachment are one of the most common targets of assessment and change in both psychoanalytic and cognitive approaches to psychotherapy. It is an interesting paradox in the field that this construct is so fundamental both clinically and theoretically, yet outside of projective personality assessment, remains somewhat secondary theoretically, and, in many models of psychotherapy, often unattended to clinically" (p. 221). This section will give an overview of several theoretical models that do *explicitly* address changes in mental representations of self and other in psychotherapy.

Attachment theory presents a theoretical model in which the potential to change mental representations of attachment relationships is more directly addressed. In writing about adults, Ricks (1985) has stated that change can occur through emotionally corrective experiences via changes in early relationships, via repeated exposure to other relationships that disconfirm earlier representations, and via strong emotional experiences in a single relationship. Similarly, Nezworski, Tolan & Belsky (1988) describe that in adult psychotherapy, representational change is "most likely to occur within the context of an emotionally significant relationship that challenges and disconfirms early unconscious assumptions...the therapist helps create a context from which the client can explore past and emerging representations of the self and the world. This therapeutic stance derives its power from its implicit contradiction of the client's negative core beliefs and its explicit but gentle challenge regarding the current reality base of those initial self/world assumptions" (p. 360). Such theory posits that an interpersonal relationship carries the "power" to alter mental representations of self and other and thus implies that psychotherapy can provide an effective forum for representational change.

Therapeutic processes, according to attachment theory, function to disconfirm mental representations of attachment in order to alter representations. This theoretical approach is similar to the notion of corrective emotional experience, and

what Lyons & Sperling (1997) call "re-parenting" the patient. Changes in mental representations of self and other are facilitated by the therapist assuming "an attitude different from that which the parent had assumed toward the child" (Alexander & French, 1946, p. 67). Papers by Pearce & Pezzot-Pearce (1984) and Pistole (1989) have highlighted how this approach can be applied in the therapy setting. They describe how the therapist disconfirms and counteracts mental representations of attachment by responding differently than attachment figures have in the past and by providing a "secure base" from which to explore the inner world.

This body of work examines clinical practice with adults and with children who are capable of more verbal therapeutic modalities. Younger children and patients who are not capable of more verbal therapies are not addressed in this literature. Corrective experiences, a therapy relationship that disconfirms earlier experiences, and a therapeutic secure base from which to explore mental representations of self and other, are all important ingredients in therapy and certainly exert powerful influences on these mental representations. However, in the therapy discussed in this literature, the mutative factor highlighted relies heavily on the insight gained from these therapeutic processes. While insight is an important factor in therapeutic change, it becomes a thorny issue when addressing the treatment of very young children, whose cognitive capacities are still limited.

Another body of literature that explicitly addresses changes in mental representations of self and other and one that is applicable to children stems from dyadic, parent-child psychotherapies. In this model, also stemming from attachment theory, it is the altering of the parent's representations of self and other that are the explicit focus of the treatment. It is hoped that the child's mental representations of self and other would be altered by way of changing the parent's representations. Additionally, it is believed that changes in the behavioral interactions between parent and child would facilitate representational change in the child and parent. For example, the therapist would help the mother to explore her representations of her own parents, help the mother to see her child as a transference object, and intervene behaviorally to help the mother interact differently with her child (see for example, Lieberman & Pawl, 1988). Changes in the child's mental representations of self and other, however, are not explicitly discussed. Whether or not the child's mental representations of self and other are indeed altered and the process by which this might occur is not examined in this body of work.

Fonagy, Moran, Edgcumbe, Kennedy & Target (1993), in a theoretical and clinical paper, present one of the few discussions that explores the altering of children's mental representations of self and other in psychoanalysis. They highlight that "representations are the common pathways through which all therapeutic agents of change act" (p. 11). They

propose two models in which representations of self and other can be altered, but note that in clinical practice the two can not be so clearly distinguished as separate models.

In the "representational model", the authors describe how mental representations of self and other that were isolated, rejected, or incompatible are transformed and then reintegrated in the therapeutic process. The therapist first helps the child to articulate the representations, with the goal of strengthening the coherence and integration of the mental representations of self and other. Secondly, therapy contributes to the "elaboration" of the mental representations of self and other by drawing links between different representations. The final step in the therapeutic process, that evolves from the integration and elaboration of mental representations, is the generation of new mental representations of self and other that encompass new ways of understanding experiences and events.

In this model, the emphasis is on the making conscious of unconscious representations that have been defensively distorted or repudiated due to intrapsychic conflicts. The primary model of change is insight. One perspective of the current study is that representational change is not solely dependent on insight. The process of integrating and elaborating mental representations of self and other without necessarily clear insights is in itself mutative. Such articulation and elaboration leads to changes in the structure and quality of the representational world, as well

as, to the genesis of new mental representations of self and other.

Fonagy et. al. (1993) argue that for some children the representational model is not as applicable. Child patients with "developmental deviations" demonstrate an "inhibition of mental processes" such that they present as unable to think, self-reflect, or to feel. The authors describe this as the result of mental representations of self and other being excluded because they are too painful or overwhelming. Here the therapeutic work is to help the child to explore his/her inner world, to reactivate mental functions. The child is helped to create representations of his/her feelings, thoughts, and experiences. The child's experience is given meaning. Through these processes, the child is helped to create stable and integrated representations of self. In this second model, the therapeutic processes that facilitate representational change involve helping the child to create mental representations of self and other, to explore these representations, and to give meaning to the representations and experiences.

The process of helping a patient to create meaning, to develop a narrative, of his/her experiences is described in another theoretical model of psychotherapy that explicitly attends to representational change. Sperling and Lyons (1994), in writing about adult psychotherapy, describe that the overall goal of therapy is to create and rework a shared story that is to be better understood, serves to clarify experiences, and can be

later examined. They describe how developing a narrative allows a patient to integrate, as well as, to share his/her representations of self and other. Similarly, Russell and van den Broeck (1992) describe how individuals can be helped to "organize, comprehend, structure, and relate important experiences in their lives through schematic representations that take narrative forms" (p. 344). Creating a story about one's self and one's life helps to better understand life, to experience the internal and external world as less chaotic and disorganized, and facilitates the binding of experiences into a meaningful whole. Telling the story of one's life has the power to "build" and re-build the events of one's life. This process allows the patient to achieve a "sense of authorship", or mastery, over events. In organizing, integrating, and creating meaningful narratives, mental representations of self and other are created and altered.

Some authors writing from a more interpersonal, psychodynamic perspective, utilize the concept of projective identification to further articulate the process by which a child therapist-patient dyad could work to alter mental representations of self and other. Altman (1992) and Caspary (1993) describe how an individual's mental representations of self and other determine not only how people will be experienced by the child, but also how people will respond to that individual. People get others to respond to them in ways that they expect and that correspond with representational models of past relationships. Altman (1992) argues that mental representations remain unchanged

as long as people in the child's world respond to the child according to these representations. In projective identification, a child patient projects his/her mental representations of self and other onto the therapist. These projections come to be experienced by both the patient and therapist, as part of the therapist's self. Instead of rejecting or disowning these projections, however, the patient continues to empathize with these projected parts of him/her self in the therapist. Altman (1992) and Caspary (1993) argue that changes in mental representations of self and other can take place if the therapist can "contain" the projections, that is, allow the projections to have an impact on the therapist, and to understand the projections as a communication from the child. The role of the therapist is to respond as a container, and also to detoxify the projection, by responding differently to the child than the expected ways, by gradually transforming negative representations of self and other, and by gradually "communicating to the patient increasingly elaborated versions of the patient's inner world" (Caspary, 1993, p. 216). The child can then re-internalize more positive and/or more integrated mental representations of self and other. The child re-internalizes his/her representations as held by the therapist and also internalizes positive aspects of the therapist (e.g. internalizing the ability for self-containment and internalizing new ways of being responded to and experienced).

Mental representations of self and other are therefore altered via this projective-introjective process. Altman (1992) stresses the importance of a balance between the therapist being an old object (as the "recipient of the patient's projections") and a new object (the container who feeds back the new form of the projection and doesn't respond in expectable ways).

Several theoretical models have been presented that explicitly address representational change in psychotherapy. Each model demonstrates important processes by which mental representations of self and other can be changed. Further, they may be inter-related, may occur simultaneously, and may characterize different therapeutic processes at differing points in a treatment. Neither model has exclusive rights to the process by which representational change takes place. Additionally, different routes of change are possible for different for types of patients, as highlighted in the paper by Fonagy et. al. (1993).

These theoretical approaches provide a view of the models that have articulated that representational change does occur in psychotherapy and have attempted to articulate what therapeutic processes are involved. Empirical work that has been conducted on exploring mental representations of self and other in psychotherapy will now be reviewed.

Altering Mental Representations: Research

Adult personality assessment studies and adult psychotherapy outcome studies have empirically explored changes

in mental representations of self and other. In these studies, the role of altering mental representations in psychotherapy is made explicit. Gruen & Blatt (1990) describe the "modification of pathological self and object representations" (p. 402) as being one of the most important goals in therapeutic work with severely disturbed adults. Studies exploring the relationship between changes in representations of self and/or others and changes in overall functioning after psychotherapy offer important contributions. Of particular significance here, is that changes in mental representations of self and other can be operationalized empirically and shown to be induced by psychotherapeutic processes. Significant representational changes have been demonstrated by: Gruen & Blatt (1990) who were successful in discovering that changes in mental representations of two adults engaged in long-term dynamically oriented treatment were linked to changes in the transference; Blatt, Wiseman, Prince-Gibson, & Gatt (1991) who found that adult patients demonstrated a greater degree of differentiation and articulation in their representations of others after psychotherapy; Diamond, Kaslow, Coonerty & Blatt (1990) who demonstrated changes in self and object representations using projective measures, such that there was an increase in responses characterizing higher levels of separation-individuation in borderline adolescents; and Kavanagh (1985) who examined representations before and after psychotherapy and found that patients evidenced changes in the "level" of their object representations (as measured in Rorschach

responses) such that representations were more mature and had a greater degree of differentiation. In comparing psychoanalytic and psychotherapy patients, Kavanagh reported that after treatment analytic patients demonstrated more integrated, benevolent figures (versus malevolent figures) and a greater flexibility in accessing more primitive representations.

It is difficult to know if these empirical findings from adult psychotherapy research can be applied to work with children. It is important to note, though, that this significant theoretical construct, the alteration of mental representations of self and other in psychotherapy, can be operationalized and has the beginnings of empirical support.

Research in attachment theory has been able to demonstrate changes in the behavioral manifestations of mental representations of self and other in very young children. While this research does not reflect changes as a result of the therapeutic process, it does indicate the possibility of representational change. Security of attachment classifications, as measured behaviorally in the Strange Situation (Ainsworth, Blehar, Waters & Wall, 1978) are thought to reflect the history of the infant-parent attachment relationship. Thus, patterns of attachment behavior observed in the Strange Situation are manifestations of underlying mental representations of attachment (Slade & Aber, 1992). For attachment theorists, as described previously, mental representations of self and attachment figures are postulated to undergo changes via actual interpersonal

experiences. For children, changes in the security of attachment (e.g. from insecurely attached to securely attached) would occur as a result of changes in parenting behavior. Changes in children's security of attachment classifications have been demonstrated by Sroufe & Waters (1977) and Erickson, Sroufe & Egeland (1985) who found that changes in the environment induced changes in parenting, which in turn were related to changes in attachment classification. This work places the locus of change in the parent. This body of literature and research is extremely important in theorizing about the potential for change in mental representations of self and other and in demonstrating changes in children's mental representations of self and other. However, these studies do not assess changes in mental representations of self and other directly, nor do they assess changes in the mental representations of four to five year old children. Additionally, these findings have not been directly applied to assessing mental representations of self and other in child therapy.

There have been no empirical studies that systematically examine changes in preschoolers' mental representations of self and other as a function of therapy. What has been of interest to child development researchers to date, is the assessment of mental representations of preschoolers.

Assessing Preschoolers' Mental Representations

There now exists a body of research that demonstrates that it is possible to elicit preschoolers' mental representations of self and other via objective, empirical means. This work has

more fully articulated the nature and development of the young child's mental representations of self and other.

Researchers of adults' representations have successfully demonstrated, as noted above, that mental representations of self and other are "encoded in projective test responses that can be assessed systematically" (Diamond, Kaslow, Coonerty & Blatt, 1990, p. 364). Much of the work on adults has utilized the Rorschach. Similarly, Tuber has demonstrated the use of the Rorschach to assess children's mental representations using the Mutuality of Autonomy Scale (Tuber, 1989a; Tuber & Coates, 1989; Meyer & Tuber, 1989). He writes that Rorschach testing can successfully be used to "assess the quality of internalized object representations and those object representations can be summary measures of the quality of the child's past interactions with significant others" (Tuber, 1989a, p. 440). It is important to highlight that projective measures have been effectively used to assess children's mental representations of self and other.

The uses of the Rorschach as well as other projective techniques are evaluated from verbal responses. With children whose verbal abilities are immature or compromised, as with very young children or developmentally delayed children, the use of any method that relies on verbal responses is precluded. Several investigators have developed measures to assess young children's mental representations of self and other that do not depend upon linguistic ability.

Semi-projective tasks have been the focus of empirical research on young children's mental representations of self and other. These tasks have primarily been story-telling tasks in which children respond by acting-out the endings of stories using dolls and props. As in adult research, these semi-projective measures allow children to express their representations of self and others while maintaining personal distance (Watson & Getz, 1990). Children do not have time to reflect on what they are confronted with in such tasks, but are rather presented with ambiguity and must say whatever comes to mind. Their responses thus arise from the "core schemata" of self and other (Mueller & Tingley, 1990). Some of the findings from research exploring the mental representations of self and other of children under the age of five will be presented.

Bretherton, Ridgeway & Cassidy (1990) and Bretherton, Prentiss & Ridgeway (1990) developed a measure to elicit mental representations of the attachment relationship in three year olds using a story completion task. Children were presented with 5 incomplete stories preceded by one warm-up story. Each story was narrated and acted out by the experimenter, using props and small family figures (mother, father, grandmother, and two children, both of the same gender, and one bigger than the other). The experimenter acted out each story with the dolls and props and asked the children to complete the story stem by showing "what happens next" with the family doll figures. A protocol for administering the stories was standardized, including prompts.

The story stems were as follows: 1) spilled juice: while seated with the family at dinner, the younger child spills juice on the floor, and the mother exclaims about it; 2) hurt knee: while the family is taking a walk in the park, the younger child falls off a rock s/he was climbing and hurts his/her knee and cries; 3) monster: after the child is sent to bed, the child cries out about a monster in the bedroom; 4) departure: the parents leave for an overnight trip, and the children are left with grandmother to look after them; and 5) reunion: the children are told by the grandmother that the parents are about to return. The children's verbal responses, how and where they placed the figures in relation to each other, the emotions displayed by the child, and emotions expressed in the content of the stories were recorded and analyzed.

Stories were assessed by the researchers based on verbal responses and on story enactment with the doll figures, but were not based on verbal fluency or fluidity. Bretherton, Ridgeway & Cassidy (1990) analyzed the children's transcripts by looking at the content of the responses and at the child's ability to create a story resolution. The authors also examined the stories as a whole for structure and content to determine if the stories reflected categories of secure or insecure attachment patterns. The findings about categories of security of attachment will not be presented here, but rather the nature and range of the preschoolers' mental representations of self and other will be reported. What this research informs us about the quality of the

mental representations of self and other in young children is of most significance to the current study.

The researchers found that children as young as 37 months of age understood the major issues of each story and were able to enact resolutions to the stories appropriately. Most of the children resolved each story, demonstrating representations of attachment figures as sympathetic, empathic, and protective. The story resolutions were predominantly positive and non-punitive. Most stories ended with family togetherness. The researchers report normative findings for each story. They report that in the first story, the spilled juice story, most children had one of the family members clean up the juice and that punitive behavior was rare. Only a few subjects re-enacted the story without resolving it. In the second story, the hurt knee story, most of the subjects depicted a sympathetic response from the mother or father (e.g. hugging the child) and many of the children replayed the story with a positive ending. Some subjects avoided the issue of the pain completely. A minority gave non-sympathetic responses. In the monster story, the predominant response was for a parent to get rid of the monster. In only a few cases, did the child cope without the parents' help. In the departure story, some mild anxiety about enacting the separation was displayed by half of the subjects, and some found it difficult to have the parents drive away. Half of the subjects were able to drive the parents off on their trip without hesitation. Most of the subjects, once the parents departed, had

the children look for or cry for the parents, some talked about the parents' return, and some reached for the car. Only a few of the subjects were unable to depict what the children would do during the separation (e.g. to cope with the separation). In the reunion story, most of the subjects brought the parents near to the children upon reuniting them. Many children displayed affectionate reunions, some children enacted avoidant reunions (family members did not face each other), and some demonstrated disorganized or chaotic reunions (e.g. car crashes).

Bretherton, Prentiss & Ridgeway (1990) compared the responses of 37 month olds with 54 month olds using the story completion task to explore developmental differences. They found few differences between the 37 month olds' story resolutions and the 54 month olds' story resolutions. The number of stories ending with the family engaged in activities together (e.g. taking a walk together) increased for 54 months olds and, in general for both ages, unhappy endings were rare. The mother was depicted as nurturant and caregiving, more often than the father. The father was depicted as a protector, especially for 54 month olds. Overall, 54 month olds demonstrated more verbal dialogue between the family figures. Another major developmental finding is that older children more often portrayed the parents in activities apart from their children. Additionally, differences between the older and younger sibling were more pronounced at 54 months of age than at 37 months. Older siblings were depicted as more competent, more mature, and demonstrating a somewhat

parental attitude toward the younger sibling. Similarly, the grandmother was depicted as more of a parental figure for subjects at age 54 and more as a companion at age 37 months.

Bretherton, Ridgeway & Cassidy's (1990) measure demonstrates that it is possible to elicit young children's mental representations of the attachment relationship and presents a normative view of the content and quality of young children's mental representations of self and other. Bretherton and her colleagues demonstrate that an effective approach for tapping young children's mental representations of self and other involves a semi-projective method which structures or scaffolds the child's responses, and in which the experimenter assists the child by enacting the story, by focusing the child's attention to major story issues, and by using non-leading prompts and props. This protocol has not been applied to clinical populations and has not been used to measure changes in mental representations of self and other in therapy.

Other researchers utilized a similar approach in order to tap preschoolers' mental representations of self and other. Mueller & Tingley (1990) developed a story completion task for four year olds, very similar to Bretherton, Ridgeway & Cassidy (1990), called The Bear's Picnic. In their work, they assessed the child's ability to produce a response and analyzed the content of the story responses for how valued family members were represented (e.g. with concern, caring, nurturance) versus how devalued family members were represented (e.g. selfish, hostile,

violent, rejecting, hurtful, punitive). Like Bretherton's work, Mueller & Tingley (1990) found that four year olds were capable of producing responses that reflected their mental representations of self and others. Additionally, several themes emerged in the stories. Family members were depicted as: engaged (relating to each other, even if conflictual) or unengaged (e.g. avoidant); equal (family members' actions were mutually determined) versus dominant (for example, sibling relationships reflected dominance, in that the bigger sibling was depicted as more capable); and conflictual relationships (e.g. aggressive, disagreements) or cooperative (family members presented with common goals and adjusted their goals to the needs of the other). The researchers reported that there was a range in how the child figure was represented, from competent and resourceful to helpless. The children were able to depict the family members in multi-dimensional and complex ways. Stories reflected complex characterizations of family members and their relationships. Family members often provided helpful explanations to each other regarding behavior and events. Family members often gratified the wishes of other family members and were helpful. Additionally, the child figure was often depicted as vulnerable to dangerous events.

Watson & Getz (1990) also successfully demonstrated the ability to elicit preschoolers' mental representations of self and other. They also used doll play story stems, with children

as young as four, to confirm the emergence of Oedipal themes at that age.

Researchers have struggled with differentiating between self and other representations in the semi-projective material. Mueller & Tingley (1990) point out that it is not necessary and it is too complicated to rigidly distinguish between self and other representations in these stories. They highlight that since a child acquires knowledge of both roles, that is, both sides of a relationship are internalized and represented, it is difficult to draw a line between self and other in such stories. Their emphasis, rather is the successful ability to elicit preschoolers' representations of self and other using this type of approach.

In sum, a small body of research has emerged that demonstrates that changes in mental representations of self and other occurs in adult psychotherapy patients. Similar work has not been undertaken with child patients. Research has demonstrated that preschoolers' internal representations of self and other can be successfully elicited and examined. These techniques, however, have not been applied to a clinical population of children. Additionally, only one study has addressed changes in mental representations of self and other related to development. There have been no studies that have used these measures to look at changes in preschoolers' mental representations of self and other in psychotherapy.

Before exploring how fantasy play might serve as a forum to alter mental representations of self and other in play therapy, an overview of normal play development is provided. Most of what is known about the play of children under the age of five can be credited to child development researchers. Such research has contributed an understanding of the cognitive-structural features of normally developing play in early childhood. This body of work offers the most clarity that exists and the greatest amount of information available on the play of preschoolers.

A Cognitive-Developmental View of Play

Developmental psychologists investigating play have focused on elucidating the cognitive development of play. Much of the work stems from Piaget's work, Play, Dreams and Imitation in Childhood (1962). Empirical studies have been conducted that examine the developmental progressions of play, in particular cognitive achievements. Two often cited empirical studies of play in infancy and early toddlerhood are the work of Belsky & Most (1981) and McCune-Nicolich (1977). Both studies present a similar developmental sequence of play in early childhood. Both developed scales that represent a developmental continuum, such that lower levels of play emerge prior to higher levels and tend to decrease once higher levels of play emerge. Additionally, both cull information from many prior studies of play and attribute their theoretical origins to Piaget.

The following is an overview of the cognitive developmental unfolding of pretend play, from infancy until about age four.[3] While the ages when many of these cognitive play abilities emerge will be indicated, as both McCune-Nicolich (1977) and Belsky & Most (1981) do, it is important to highlight that it is the pattern or order of how play progresses and develops that is of most importance. As McCune-Nicolich (1977) reported, children advance through the levels of play at different paces (different ages) but they progress through the same invariant pattern of play development. Reviews of empirical research, such as O'Connell & Bretherton (1984), support this finding that the progression of play skills follows an ordered pattern.

Play with objects.

Play with objects begins in infancy with the exploration of objects: indiscriminate mouthing and physical manipulation (e.g. turning an object over; looking at and touching an object). At this early stage of play the child's exploration of the object is not specific to the object. Exploration is guided by the question "the object is what I do" (Belsky & Most, 1981). Belsky & Most (1981) found that the frequency of mouthing and physically manipulating objects in this way, begins to decrease between seven and nine months and continues to decrease linearly as children mature.

[3] For a fuller review of empirical, developmental studies of play, see Cohen (1987).

In the next developmental level of play, the child's exploration of the object becomes more discriminate. Play with objects can be characterized by "what is this and what can it do" (Belsky & Most 1981). Play initially consists of exploring the specific properties of the object, beginning around 9 months (e.g. spinning wheels on a car); later, bringing two or more objects together inappropriately or indiscriminately (e.g. placing a truck on a teapot); and then later, bringing two or more objects together appropriately (e.g. placing a peg in a hole). Belsky & Most (1981) found that play characteristic of this stage increases to its highest frequency after 12 months, (with play that appropriately brings two objects together reaching its peak at 15 months), and then decreases in frequency at around 18 months when it is "replaced" by more cognitively sophisticated forms of pretend play. As Cohen (1987) highlights, both Belsky & Most (1981) and McCune-Nicolich (1977) emphasize a "progression from realism to symbolism" (p. 48) in that the child must first know the appropriate use of an object before s/he can use it symbolically in pretense.

Belsky & Most (1981) and McCune-Nicolich (1977) describe a category of play that is a precursor to symbolic or pretend play, called enactive naming and pre-symbolic play, respectively. This level of play reflects "approximations of pretense". For example, the child may place an empty cup to his her lips, without making drinking sounds and without tilting the cup in drinking pretense. This stage of play links earlier object exploration and later

pretend play with objects. According to Belsky & Most (1981), "approximations of pretense" increase dramatically before the emergence of pretend play around 12 months of age.

Pretend play does not typically emerge prior to age one. At this age, children know that toys and objects can replicate things from the real world (Cohen, 1987). Piaget (1962) noted that children first begin to pretend by re-enacting behaviors from their daily lives. At this early level of pretend play, children play out their daily routines from other contexts, self-related behaviors such as pretending to fall asleep or pretending to eat. Bretherton (1984) calls this type of pretense "simulating" one's own behaviors. At this point, pretend play is generated from the child, as opposed to being stimulated solely by the specific features of the object. As Belsky & Most (1981) describe, the play is characterized by the question, "what can I do with the object". In other words, it now comes from the mental world of the child. Piaget believed that simulating these routines or rituals in play indicates that the actions have become symbols. By being performed in the play context, such actions become symbols because they become distanced from their realistic and original function. Piaget (1962) wrote that this distancing of routine from their realistic function was what defined play. He described how actions performed by the child become play when they are performed for pleasure and not out of a need to learn something about the object nor out of need to complete a routine towards an end (such as going to bed).

Next, children extend beyond re-enacting their own activities, to enacting other people's or other objects' behaviors (e.g. pretending to telephone as mother does or pretending to make a toy dog bark) and also to include others as recipients of the child's actions (e.g. pretending to feed mother or pretending to give the baby doll a bath). Such play emerges roughly around 13 months of age. Palmer Wolf, Rygh & Altshuler (1984) call this type of play with figures, replica play. They note that around 12 months children regard dolls as replicas of people. For Piaget, replica play represents a significant development, in that it signals decentration. That is, the child's pretense is more abstract, and less connected to the self. Around 18 months of age, children begin to treat doll figures as passive recipients of their actions. Bretherton (1984) highlights another important cognitive achievement in this type of play, the child's ability to use an object as, "an active recipient". Using the object as an active recipient would involve the child's attributing the object (e.g. a doll) with perceptions or feelings or the child talking to the object (as though it had perceptions and feelings). However, the child would not act for the doll and would not give the doll a voice or animate it.

Palmer Wolf, Rygh & Altshuler (1984) report that the next stage of development is the ability to make the figures active agents, or actors, without internal states. The child can make the figures perform overt actions. Children can animate an

object, for example, to speak and/or act for the doll, to give the doll a voice, or cry for the doll. Initially, children play the role of narrator of events as they enact the actions of the object. By age two, the child is able to animate dolls or figures in parallel roles, without the need to be the narrator.

Next, dolls become active agents with internal states, such as sensations, perceptions and physiological states. In the subsequent stage of development, children can play with objects as active agents and attribute emotions, and simple moral judgments to the figures. Finally, children develop the ability to attribute cognitions, such as planful behavior, thinking, and knowing to their active agents. This ability is evident in four year olds. Additionally, the child can play out several interacting roles with dolls, evidencing the child's ability to play from different perspectives.

At first, children pretend using objects in the ways in which they are intended to be used (e.g. pretending to eat with a spoon). With development, these symbols of play reflect an increasing distance from what the object they symbolize. Children begin to use one object as though it were another. Here the child does not use the object in its intended purpose but transforms the object to represent another, substituting one object for another. For example, a child may pretend to eat with a stick, pretending that it is a spoon. Object substitution again highlights the child's ability to generate pretending from

within, rather than a dependence upon external stimuli or the properties of an object.

Early pretense is characterized by the ability to enact only single behaviors (e.g. pretending to drink from an empty cup). At the next stage, play becomes more elaborated and the child is able to perform combinations of actions. At first, children begin to play out one action and apply it to different objects (e.g. pretending to stir liquid in a cup and then pretending to stir liquid in a pitcher) or to different recipients (e.g. pretending to feed self with a spoon, then pretending to feed mother with a spoon). This reflects a variation on one action or theme. O'Connell & Bretherton (1984) cite the age range of such play variation as 12-17 months of age. Next, the child becomes able to carry out more than one pretend act in sequence (e.g. pretending to pour into a cup and then pretending to drink from a cup). Sequences may be at first random or illogical and then progress to sequences of actions that are thematically related (e.g. pretending to feed the baby doll, then pretending to put the baby doll to sleep). McCune-Nicolich (1977) and O'Connell & Bretherton (1984) mark this shift to sequences (or combinations) at 18-19 months of age.

McCune-Nicolich (1977) emphasizes that a major cognitive development in children's play is reflected in planful play. After children are able to play out logical sequences of actions, they are next able to plan out combinations of actions. Such planful play is exhibited in the child's verbal announcement of

what s/he will pretend to play prior to initiating play, or in the child's searching for objects to complete a play action(s). What is meaningful here, is that pretend play is not dependent upon available objects but comes from the child's mind. McCune-Nicolich (1977) marks the emergence of object substitution at the point in which planned pretend combinations emerge, whereas Belsky & Most (1981) mark this achievement at a somewhat earlier age, prior to the emergence of sequenced play. Fenson (1984) reports object substitution emerges around 20 months of age.

As a child's play skills develop and mature, play actions become more and more complex in their sequences and coherence. Play demonstrates greater distance between what is symbolized and the symbolizer and it becomes more and more decontextualized, that is, the child relies less on objects as prototypes.

Four year olds' play.

Cohen (1987) describes the play of middle class four year olds. Four year olds could engage in the following types of play: in object substitution; in pretending imaginary substances (e.g. pretending to pour coffee from a pitcher); in animating objects and attributing feelings to objects (e.g. crying for a doll and the ability to say why the doll was crying); in giving objects specific features (e.g. a car siren); and four year olds could play out sequences of pretend actions. Also striking, four year olds could pretend a situation existed that they wished to play out. For example, they could pretend they went shopping in a store, or they were a doctor, or they were in class. Thus,

pretend play was not necessarily dependent upon play with objects. This type of pretend play is termed role play.

Role play/role enactment.

Role play occurs by age two, when the child is able to take on the role, or persona, of another. In discussing role playing, Miller & Garvey (1984) distinguish between role play and role enactment. Role enactment, which appears prior to role play, involves the child acting out another's actions but the enacting of the role is less explicit. Role play, on the other hand, is clear. In role play, the child is clearly taking on the role of another person and it is signaled by the child announcing that s/he is pretending to be another. Mature role play, in which the child transforms his/her identity in imagination, emerges around age three.

Role enactment can be observed in two year olds' play. Children begin to attribute agency to inanimate objects at this age, for example, raising a cup to a doll's mouth and saying "drink", and they can treat the doll as though s/he were a real baby. The child can now act as mother to the doll, using verbal and non-verbal behaviors. The child can talk to the doll using speech and language that a mother would use in talking to an infant, and the child can act toward the doll as though she were the mother (e.g. changing doll's diaper). The child's play is solitary at this point, not involving other people in his/her enactments. At first, the child's role enactments reflect single actions. As described in the development of play with objects,

role play development proceeds from single actions, to more elaborate combinations of actions in logical sequences.

By two and a half, children can play out more elaborate and more realistic role enactments. Miller & Garvey (1984) report that children need less assistance from caregivers at this point. In playing out the roles of mother and baby, the child can talk more like mother, act out the mother's comforting voice, verbalize what mother is doing, and can ask what the baby needs or wants. The child's play also begins to reflect longer and more elaborate sequences.

Mature role play emerges around three years of age. At this time, the child can now transform his/her identity. The adoption of the role is explicit, as the child prefaces it with an announcement of who s/he will be and who his/her partner will be. Not only does the child make a verbal announcement of the roles, but the child has become more adept at talking and acting like the other, including adopting "role appropriate speech registers" (Miller & Garvey, 1984). The child now has the ability to adopt both roles and has an understanding of the multiple roles and relationships one can have (e.g. that a mother is also a wife). The child can also now participate in joint role play with another. Play has become sequenced in a more elaborate and more logical fashion. With development, the number of roles the child can enact or role play increases. The child becomes more capable of transforming his/herself into another role and can take the perspectives of many roles, including reciprocal relationships.

Play Structure and Psychological Structure

From the perspective of developmental psychology, fantasy play[4] "reveals underlying thought structures and ways that young children construe the world" (Scarlett, 1994, p. 54). Similarly, clinical perspectives on fantasy play, stemming mostly from psychodynamic heritages, have emphasized that through play children can express their internal world and make sense of it. Through fantasy play children re-enact scenes from their life and express what is on their minds (Tarullo, 1994). Such perspectives indicate that fantasy play is reflective of and reveal underlying mental representations of self and other.

Developmental psychologists in their analyses of play have focused on the structural characteristics of play. Structural aspects of play are comprised of the kinds of play found on the "higher" levels of the developmental continuum, as described above. Structured fantasy play is pretend play that is planful, coherent and organized, and is characterized by a greater number of object substitutions, by an increased ability to role play, and by longer, more complex and more logical sequences of play (Slade, 1986; Scarlett, 1994). As Scarlett (1994) describes, the pretend play's characters, events, and scenes become an integrated whole, like a story, or narrative.

A premise of this dissertation is that, since fantasy play and mental representations of self and other are so closely

[4] For the purposes of this study, symbolic play with objects and role play will be conceptualized as one construct: fantasy play.

linked, (such that fantasy play is the medium through which these mental representations are developed and also revealed), changes in fantasy play would be linked to changes in mental representations of self and other. In other words, developmental advances in, and changes in, the structural aspects of fantasy play, would be linked to changes in mental representations of self and other (Slade, 1994). In this way, fantasy play can be theorized to facilitate representational change. Such structural changes in play would enable the young child to make sense of the world, by helping the child to symbolize and create representations of self and other, to express and explore such representations, and to integrate and organize his/her experiences and mental representations of self and other into narratives.

The greater the degree of integration in play (as characterized by a greater degree of play structure), the greater the degree of integration of mental representations of self and other. Thus, mental representations of self and other are not only revealed through fantasy play, but are also developed in such play.

Slade (1986) reports that children who demonstrate greater internal integration (e.g. more integrated mental representations) demonstrate play that is reflected by "increased structuralization". The play of these children is characterized by more organized and planful symbolic play, longer play episodes, and a greater number of role enactments and object

substitutions; they maintain a high level of complexity throughout each play episode, and maintain play themes over time. Children who do not demonstrate stable and integrated internal representations demonstrated play that is disorganized, fragmented, shorter in duration, interrupted in its fluidity, and they demonstrate a tendency to regress from higher levels of complexity to lower levels. Slade (1986) emphasizes that such differences in symbolic play reflect the children's internal stability for containing and modulating affect and for establishing self and object constancy, and are not due to differences in cognitive abilities. Thus, the sequence, organization, and fluidity of fantasy play is related to psychological structures.

Similarly, Bow (1993) in distinguishing the play of what he calls "well-adjusted" children with "disturbed" children, also supports that the differences lie not in the content of play themes, but in the quality and organization of the play. He reports that disturbed children's play is more variable and erratic, reflects either overcontrol, rigidity, and inhibition, or the converse (undercontrolled play). He concurs that the play of "well-adjusted" children demonstrates a more fluid unfolding of the play and is not disjointed.

The therapeutic role of fantasy play vis a vis altering preschoolers' mental representations of self and other will now be discussed in greater detail.

Fantasy Play and Representational Change

Fantasy play is extremely valuable in opening up a view to the child's mental representations of self and others, and in creating a forum for change[5]. Fantasy play provides a context for the child, as well as the therapist, to better understand the child's inner world, to develop and create it, and to organize and integrate it. Bergman & Sackler Lefcourt (1994) describe how play that they define as self-other action play allows themes of self, other, and self-with-other, to emerge, fostering the formation, transformation and inter-relating of mental representations of self and other. In play therapy, the opportunities for such play and potential for representational change are rich. Chethik (1989) describes the goal in child psychotherapy as helping the child develop meaningful play. He defines such play as an affectively shared experience in which a special language and metaphor develop between the child and therapist. Similarly, Price (1994) highlights that what makes play therapeutic is that it is affectively symbolic and shared. Through fantasy play in therapy that is structured and affectively shared, representational change can be facilitated. This section will further detail the ways in which structured fantasy play, and advances in such structure, facilitate changes in mental representations of self and other in play therapy.

[5] The therapeutic value and uses of play and fantasy play are many. This discussion will focus on some of the ways in which fantasy play may allow representational change to occur. For a fuller review of the therapeutic aspects of play, see Schaefer (1993).

The following therapeutic processes will be highlighted, building upon the theoretical positions described in earlier sections: 1. Fantasy play provides a "secure base" from which to explore one's inner world and alter mental representations of self and other; 2. Fantasy play is the foundation of play narrative. The development of a play narrative facilitates representational change by allowing a child to articulate, integrate, and elaborate mental representations of self and other, to organize experiences, and to create meaning out of chaotic, internal experiences; 3. Fantasy play aids a child in developing the ability to create mental representations of self and other by helping the child to develop the capacity to symbolize; and 4. Fantasy play provides a forum for projective identifications to occur, thereby altering mental representations of self and other.

Secure base.

Expression via the use of symbols or fantasy allows the child to explore events and experiences in a less threatening and less frightening manner (Watson, 1994). Since the emotion or target of that emotion is expressed in symbols, the child experiences protection from directly acknowledging his/her feelings (Schaefer, 1993). In fantasy play, the child can explore the world, his/her self, and can re-work it (Cohen & Solnit, 1993). Fantasy play therefore provides safer and less threatening modes of expression. This safe exploration of internal representations of self and other is akin to the process

described by attachment theorists of facilitating change through the creation of a safe base from which to explore the inner world. Fantasy play enables the child to explore and to think about his/her world within the safe context of symbols.

Development of play narrative.

Two of the theoretical models cited earlier involve the creation of meaning and narrative in therapy. Fantasy play allows the child to develop symbols and meaning, which are the building blocks of a narrative. In creating a story, via fantasy play, the child can organize his/her affective life and can learn about the world and about others (Siegler, 1994; Slade, 1994). In the play narrative, children can learn about their feelings and the feelings of others; learn the nuances of different feelings; can learn to separate actions from feelings; separate fantasy from reality; can link feelings and events; and can rehearse for the future (Slade, 1994; Brems, 1993; Scarlett, 1994; Siegler, 1994; Chethik, 1989). Siegler (1994) highlights that once the child has "the capacity to create fantasy narratives, the concepts of desire, intention, force, time, space, and causality, become integrated into a sense of self" (p. 327). Bergman (1992) writes how the development of a narrative, "provides a sense of existing beyond the moment, creating a common past and being able to anticipate a common future". Fantasy play, in generating and linking themes and metaphors into a narrative, serve an organizing and integrative function. It allows children to make sense of their feelings and reactions, to better understand and

organize life events, and to link their feelings and events into a meaningful whole that can be shared with another.

In integrating and organizing the child's experiences, mental representations of self and other are undergoing integration and organization, and in this way representational change takes place. The therapist participates by helping the child create and elaborate the narrative. The therapist watches the child's play and plays together with the child, developing between them a symbolic language that is shared. Cohen & Cohen (1993) write "the therapist recognizes important, vital and recurrent themes that emerge...and encourages their coalescence into a single, conceptual space, a coherent world can eventually be constructed... which has consistency for the child" (p. 77). Similarly, Slade (1994) and Siegler (1994) detail how this narrative is constructed and elaborated. They describe how the therapist, in playing with the child, helps the child to name feelings, labels and narrates actions, articulates motives for the characters, and links events in the play. The therapist becomes an active participant in exploring the meanings generated in the play and in helping the child to make sense of it. In this process, the child and therapist elaborate the narrative world they are constructing. The therapist helps the child to develop more structured play. In articulating and elaborating the play, linking events, characters and feelings, the therapist helps the child to articulate, integrate, strengthen, and thereby alter mental representations of self and other. Additionally,

the child and therapist create a shared language in which they can create meanings and can create new mental representations of self and other. These processes, of altering mental representations of self and other and creating new ones within fantasy play, correspond to theoretical models reviewed previously.

After the therapist and child begin to develop a narrative, the dyad then have further opportunity to begin to change it. Here again is an opportunity for the child's mental representations of self and other to be modified. The child has the opportunity to return to events that are upsetting and change the outcome. In this way, the child can achieve a greater sense of mastery over experiences that left him/her feeling powerless (Waelder, 1933). In such play, the child can also experiment with different roles, explore how s/he feels, explore how others feel, and experiment with different personae and different parts of the self. Similarly, the child can assign the therapist different roles and experiment with different ways of relating. Cohen & Solnit (1993) describe that "the child can see themselves and their world more openly and with more opportunities to be active in practicing their experimental reshaping of it" (p. 61). Through this process, the child's world can be better understood and modified. The therapist and child in creating the play metaphor contribute to a new reality that is eventually re-internalized by the child (Caspary, 1993). The modifications "become internalized, leading to new modes of representation,

symbolic processes and other abilities" (Cohen & Cohen, 1993, p. 95) as well as altered representations.

Development of symbolizing capacity.

Fantasy play can facilitate the alteration of mental representations of self and other by facilitating the development of a meaningful narrative. There are children however who can not develop play narratives because their compromised symbolizing capacities render them unable to play. For such children, talking about feelings can be disorganizing and can lead to feeling the frightening or overwhelming emotion because these children can not yet distinguish between real experience and the symbol. Children who can not use language or symbols have difficulty organizing and expressing their experience (Slade, 1994). They demonstrate an inability to play therapeutically. Their play is lacking in advanced structures; it is disorganized, rigid, repetitive, fragmented, lacking in elaboration, and/or lacking in pretense (Slade, 1994; Price, 1994). Winnicott (1971) believed that psychotherapy itself is a "playground" in which the patient and therapist play together. He wrote that "...where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play" (p. 38). Similarly, Cohen & Cohen (1993) highlight that "for a child whose symbolic life is more impoverished, the groundwork...would involve the development of forms and structures that can be used

as building blocks" (p. 93) towards the construction of a play narrative.

In order to help a child patient develop an ability to play meaningfully, the therapist must first help the child to develop the ability to symbolize. When the child has developed this capacity, s/he can create internal representations of their world. Scarlett (1994) describes play as the young child's means of relating, communicating, and developing the capacity to represent. He details symbolic play as the child's attempt to understand reality by representing it on a symbolic level. Representations, or symbols, emerge in an interpersonal context, in what Winnicott (1971) termed, transitional space. Understanding how the young child learns to create symbols in the early parent-child dyad sets a context for understanding how the therapist-child dyad may provide a similar function.

In the transitional space that takes place between parent and child, the child oscillates between experiencing the world as subjectively created and experiencing the world as objectively created (Price, 1994). The parent creates a "good enough" holding environment for the child by being able to empathically meet the child's needs in a way that titrates the amount of frustration or anxiety experienced by the child. This titration of frustration or anxiety is the child's gradual introduction to and acceptance of reality, and creates a bridge between the subjective and objective. Symbols are created within this holding environment. As Slade (1986) writes, "symbols emerge

during an infant's attempts to communicate meaning to another person...and when met by the mother in a holding environment are given reality and dimension" (p. 544). The parent participates in creating symbols with the child. This fosters a profound intimacy since the dyad is creating meaning out of co-produced symbols that are shared between them.

Like the "good enough" mother, the therapist creates a holding environment in which the child is responded to empathically and in which anxiety is titrated for the child. In the therapeutic holding environment, the therapist also functions to receive the child's symbolic creations and is involved in creating symbols with the child. In fantasy play, the child and therapist jointly develop and share a common language. The therapist participates by being an interested audience and also by helping to create the play metaphor (Caspary, 1993; Drucker, 1994; Chethik, 1989). What is most important to emphasize here, is that the child is creating and communicating the play symbols with another person. It is this shared quality that makes the play mutative. Shirk (1988) writes that a powerful process of change lies in the "construction, transmission, and transformation of meaning by the patient and therapist" (p. 321). Additionally, as Bergman (1992) points out, such a process demonstrates to the child that what "appears bizarre and incomprehensible can be understood". For the child patient and therapist, this creation of symbols, and the sharing and altering of meaning, take place within the transitional play space.

Projective identification.

Within the transitional space of play the child patient can tolerate experiences that are too overwhelming to integrate fully into his/her self. As Caspary (1993) writes, the transitional space allows the child to experience such material "in a way that is neither in the self, and thus evocative of shame or guilt, nor in the world, with its potential for holding the child accountable for his or her actions and thus generating anxiety. In addition, this in-between space admits the possibility of an other not quite experienced as other and thus not experienced as a messenger of censure or direction. When the child is entranced by the play metaphor, experientially anything is possible" (p. 211). Fantasy play allows the child to "partake of and yet transform" parts of the child's internal world. One process discussed earlier that allows the child to partake of the old and create the new is projective identification.

Fantasy play provide an opportunity for the therapist to be both an old and a new object, as Altman (1992) describes. The therapist and child can play out roles that correspond to the child's mental representations of self and other. The therapist, or play objects (such as dolls), can each be "simultaneously known as persecutor, victim, frustrator, and so on, without losing sight of the fact that the [therapist] is also a... grown up whom one goes to see on Monday afternoons after school" (Altman, 1992, p. 188). The therapist is able to contain the child's projections, alter them, and allow the child to

experience them and re-internalize them through the play metaphor.

Caspary (1993) provides a detailed example of this therapy process during the fantasy play of a four year old patient. He describes how this patient assigned a role to the therapist while the patient enacted a complementary role. The therapist accepted the role assignment in the context of the play, thereby accepting the projective identification. He describes the ensuing process as follows: "Gradually the therapist began to inject a new role into the characterization of [the therapist's role play]. By attitude, expression, and affective tone, and without violating the spirit of the play, the therapist emphasized that this was indeed play... it became possible for the therapist to expand the characterization to include complex motives and fears, as well as to reflect back the child's reaction[s]...Eventually it became possible for the roles to be switched... Throughout the process, the therapist took every opportunity, within the limits the patient could tolerate, to elaborate the various levels of motives and fears in the characters involved" (p. 212). Caspary (1993) highlights how within the transitional space of play, this patient could project overwhelming aspects of his mental representations of self and other into the therapist, the therapist accepted the projections and gradually began to alter them, the child could maintain an empathic connection to the material, and ultimately the child could re-internalize the changed representations of self and other. All of these

transformations take place within the play metaphor created by fantasy play.

In sum, fantasy play offers a forum for the development, viewing, expression, exploring, and altering, of mental representations of self and other. Symbols enacted in the play metaphor correspond to these internal representations. In fantasy play, the child patient can safely explore his/her internal world in a less threatening manner. Through fantasy play, the child and therapist develop a shared language, fostering intimacy and the quest for mastery through meaning and understanding. Through fantasy play, the child and therapist create representational structure as they develop increasingly more structured play. Through a more structured play metaphor, the child and therapist can develop a narrative that serves to link, integrate, and strengthen mental representations of self and other. The child and therapist can experiment with different roles, ways of being, of experiencing the world and one's self, and in this way, re-work mental representations of self and other and generate new ones. Within the transitional space of symbolic play, the therapist can contain the child's projections, transform them, and allow the child to re-internalize the new representations of self and other. Of crucial therapeutic significance, is that this process is a shared and collaborative experience.

Findings from the play therapy research literature will now be reviewed.

Play Therapy Research

There is a great deal of theoretical and clinical material written about play therapy and child psychoanalysis. It is important to review more empirical work in this area, to review the data that has been generated about play therapy.

While play therapy is a very widely used modality of treatment, its prevalence in the clinical world makes the dearth of research on play therapy all the more confusing. While there are over 300 published writings on play therapy dating back to 1930, as Phillips (1985) and Marans (1989) report the majority of writings have been case studies and anecdotal narratives. Further, the majority of work appears to have "peaked" several decades ago and has continued to dwindle. In the decade preceding his paper, Marans (1989) points out, there were less than 15 published papers of "rigorous psychodynamic research on outcome or process" in child psychotherapy. In my own review of the literature, I have found only a handful of papers that can be added to Maran's review that address research on child psychotherapy. And as will be discussed shortly, they are lacking. In order to emphasize the paucity of work on play therapy, Faust & Burns (1991) provide a context by reporting that research conducted on the MMPI (Minnesota Multi-phasic Personality Inventory) in a 30 year span generated over 6000 published research papers, as compared to the 300 or so articles cited for play therapy in a 60 year span. The discrepancy

between the wide clinical use of play therapy and the scarcity of research is striking.

A major limitation in play therapy research is that there is little integration among the different schools of thought and research that have been conducted on play and play therapy. Russ (1995) indicates that valuable information about the therapeutic and cognitive value of play stems from three different sources. First, child psychotherapists of varying theoretical schools have contributed clinical observations of play therapy and have demonstrated the usefulness of play as a form of communication, a vehicle for understanding, and a forum to work out problems through both affective and cognitive processes. The second source of information, from developmental researchers, yields a body of empirical work that has demonstrated how and why play facilitates cognitive and emotional growth, that play helps to develop vocabulary, problem solving ability and event schemas, and is related to overall emotional adjustment. The third contribution Russ (1995) cites comes from play intervention researchers, who address specific problems, such as enuresis, in a few sessions. This last orientation, while it is not therapy, has also demonstrated that play can help reduce anxiety, is a vehicle for change, and is a resource for future coping ability. While each school has yielded a great deal of information about play, there has been little overlap and integration among their findings. For example, child developmentalists have outlined the different types of play used by children, how this play develops

during early childhood, and the structural qualities of play. Clinicians have outlined the therapeutic value of play and its curative power. One set of questions that an integration of child development research with clinical practice might address is: what types of play that develop in early childhood occur in therapy? how do different types of play evolve and change in therapy? what are the structural features of play over the course of a treatment? And, in what ways are these qualities of play therapeutic and curative?

Most of the research conducted on play therapy has been criticized with poor research design and flawed methodology. For example, a play therapy interaction scale developed by Moustakas & Schalock (1955) rated 82 therapist behaviors and 72 child behaviors. The categories were over-inclusive, generated too much data, and the clinical relevance of these categories were unclear as they had not been developed from theory. Other studies have demonstrated poor validity and poor reliability. Faust & Burns (1991), Phillips (1985), and Marans (1989) provide critical reviews of studies in play therapy research.

In recent years, meta-analyses of outcome studies (and even meta-analyses of meta-analyses!) have dominated the small body of literature addressing child psychotherapy research. These studies have explored whether or not therapy is effective. However, subjects are often recruited for such research (as opposed to child patients being referred for treatment), and the therapy is usually conducted in controlled laboratory situations.

Such conditions that stray far from the typical setting and the natural process of play therapy raise questions as to how applicable and how generalizable these studies are to understanding psychotherapy practice (Weisz, Weiss & Donenberg, 1992; Kazdin, 1991).

While the value of case reports in understanding the efficacy and process of child psychotherapy is extremely important, as is the efficacy of therapy explored in outcome studies, there is a great void of studies examining play therapy processes. Outcome questions address how effective therapy is, most often by targeting specific symptoms and determining how much they have remitted post-treatment. This has been the dominant question asked by play therapy researchers. Process questions, on the other hand, address what happens in play therapy; for example, what does the child do? what does the therapist do? what play occurs during play therapy? what is said by therapist and child? These are the questions that have been under-studied in the literature. Some studies have attempted to examine child psychotherapy processes. Process studies have explored: therapist variables, such as the degree of warmth and empathy conveyed by the therapist (Siegel, 1972; Wright, Truax & Mitchell, 1972); verbal statements made by the child (e.g. Mook, 1982); and children have been given self-report measures adapted from adult psychotherapy research (Smith-Acuna, Durlak & Kaspar, 1991). Most of these studies have been criticized for methodological weaknesses. What is most

interesting to note, is the paucity of research explicitly examining *play* during play therapy. This appears to be quite an irony, given that the modality and theoretical notion guiding change both center around play and playing.

Four studies that have examined play therapy processes and play will be presented. First, an objective coding system, developed by Howe & Silvern (1981), has been hailed as one of the most methodologically sound research studies in play therapy. The Play Therapy Observational Instrument (PTOI), later adapted by Perry & Landreth (1991), stands out because it was developed out of a consideration of the theoretical literature. Twelve minute segments of play therapy sessions (from videotapes) are assigned codes on 13 child behaviors. Perry & Landreth (1991) reported that the PTOI was effective in distinguishing between maladapted and well-adjusted five to 10 year olds. Preliminary results reveal that the play of maladapted children demonstrates more frequent play disruptions, more time spent in fantasy than reality play, more time spent on characters as opposed to things, a greater number of fantasy scenes, and more dysphoric feelings expressed in play. It is unclear, however, how a 12 minute segment is a useful measurement, what kind of data this yields, and how to interpret it. The code measures the amount or presence of various types of play (e.g. how often the play is coherent or bizarre; how often the play is disrupted) but does not look at the structure of the play. The scale has no established norms and has only been used in two studies, both studies seeking to

validate the scale. Further, the scale has not been used to explore play therapy with younger children.

Faust & Burns (1991) developed the Nova Assessment of Psychotherapy (NAP) which codes 17 child behaviors and 12 therapist behaviors from videotapes. While this code is also promising, in that it attempts to explore processes within therapy sessions, it does not explicitly explore play. Behavior that is coded as cooperative behavior and non-cooperative behavior might include play but the different types of play used by a child patient are not explored. The code explores the frequency of codeable behaviors (e.g. presence or absence) therefore leaving little room for different degrees of or variations of a behavior. Additionally, this code is assigned based on seven second intervals, making it tedious and impractical. Like the PTOI, norms have not been established for the NAP and it has not been used to explore play in therapy sessions over time. Both the PTOI and the NAP are in the preliminary stages and their applicability has not been explained by the authors. Further work on both of these instruments has not been published.

A large body of work on play therapy research appears to have been conducted on play therapy in the Netherlands. Two authors review research from the Netherlands that address play processes in child psychotherapy.

Harinck (1986) developed a coding system comprising 23 non play categories and 10 play categories. The 10 play categories

are divided into three clusters: play preparation, low imaginative play and high imaginative play. Harinck notes that what makes his system unique is an emphasis on the development of play; the code represents developmental levels of play. Like the NAP, this code is tedious and somewhat impractical in its scoring of behavior in five second intervals. The code has not been used with smaller children (younger than age six). While this is a difficult code to use (and the scoring system is not readily available in the United States) the results are important to note. Harinck (1986) describes several of his studies, exploring what type of play is used at what points during the therapy. He found that children spend about 15% of an individual therapy session in non-play behavior and about 85% of a session in play activities. In the beginning stages of therapy, children were found to engage in more play preparation and more functional types of play. In the middle stage, play preparation decreases and is replaced by high imaginative kinds of play. Harinck (1986) notes that at this stage, "children's problems are worked out in the disguised form of imaginative play" (p. 222). In the final stage, imaginative play decreases (though it remains), functional play dramatically decreases, and talking dramatically increases, as the child prepares to leave the therapist and move outward.

Schmidtchen (1986) gives an overview of his work with 70 children, ages eight through 12. Schmidtchen does not detail his code but does report some of his results. Similar to Harinck,

Schmidtchen found that children spend 93% of their time in individual therapy in play; 7% of their time in non-playing activities; and 21% of their time talking, either in conjunction with play activities or without play. Further, Schmidtchen details the four types of play he has observed in play therapy with 8-12 year olds. Children spend 35% of their time in "function play" (functional uses of toys, such as playing with balls, blocks, cars); 25% of time is spent "constructing or creating" products, such as drawing or molding clay; 22% of time is spent in "rule play" (e.g. playing games, such as board games or card games that are based on rules); and 11% of play in an individual session is spent in "social situation" play (imitating social events or playing the roles of other people).

Further detailed literature on Harinck and Schmidtchen is unavailable. Neither author's research explores the play of children younger than age six. However, their findings are interesting to note and are the only concrete findings available on empirical explorations into play in therapy

In sum, while play therapy is a widely used form of treatment with children, it has been understudied empirically. Some studies have explored outcome and efficacy, but few have systematically examined processes during play therapy. Most studies that have done so demonstrate poor research design and flawed methodology. The role of play, in particular, how it evolves in play therapy and the different types of play used in treatment has hardly been explored. The small amount of data

that does exist on play therapy processes contributes a view of how the play of maladapted children differs from well-adjusted children; highlights that children do spend most of a session in play; details that this play is comprised of functional play, constructing play, rule play and role play; and that the earlier phase of therapy is most characterized by more functional play, the middle phase by high imaginative play, and the final stage with an increase in talking. A further complication in understanding this data is that data generated in a research context raises questions about its real applicability in the typical therapy setting. Additionally, much of the research conducted examines play by looking at time intervals (e.g. the NAP). In this model, a session is divided into equal units of time and a code is assigned per unit of time. As Nicolich (1980) highlights, in this approach the natural flow of the play and of the session would not be adequately represented, nor would play behaviors and sequences that are elaborated and built upon each other. Of final note, research conducted in play therapy has not examined the therapy process in the treatment of children ages five and younger.

Summary and Statement of Purpose

Altering mental representations of self and other is an understudied yet highly valued construct in theories of psychotherapeutic change. There is now a small body of research literature that examined changes in adults' mental representations of self and other during and after psychotherapy. However, there have been no studies that explore changes in preschoolers' mental representations of self and others in therapy. Measures have been developed to access preschoolers' representational structures, but have not been applied to clinical populations, and have not been used to explore changes in these structures over the course of play therapy; few have addressed developmental changes. Several theories have been proposed to explicate the therapeutic processes involved in representational change in child psychotherapy. These theoretical models illustrate possible therapy processes that occur in play therapy that may contribute to such change. To date, there have been no research studies that have explored these theoretical changes. One aim of this study is to examine if, and how, preschoolers' mental representations of self and other change after a year in play therapy.

Theorists and clinicians have demonstrated that in fantasy play, the child patient can experiment with and create new mental representations of self and other, can articulate, integrate and elaborate representations of self and other, can disconfirm old representations, and can develop meaningful narratives within the

play metaphor that serve to make overwhelming and disorganizing experiences (and thereby mental representations of self and other) more shareable, more organized and integrated. While fantasy play has been theorized to serve the integrating and organizing functions that may facilitate mental representational change, there have been no research studies conducted to confirm this.

Much play research has been conducted on the cognitive, structural characteristics of fantasy play. As discussed, structured play has been found to distinguish levels of internal, psychological integration, such that children who demonstrate greater internal stability demonstrate play that is more fluid, organized, longer and more planful, and sustain higher cognitive levels of play that are more complex, with fewer fluctuations and a consistently high number of objects substitutions and role enactments. Advances in play structure are thus related to psychological structure. Another aim of this study is to explore how changes in preschoolers' mental representations of self and other after a year in play therapy are related to changes in the structure of fantasy play during play therapy.

Play therapy remains largely unstudied systematically, despite is wide clinical use. Process questions have hardly been explored. Little is known about the types of play that occur during play therapy and how play changes and evolves. Additionally, few research studies examine play therapy in a natural, non-laboratory setting. Another limitation in play

therapy research, has been an under-utilization of data from different schools of thought. This study will integrate information generated by developmental psychologists on the structural components of play with information contributed by child psychotherapists on the theoretical and clinical therapeutic functions of play.

This dissertation will function as an exploratory study to examine whether changes can be detected in preschoolers' mental representations of self and other, measured before and after a year in play therapy. Through quantitative measures and qualitative case formulations, this study will examine how mental representations of self and other change and will generate hypotheses about what constitutes representational change. Additionally, this study will analyze patterns and changes in the structure and quality of the preschoolers' fantasy play over the course of a year in play therapy. The relationships between the preschoolers' representational changes and these patterns of play will be examined. Hypotheses will be offered to understand how patterns of play might impact on and facilitate changes in mental representations of self and other.

Methodology

Subjects

The subjects were five preschoolers who attended the City University Child Center for Preschoolers, a therapeutic nursery. The subjects consisted of four boys and one girl. The children were initially referred to the Center for emotional problems and/or developmental delays. This was each subject's first year in the program. The children attended the program from 9:00 a.m. until 1:15 p.m., Mondays through Fridays. The nursery class consisted of six children per academic year[6], with a full-time head teacher, full-time assistant teacher, part-time assistant teacher, and numerous volunteers. The children received individual play therapy twice a week, in addition to attending the nursery and in addition to individual speech and language therapy. Play therapy was conducted by five different therapists, each a supervised clinical psychology graduate student. The five children were selected for this study on the basis of available information and full and complete sets of data.

The protocols of five other children were used for training on the play therapy scales and the mental representations thematic code. The data from these children were excluded from this study due to insufficient data sets (e.g. insufficient number of videotapes of play therapy sessions). These five

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[6] Hereafter, when discussing "the therapy year" (or "the year"), this will refer to the academic year. The children entered the therapeutic nursery in September/October and ended the academic year in June.

children were in attendance at the therapeutic nursery at the same time as one of the subjects of this study, were of the same age range, and represented similar demographic and clinical backgrounds.

In Section I, the methodology for the mental representations focus of the study will be reported. The methodology of the play therapy focus follows in Section II.

I. Mental Representations of Self and Other: Measuring Change

Procedures

The children were interviewed during the first month in the nursery, which was also the first month of therapy (T1), and again at the end of the child's year in the nursery (T2) using a semi-projective storytelling measure, adapted from Bretherton, Ridgeway & Cassidy (1990). The interviews were conducted by the author and recorded on videotape by an assistant. Videotapes focused on the child's behaviors, facial expressions, and manipulation of the doll figures.

Story-telling interviews were transcribed from videotape and audiotape. Transcripts were organized into a column for all verbal responses made by experimenter and child, and a column devoted to all nonverbal responses made by experimenter and child. Transcripts recorded the child's verbal and nonverbal behaviors, with particular attention to: the child's placement of doll figures, vocalizations of doll figures, the child's affect and responses, and the interviewer's verbal and nonverbal

behaviors. An excerpt from a transcript can be found in Appendix A for illustration.

Stories derived from the mental representations interview were coded by a masters level psychologist, who was the first author of the code. Before applying the code to the sample, the code was piloted on 5 interviews that were not included in the study. After establishing criteria for how to apply the code to this sample, the coder received the 10 transcripts of this sample and coded them in random order. The coder was blind to the goals and hypotheses of the study, blind to the test-retest nature of the story telling task, received no identifying data about each subject, and was unaware of the gender of each subject.

Instrumentation

Mental representations interview.

A semi-projective, story-telling task was used to elicit the subject's mental representations of self and other. The task, developed by Bretherton, Ridgeway & Cassidy (1990), consists of incomplete story stems (with an initial warm-up story) that are acted out with small family figures and props. The family figures are as follows: mother, father, grandmother, and two Children, representing siblings of the same gender, (one is bigger than the other). The figures matched the race of the subject. The child doll figures matched the gender of the subject. Four of the stories developed by Bretherton, Ridgeway & Cassidy (1990) and their warm-up story were used. The stories developed by Bretherton were described in Chapter Two in greater detail. A copy of the protocol developed by Bretherton, Ridgeway

& Cassidy (1990) can be found in Appendix B. An additional story was included that depicted a conflict between the protagonist and a peer, that took place in the presence of the mother. The Peer Conflict story was added to elicit representations associated with peers and friends because the forming of relationships with other children in the classroom appears to be an important therapeutic element of the nursery. The stories used in this study are found in their administered order in Appendix C.

Scoring the mental representations interview.

In order to assess the quality of the mental representations, the stories were analyzed using a code specifically developed for the mental representations interview by Golby, Bretherton, Winn & Page (1995). The code records themes that are observable in the content of each story as well as aspects of the story-telling process. A copy of the codes used in the current study and a sample code sheet are found in Appendix D.

As mentioned, the code was piloted on five interviews of children excluded from this study. A goal of the pilot study was to determine what adaptations needed to be made in order to apply this code in a test-retest model. The code was originally used to record the presence or absence of the themes and was not used as a repeated measure. In order to utilize this code as a repeated measure to assess changes in mental representations, the code was adapted to record the frequency of occurrence of each theme instead of the presence or absence of each theme. Decisions about how to apply the code to the Peer Conflict Story were also made

in the pilot study (since this story was not in the original mental representations interview). Overall modifications of the code and decisions about how to apply the code to the Peer Conflict Story are found in Appendix E and F respectively.

Data Analysis

In order to analyze the Mental Representations data, the codes were clustered thematically. Four of the clusters were based on the mental representations themes coded and the fifth cluster was based on defensive behavior coded. Each cluster is the sum of the frequencies of all the individual codes that comprise that cluster. A detailed description of the individual codes that comprise each cluster can be located in Appendix G. Descriptions of the clusters follow.

Clusters of mental representations themes.

Each of the four clusters of qualitative themes are briefly described:

1) Nurturant cluster: responses involve mental representations of figures who are caring and positively connected to one another. Nurturant figures may be empathic, affectionate, comforting, responsive to one's needs, and/or joined together in activities.

2) Agency cluster: responses involve mental representations of figures who demonstrate a sense of self-agency and competence. Figures may demonstrate autonomous and efficacious behaviors. Figures with a sense of agency demonstrate a sense of mastery, empowerment, skill and independence over their actions.

3) Aggressive cluster: responses involve mental representations of figures who are physically, emotionally, and/or verbally hurtful. Aggressive figures may be dangerous and threatening, punitive, angry, hostile, verbally reprimanding, and/or physically violent.

4) Unavailable cluster: responses involve mental representations of figures who are unavailable to meet emotional and/or physical needs. This cluster demonstrates a sense of uncertainty about the reliability and availability of figures. These are representations of figures as physically and/or psychologically abandoning, ineffectual in caregiving, rejecting, and/or inconsistent in the quality of their caregiving.

Cluster of defensive behaviors.

Responses coded in this cluster characterize the subject's attempts to defend against uncomfortable affect associated with the stories via avoidant behaviors. Avoidant responses may include a reluctance to engage in the story-telling task by: refusing to respond; ignoring the stories and/or prompts; physically removing one's self from the story-telling task. Avoidant responses may also include responses that are fragmented, difficult to follow, tangential, and/or make little sense in the context of the original story.

Determining representational change.

In order to examine changes in mental representations of self and other, the frequency at the beginning of the year of each of the four clusters of mental representations themes and the cluster of defensive behavior was compared with the frequency of

each cluster at the end of the year. Frequency was calculated as the sum of the number of responses coded for each cluster.

In order to demonstrate how large a change occurred, a "Change Index" was calculated for each of the five clusters. This score reflected the absolute value of the difference between the score at T1 and the score at T2. A "Total Change Index" score was then calculated (the sum of all indices) to represent the overall magnitude of change.

Finally, qualitative changes of the mental representation clusters were reviewed. A qualitative case formulation was developed for each subject.

II. Play Therapy: Assessing Structural Aspects

Procedures

The five subjects attended play therapy sessions twice a week. Therapy sessions typically lasted 45 minutes. Therapy sessions were conducted in child therapy rooms within the City College Psychological Center. The rooms contained a variety of toys (dolls, action figures, games, tea party sets, chalkboard, building blocks, books, toys for water play, a sink, play dough, and more). Sessions were videotaped on a monthly basis behind a two-way mirror. Videotaping was conducted by an assistant. Consent forms were obtained from the children's parents at the time of the child's admission to the nursery (See Appendix H).

An undergraduate psychology student, blind to the goals and hypotheses of the study, was trained to use the Belsky & Most (1981) play code and the Barnard College Toddler Center Role Play code. Training was conducted on videotapes of play therapy

sessions of the five children not included in the study. Inter-rater reliability between the undergraduate coder and the author was periodically calculated using intra-class correlations. After reaching sufficient inter-rater reliability, the coder coded sessions from videotape in random order. Between seven and eight sessions were coded for each subject, representing most of the treatment year.

Instrumentation

Play therapy data was coded using two play scales, one developed by Belsky & Most (1981), and the second developed by the Barnard College Toddler Center. The scales were used to code play episodes from videotapes of sessions over the year in therapy for each subject. The scales were applied to play episodes instead of time intervals, in order to preserve the natural flow of the play and to capture the elaboration of play sequences that are built upon each other. Appendix I lists the criteria for defining the beginning and ending of a play episode, adapted from McCune-Nicolich (1980).

The Belsky & Most (1981) play scale measures the highest level of play with objects observed in a play episode. There are 21 levels of play with objects in the code. As described earlier, the scale represents a developmental continuum, with each level, built upon previous levels. A complete copy of the code is found in Appendix J.

The Barnard College Toddler Center scale was based upon Bretherton (1984) and Miller & Garvey (1984). This code measures the highest level of role play observed in a play episode. There

are seven levels of role play in this code. A complete copy of the code is found in Appendix K.

Guidelines for using the coding sheet to code both Level of Play with Objects and Level of Role Play and a sample coding sheet are provided in Appendix L.

Inter-rater reliability between the coder and the author was achieved. The intra-class correlation for agreement on the definition of a play episode and its duration was .85; on the Belsky & Most play code was .93 and on the Barnard College Toddler Center Role Play code was .82.

Data Analysis

In order to analyze the play data, each of the play scales was collapsed. The Belsky & Most Play scale was divided into Nonsymbolic Play and five levels of Symbolic Object Play. Nonsymbolic play includes all play that is not characterized by pretense. Examples of such play would include the examination or manipulation of a toy or object, or the use of a toy or object for the function it was designed. Symbolic Object Play, is play that includes some pretense.

Symbolic Object Play scores were collapsed into five clusters. Each ascending level represents a more advanced stage on this play development continuum. The clusters are as follows: 1) Early Pretense is defined by one act of pretend play; 2) Object Substitution/Early Substitution is characterized by the ability to "transform" an object in pretense into another object; 3) Sequences is defined by the combination(s) of more than one pretend act into a sequence(s) (it reflects a rudimentary

narrative or story); 4) Sequence Substitution is characterized by a sequence that incorporates an object substitution; and 5) Double Substitution involves two object substitutions incorporated into a sequence of at least two pretend acts (this play is the most complex of this scale in that it has multiple sequences and is more decontextualized).

The Role Play scale was collapsed into four clusters. Each level represents an advancement in developmental play ability. Distinctions between role play and role enactments were eliminated in this analysis. The four clusters are as follows: 1) Solitary Role Play involves the enactment of an explicit or implicit role while playing alone; 2) Role Play with Toy as Active Partner is characterized by taking on the role of another while animating a toy (such as a doll) and attributing a sense of agency to the toy as though it were real; 3) Social Role Play is defined by joint role play in which both the child and therapist take on another's role and the play takes place completely "in role"; and 4) Multiple Roles is defined by role play that takes place in and among dolls, with each doll representing a different role and perspective, without the "realistic" interventions or narration of the player(s).

For further details on the individual scores that comprise each cluster, see Appendix M.

Fully analyzing the play data was beyond the scope of this study. The data were therefore not analyzed using formal statistics. Instead, the data were analyzed more informally and utilized in the case formulations of each of the subjects. The

intention was to provide material from the play that would generate initial hypotheses about how play patterns might relate to representational change.

For the purposes of this study, Symbolic Object Play and Role Play were examined together as one construct, fantasy play. The following structural aspects of each subjects' play were explored:

a) the percentage of time spent in nonsymbolic play versus fantasy play for each session: this was calculated by dividing the total number of seconds spent in Nonsymbolic play, by the total number of seconds spent in codeable play; the same calculations were conducted for Symbolic Object Play and for Role Play. This data was utilized to determine how much playing time was spent in pretense and nonsymbolic play during each session. Changes in the amount of pretense (and nonsymbolic play) and noteworthy patterns were examined in all the coded sessions across the year for each subject.

b) the percentage of time spent in more sophisticated levels of fantasy play for each session: this was calculated by dividing the total number of seconds spent playing at each of the levels of Symbolic Object Play by the total number of seconds spent in Symbolic Object Play; the same calculations were conducted for each of the levels of Role Play. This data was utilized to determine how structured and complex the play was within each session (e.g. how much role play was included, if object substitutions were created, how much narrative play was invoked, etc). The level of play structure was examined in each

of the coded sessions across the therapy year for each subject and changes and significant patterns were noted.

c) Additional structural aspects of the play were examined using observational methods. Each of the fantasy play episodes in each of the coded sessions was reviewed for each child. The following aspects of the play were explored: if play themes were maintained over the course of the year; if the play and the play themes were elaborated and developed over the course of the year; if the narrative play was developed into clear and coherent stories; and if the play was erratic, disorganized, repetitive, stagnant, or fragmented.

d) Qualitative aspects of the play were also examined. Of most interest was what themes emerged and if they were reflective of the mental representations of self and other.

Research Aims

1. Since representational change has never before been assessed in preschoolers this exploratory study will serve to examine whether such change occurs over the course of a year in play therapy and to generate hypotheses about what characterizes the nature of such change.

2. This study will also function as a pilot study to utilize the mental representations interview and its code (Golby, Bretherton, Winn & Page, 1995) as repeated measures. These measures have not been used before as test-retest measures to detect changes in mental representations of self and other.

3. This study will examine the relationships between possible changes in the structure and quality of mental representations of self and other and the patterns of structured fantasy play of a year in therapy in order to generate hypotheses about the role of structured fantasy play in the process of representational change.

Results

In this chapter the results for each of the five subjects are presented separately. The subjects are "ranked"; they are presented in the order of greatest amount of representational change (as measured by the Change Index) to least amount of representational change. The data and results of one subject (Thomas) were considered deviant and are presented last. For each subject, in Section I, demographic data is briefly reported, including age at time of entrance to the therapeutic nursery, referring problem, and any significant clinical data that was available to the current study. In Section II, part a, changes in the frequency and the quality of each of the four mental representations cluster are reported. This is followed by a report on changes in the frequency and quality of the cluster of defensive behaviors in part b. Finally, Section III presents a case formulation that explores some of the salient findings of representational change and also addresses how therapy play patterns may have contributed to these results.

Subject One: Derek[7]

I. Demographic Data

Derek entered the therapeutic nursery at the age of three. Derek suffered a rare physical illness for which he had been hospitalized numerous times. He was referred to the nursery with speech and language delays, which arose from his physical

[7] The names of the subjects have been changed and some identifying data have been omitted (e.g. race) in order to preserve the subjects' confidentiality.

illness. While attending the therapeutic nursery, he received regular medical treatments, a source of great stress and trauma. Derek's parents were separated prior to his birth.

II. Changes in Mental Representations: Comparing the Beginning of Treatment Period (T1) with the End of Treatment Period (T2)

a. Changes in the frequency and quality of mental representations themes.

Table 1 reports the changes in Mental Representations clusters, illustrating the frequency of each cluster of themes at T1 and T2 as well as the Change Index. The Change Index indicates the total number that each cluster increased or decreased in frequency (representing the magnitude of change).

Table 1: Changes in Frequencies of Mental Representations Clusters

Mental Representations Clusters	Time One	Time Two	Change Index
Nurturant	2	6	4
Agency	1	5	4
Aggressive	6	14	8
Unavailable	10	5	5

Derek demonstrated notable changes in all mental representations clusters. His total Change Index was 21, the highest of all five subjects.

A notable increase occurred in the frequency of nurturant themes. At T1, the few nurturant enactments were vague and did not portray figures as directly engaged with one another. Qualitative changes at T2 included: depictions of specific characters responding in caring ways toward specific others,

protective and affectionate figures, a sense of togetherness, and excitement about relationships.

Agency themes increased from one competent response by the child protagonist, to numerous depictions of several different characters in the context of different stories.

There was a large increase in the number of aggressive depictions at T2. There were also qualitative changes at T2: several characters were involved in aggressive enactments, in contrast to T1 when aggression was directed only toward the child protagonist or to Derek; and aggressive themes expanded to include anger in addition to physical violence.

There was a large decrease in the number of depictions of unavailable figures. At T1 there were many enactments of figures as both physically and emotionally unavailable, unable to provide comfort and protection, and actively abandoning and rejecting. At T2, figures were less often depicted as unavailable and there were no rejections or abandonments.

b. Changes in the frequency and quality of defensive behaviors.

The frequency of Derek's avoidant responses decreased greatly from a frequency of five to zero. At T1, Derek's avoidance consisted mainly of refusals to participate. At T2, Derek's avoidance disappeared and he enacted the stories with ease.

III. Case Formulation

Representational change.

Derek's mental representations demonstrated a notable amount of change. One change was characterized by a shift from largely unreliable and abandoning mental representations of self and other to more caring and responsive ones. At the beginning of the therapy year, Derek's mental representations of self and other were most often depicted as unavailable to provide comfort or protection and as actively abandoning and rejecting. This is reflected best in Derek's responses to the Departure story at the beginning of the year. Derek's reaction was desperate and highly anxious. He had great difficulty during the parents' separation, urged the interviewer to bring back the parents, and frequently enacted the child figures demanding the return of their parents. Derek demonstrated no coping mechanisms to enable him and the child figures to tolerate the separation and he became agitated. The longer the doll parents were "away", the greater Derek's visible anxiety became. He began to yell at the interviewer, "Give me my car!" and even tried to pull the car out of the interviewer's hands. Upon their return, instead of reuniting with their children, the parents further abandoned their children, when they each took turns driving away in the car, alone.

At the end of the therapy year, Derek's mental representations of self and other were generally more caring. His mental representations of self and other were depicted as more reliable and available, more competent, and were not at all abandoning or rejecting. These changes were evident in Derek's

responses to the Departure story at the end of the therapy year, a striking contrast to his responses to the same story at the beginning of the year (described above). Derek was able to enact a good-bye episode between the figures and drive the parents away on his own. He was markedly less anxious during the separation. The children demonstrated that they were thinking about their missed parents (e.g. the children said, "Ah! My Daddy, come back!") Derek also displayed some coping related to his anxiety; for example, the grandmother looked for the car (i.e. the parents) during the separation.

A change also occurred in the level of Derek's avoidance. At the beginning of the year Derek's avoidant responses were striking. He walked away from the task, turned his back to the interviewer, and demanded to go back to his classroom. Also notable, were the contexts in which his avoidant behavior surfaced. Avoidant responses were specifically linked to aggressive depictions. At the end of the therapy year, Derek's avoidance was gone. He became cooperative and very engaged in the story-telling.

It is likely that these two significant changes in Derek's mental representations of self and other, a shift to more reliable, caring and competent internal figures and a decrease in avoidance were related to one another. Avoidance is employed as a defense against anxiety-provoking and/or painful affect (Cassidy & Kobak, 1988). Derek's high level of avoidance at the beginning of the treatment period likely served as a defense against the negative affect associated with his prominent aggressive,

unavailable, and abandoning mental representations of self and other.

In contrast, the disappearance of Derek's avoidance at the end of the treatment period was accompanied by representational changes such that Derek's mental representations of self and other were more nurturing, loving and affectionate, less physically and emotionally unavailable, and no longer abandoning. One hypothesis is that Derek's mental representations of self and other had undergone changes such that they were no longer associated with the upsetting feelings that he previously needed to defend against. Another aspect of this is that Derek could now call upon more caring and responsive mental representations of self and other for comfort during the separation and to help contain and modulate his feelings. Derek's responses to the Departure story illustrate such shifts. More specifically, Derek's ability to enact the children's goodbye, his depiction of coping strategies during the separation, his depiction of the children thinking about their parents during their absence, and the joyful reunion, demonstrate that the quality of Derek's mental representations of self and other had changed and that he was better able to tolerate the affect associated with the separation.

Another representational change that occurred was that Derek's mental representations of self and other became more elaborate. For example, his internal world became more richly "peopled". This could be seen in nurturant mental representations of self and other as well as in aggressive and

agent mental representations of self and other. For example, at the beginning of the year violent enactments involved only Derek and the protagonist, no other doll figures were involved. Derek dropped the child protagonist hard on his head and in another instance, the aggressive protagonist kicked the rock. In contrast, at the end of the year, there were physical fights between the mother and the father, the father and the child protagonist, the two siblings, the two peers, and at one point all the family members were embroiled in a dramatic battle. Similarly, the one agency theme at the beginning of the year involved only the child protagonist in one story, while at the end of the year, several figures demonstrated agency and competence in several different stories (i.e. different contexts). The protagonist was able to clean up the spilled juice in the first story; and the mother, father, and sibling were each able to jump over the rock without getting hurt in the Hurt Knee Story.

In addition to a greater variety of characters in his representational world, Derek's mental representations of self and other demonstrated a greater understanding of the relationships between specific individuals. At the beginning of the year, the few nurturant representations were vague and figures were not portrayed as directly engaged with one another. In contrast, at the end of the year, enactments were no longer vague and specific characters were directly involved with one another. Figures were depicted as protective, affectionate, excited about each other, and with a strong sense of family

togetherness. For example, during the reunion with their parents, the children screamed with excitement upon seeing their parents, the protagonist went over to his mother and happily exclaimed, "Hi Mom!" and the story ended with the family driving home together. These changes in the variety of figures in Derek's mental representations of self and other, richer and more elaborate coherent stories, and the greater sense of the specific relationships among the figures signify that another aspect of change was that Derek's representational world became more sophisticated.

In sum, Derek demonstrated many changes in his mental representations of self and other. Several aspects of change are noteworthy. Firstly, there was a shift from the predominant unreliable and abandoning mental representations of self and other and the high degree of avoidant behavior, to vastly more nurturing and caring mental representations of self and other (and less abandoning and unreliable) and a concomitant disappearance of Derek's avoidant defense. These findings suggest that there is a relationship between qualitative changes in mental representations of self and other and the use of defense. This will be addressed more fully in the Discussion chapter. The possible role of Derek's therapy play in facilitating such changes in the quality of his mental representations of self and other and the use of defense will be explored below and in the Discussion.

Secondly, other shifts reflected a greater degree of sophistication of Derek's mental representations of self and

other. One issue this raises is whether or not such structural changes stem from developmental advances. Another question is if there is a relationship between changes in the structure of mental representations of self and other and the structure of his therapy play? This will be touched upon in the following section and more fully examined in the Discussion.

Thirdly, the changes in the frequencies of Derek's mental representations of self and other were the greatest of all the subjects. This raises the question, is there a relationship between the patterns of Derek's therapy play and his high degree of representational change? This will be explored in the section below and in the Discussion.

Finally, there was a significant increase in Derek's mental representations of self and other as aggressive. A fuller discussion of the nature and significance of this representational change and its possible relationship to the therapy play will take place in the next chapter.

Play patterns as related to representational change.

Derek's therapy play demonstrated notable changes over the course of the therapy year. At the beginning of the year, Derek played mostly in nonsymbolic types of play. When Derek did engage in fantasy play it was not highly structured and was characterized almost exclusively by themes of aggression and vulnerability. For example, in an October session Derek's fantasy play included his pretending to stab a tiger, and hitting himself with Legos and pretending to be hurt.

As the year progressed, Derek began to incorporate more fantasy play and engaged in less nonsymbolic play. His play became richer. Midyear, in a December session, there was a surge of fantasy play in which Derek began to play extensively in the dollhouse. He arranged the furniture, pretended to put the water on in the bathroom, and pretended to sleep in the house. It was as if he was moving in! Through his fantasy play, Derek seemed to be creating a home for himself (and his representational world) in the treatment room.

After this mid-year point in the treatment, Derek engaged in a great deal of narrative play for much of the remainder of the therapy year. Fantasy play dominated most of his session play. Derek's play stories became more organized and more complex. While Derek maintained much of the same play themes over the therapy year, he varied and built upon the play such that the themes were not stagnant or repetitive and he experimented with different roles and characters. As Derek's use of fantasy play increased, themes of aggression, vulnerability, and related attempts at mastery prominently emerged. Derek would alternately pretend that a figure was aggressed against and then have that figure become the aggressor. For example, Derek pretended that a picture of a snake and tiger bit him, exclaiming, "Ow!" Later in that session, Derek pretended he was a tiger.

There was another shift toward the end of the therapy year. Derek continued to play out aggressive themes in his fantasy play but also began to introduce nurturing and caring themes (e.g. bathing a baby doll in the sink). Overall, greater feelings of

positive connectedness with others emerged in his play and positive feelings about the caretaking and protection by adults. This was particularly evident in Derek's pretending to be a baby, towards the end of the year (in April and May sessions). The following excerpt is a good illustration of the changes that occurred in Derek's fantasy play themes and structure; it is taken from a May session. (Note: these fantasy play episodes occurred in close succession to each other, but with brief time interludes in between):

> in one lengthy episode, Derek pretends that the dinosaurs and lion are hungry and he has them eating crackers (complete with elaborate eating sounds); the lion pretends to drink and watch TV; there is then a series of fights, between the lion and Barney...Barney and the dinosaur... the dinosaur attacks the therapist; the dinosaur and lion then kiss and walk together; later the lion scares away the other dolls...
> in the next fantasy play episode, Derek takes the baby bottle, says, "I'm a baby". He then looks around for a book. He sits in the therapist's lap, pretends to suck on the baby bottle, and has her read the book to him...
> in the subsequent episode, Derek gets the nurse and boy patient doll. The boy gets mad, screams, and hits the nurse. Derek announces, "he wins" and then "nurse is dead".
> next, Derek pretends to read a book, and burps, pretending the therapist has burped him like a baby...

Derek was very involved in this play and the themes were developed into clear and organized "stories". Derek's play was peopled with a variety of characters and a variety of feelings. He could play out being the scary, strong, aggressive figures but also the small, nurtured and cared for baby. The aggressive play was also not as threatening and final as in previous play, in that the lion and dinosaur kiss and walk together after fighting.

During the therapy year themes that were probably more overtly autobiographical surfaced (such as the nurse and patient

play above). There was one session that deviated from the trend in Derek's play of an increasing use of fantasy play and a decrease in nonsymbolic play as the year advanced. In a March session there was a notable drop in fantasy play and a corresponding surge in nonsymbolic play. During this session, Derek and his therapist enacted a scene between a doctor puppet and a boy (patient) puppet: the boy and doctor hit each other; the doctor talked to the boy and on a few separate occasions gave the boy injections. This sequence was repeated several times with the doctor and boy alternately hitting each other and with the therapist and Derek switching roles. Later in the session, Derek declared, "I'm a monster" and pretended to hurt the therapist's fingers.

As the year progressed, Derek spent more and more time in fantasy play that became increasingly more structured. The patterns of Derek's fantasy play themes that developed across the therapy year suggest that this structured fantasy play may have provided a forum in which qualitative changes in his mental representations of self and other took place. Firstly, the content of these play themes was concordant with the quality of his mental representations of self and other and his use of defense. For example, at the beginning of the therapy year Derek's mental representations of self and other were characterized by a preponderance of aggressive and uncontaining figures with few nurturing figures. This internal world was clearly anxiety-provoking for Derek, as demonstrated by his high level of avoidance. At the same time, Derek spent little session

time in fantasy play. One way of understanding why he spent so little time in fantasy play is that in order to engage in fantasy play, Derek would have had to access this overwhelming and anxiety-provoking internal world. When he did play in fantasy play, the themes were indeed consistent with his anxiety-provoking mental representations of self and other at the beginning of the therapy year (e.g. related to aggression and vulnerability). Derek's nonsymbolic play, then, can be thought of as a type of avoidance of fantasy play; it was a retreat to a safer modality of play.

Secondly, the patterns of Derek's fantasy play across the therapy year, suggest that his mental representations may have been shifting and evolving in this play. For example, in oscillating between the roles of the helpless, vulnerable characters and the powerful, aggressive ones Derek appeared to be playing out themes that were evident in his mental representations protocol at the beginning of the year (i.e. aggressive, unavailable and abandoning figures). At the end of the therapy year there was an increase in mental representations of self and other as nurturant and a decrease in mental representations of self and other as unavailable and unreliable. In Derek's fantasy play narratives, he introduced the themes of nurturing, being nurtured, and of positive connections among characters. In one recurrent theme that evolved into a repeated story over the course of the year, Derek adopted the role of the nurtured and cared for baby and cast his therapist in the role of the caring other. One hypothesis is that the prominent use of

sophisticated fantasy play allowed a forum for Derek to enact, experiment with and begin to re-work his mental representations of self and other. This will be further examined in the Discussion chapter. The next chapter will also explore the possible relationship between the great amount of structured fantasy play and the high degree of representational change and change in the use of defense suggested by these findings.

At times Derek incorporated themes in his fantasy play that seemed to stem from real-life experiences (i.e. trauma) that reflected his medical illness as well as attempts at mastery over a series of vulnerable experiences. At times this play seemed anxiety-provoking to Derek. For example, the March session described above in which there was a surge in nonsymbolic play suggests that this play aroused too much anxiety for Derek. The fantasy play of the doctor and boy patient was perhaps too real and familiar for Derek so much so that it aroused unsettling feelings. This led to the surge in nonsymbolic play. This "autobiographical" play, however, was apparently very meaningful and important to Derek. As the treatment year progressed, Derek found a way to incorporate these autobiographical themes in his play and sustain them without the same level of anxiety. The boy patient and nurse emerged in later sessions (as seen in the May example above) in play that Derek was very engaged in. Derek's ability to enact these themes in his play without his affect becoming too real and threatening was a notable change. Additionally, the steady increase in the amount of fantasy play as the year progressed further indicates that Derek gained a

better ability to contain and tolerate affect. Thus the results suggest a possible relationship between structured fantasy play in therapy and a greater ability to tolerate and contain affect. This will be taken up further in the next chapter.

Derek's play also became significantly more sophisticated over the course of the therapy year. His play became dominated by fantasy play that was characterized by increasing levels of structure: a greater number of people, feelings, and roles; play themes that were built upon each other; and more complex narrative stories as the year advanced. Similarly, Derek's mental representations of self and other became more sophisticated at the end of the year. His mental representations of self and other became peopled with a greater variety of characters, a more sophisticated sense of how the characters were related to each other, and his stories were generally more coherent and elaborate. These findings suggest that the development of structure in Derek's therapy play may be related to the development of structure in his mental representations of self and other. This will be further examined in the Discussion chapter.

Subject Two: Stephon

I. Demographic Data

Stephon was four years, five months old, when he entered the therapeutic nursery. He was referred for speech, language, and motor delays, attentional difficulties, distractibility, and hyperactivity. Stephon was the youngest of three brothers. He had a history of trauma and loss and had been removed from the

care of his mother due to violence and alcoholism in the home. Stephon was reunited with his mother just prior to starting the nursery. Over the course of his treatment, it was learned that Stephon had also been witness to a stabbing.

II. Changes in Mental Representations: Comparing the Beginning of Treatment Period (T1) with the End of Treatment Period (T2)

a. Changes in the frequency and quality of mental representations themes.

Table 2 reports the changes in Mental Representations clusters, illustrating the frequency of each cluster of themes at T1 and T2, as well as the Change Index.

Table 2: Changes in Frequencies of Mental Representations Clusters

Mental Representations Clusters	Time One	Time Two	Change Index
Nurturant	3	7	4
Agency	5	2	3
Aggressive	6	15	9
Unavailable	8	8	0

Stephon's total change index was 16, the second highest of all five subjects.

There was an increase in the number of depictions of figures as nurturant at T2. The few depictions at T1 consisted of protective and affectionate interactions between the protagonist and his sibling, in the context of a threat. At T2, the increased frequency was also characterized by the emergence of several other figures as caring and nurturant. Stephon also demonstrated his own caring and empathic stance towards the doll figures at T2.

There was a decrease in the agency cluster. At both T1 and T2 only the child figures were depicted as competent.

There was a large shift in the number of aggressive themes at T2. At T1, there were numerous physically violent and punitive enactments, including two Bizarre, Negative events. Bizarre, Negative events are very violent and graphic depictions that are considered more unusual and extreme in this measure. At T2, there was a decrease in the frequency of Bizarre negative events and an increase in the number of non-physically violent enactments (such as anger, verbal reprimands, and non-physical punishments) though physically violent depictions were prominent.

There was no change in the frequency of unavailable depictions. At both T1 and T2, figures were often depicted as emotionally and physically unresponsive and inaccessible, and as abandoning and rejecting.

b. Change in the frequency and quality of defensive behaviors.

Stephon demonstrated a very large decrease in the number of avoidant responses, from 11 to zero.

III. Case Formulation

Representational change.

Stephon's mental representations of self and other demonstrated numerous changes. The most striking changes occurred in Stephon's depictions of nurturant figures and in his representations of children and adults. At the beginning of the year, Stephon's protocol had one of the highest number of competent child figures of the five subjects. The child figures

were the only figures represented as competent. For example, during the Peer Conflict story, the protagonist and peer were able to maturely negotiate the use of the toy and end up sharing it:

> [Bob is the protagonist and Mark is the peer] Mark slides the toy over to Bob. "…and Bob said, 'You can have it'… and Mark took it to school…" Mark walks away with the toy. Stephon adds, "Bob's gonna get it tomorrow" and gives the toy to Bob.

Similarly, the only nurturant figure at the beginning of the therapy year was the sibling, as can be seen in the example that follows. In the Hurt Knee story, Stephon introduced his own theme of a frog attacking the protagonist, in which the sibling is the one who saves him:

> George [the sibling] "came and jumped on the frog, and threw the frog, threw it down there". The brothers then faced each other and George said to Bob, "You okay now." The two brothers then hugged each other as Stephon explained, "They two brothers now."

The degree to which the children were depicted as highly competent and caring was in striking contrast to the depictions of the adults as uncaring and incompetent. The adults (mother, father and grandmother) were portrayed as unreliable, dangerous, and abandoning. Two examples are: the grandmother, left to care for her grandchildren in their parents' absence, leaves them alone "to go to work"; upon the mother's return in the last story, the mother crashes the car into the children, precluding a reunion with her sons.

At the end of the year, the number of representations of competent children decreased notably while adult figures were represented as much more nurturant, protective, and caring. The

mother emerged as a source of protection and comfort. During the Peer Conflict story, when the protagonist and peer were fighting for the toy, the protagonist solicited his mother's help by pushing the toy to the mother, who then said to the peer, "No, you can't get it no more". Both parents were depicted as responding more warmly to the children. When the parents and children reunited in the last story, the mother and father picked up each child with an expression of "Ah" and then the family went off together. Overall, there was an increase in expressions of positive feelings, caring, and empathy among figures. Additionally, Stephon demonstrated his own caring and empathetic stance toward the dolls. For example, after the juice was spilled in the first story, he requested more juice for the dolls. Most striking, during the Hurt Knee story, after the protagonist was hurt, Stephon picked him up and blew gently on his injury, as if to ease his pain. Mental representations of self and other also became less bizarre and less punitive.

Another shift occurred in Stephon's avoidant behavior. Stephon's level of avoidance at the beginning of the year was the highest of the five subjects. Avoidant behavior occurred in all the stories except the Peer Conflict story (the only one in which familial relationships are not the focus). He was intensely uncomfortable during the stories and appeared to do all that he could to try to "escape" from the story-telling task. At times he ignored the stories and the interviewer's prompts, discussed other topics, looked away, crawled under the table several times, refused to answer, shrugged his shoulders, asked for something

else (e.g. "You got something else?") and ordered the interviewer to put away the dolls, yelling, "No! Put them away! Put them away!" At the end of the year, Stephon's avoidance decreased to zero. He was very cooperative, engaging, and his story-telling appeared effortless.

Stephon's mental representations of highly competent and adult-like child figures can be understood as a defensive process. The mental representations of adult-like children were meaningful especially given how uncaring the mental representations of the adults were. In the absence of caring adults, the brothers took on the role of caretaking for each other. This role reversal is consistent with defensive behavior that Bowlby (1973) dubbed "compulsive self-reliance". He described how children who developed representations of others as rejecting, unreliable and inconsistent in providing support and comfort, present themselves as if they do not need the caretaking of adults and can instead care for themselves.

Similarly, Stephon's avoidance at the beginning of the year served a defensive function. His high level of avoidance reflects how upsetting it was for Stephon to think about attachment-related situations. His use of this defense suggests that the mental representations activated by the stories were associated with anxiety-provoking affect. Stephon thus attempted to defend against these feelings by trying to avoid the stories completely.

There was a marked decrease in Stephon's use of both defenses at the end of the treatment year. The disappearance of

Stephon's avoidant defense at the end of the therapy year suggests that the feelings associated with his mental representations of self and other became less threatening and upsetting. Similarly, the decrease in the number of mental representations of "compulsive self-reliant" child figures signals a diminished need to defensively disavow the importance of attachments and caregiving. One way of understanding these two changes is that Stephon's mental representations of self and other were comprised of more comforting and caring adult figures at the end of the therapy year. This qualitative shift suggests that Stephon's mental representations had begun to change and were no longer associated with the negative affect that he had attempted to defend against. Another way of understanding these changes is that with this increase in the more caring mental representations of self and other, Stephon acquired internal structures to better manage his affect. In other words, Stephon could call upon these more caring and comforting internal figures to help contain and modulate his affective experiences. With internal structures for organizing his affective world, Stephon's need to utilize avoidance and compulsive self-reliance to defend against his affect would have been reduced.

Another change was an increase in the level of sophistication of Stephon's mental representations. Overall, there was much more variety to Stephon's story depictions. Stephon also demonstrated an improved ability to utilize language and symbols to represent affective experiences. Stephon began to represent a wider range of affect in his mental representations

of self and other. For example: in the Spilled Juice story, at the end of the therapy year, Stephon described that the father "got mad" at the protagonist for spilling his juice; and during the Departure story, Stephon said in a clearly sad voice, "Why did my Mommy go away?" His characters were also portrayed with a greater ability to utilize language (i.e. symbols) to modulate their affect and impulses. For example, depictions of nonphysical punishments such as verbal reprimands increased. As mentioned, Stephon also developed his own empathic stance toward the doll figures. These changes suggest that Stephon may have learned more about his affective life and may have begun to better understand it and organize it. This more advanced symbolizing ability (including language) may have enabled Stephon to better organize and modulate his affective world. This too may have contributed to better affect regulation and the reduced need to employ his defenses.

Stephon's more advanced symbolizing ability at the end of the therapy year also resulted in a new mental representation theme. At both the beginning and end of the year, mental representations of unavailable figures were depicted as unresponsive, inaccessible, and abandoning. However, at the end of the year Stephon added an additional characterization of the parents as *ineffectual* in their ability to care for their children. Although the frequency of unavailable figures did not change at the end of the therapy year this new theme seemed to further articulate the ways in which adults were represented. In one compelling example: the protagonist was crushed under the

rock in the Hurt Knee story; the mother tried very hard to lift the rock off of him but was unable to rescue him; the father also attempted to but was unable to rescue him. Both enactments were dramatic as the parents struggled furiously to lift the rock but were ineffective. Ultimately, it was the sibling who successfully rescued the protagonist, a stark contrast to the parents' failed attempts. Thus an additional characteristic of Stephon's representational change involved further articulating and symbolizing the unavailable cluster of mental representations themes. The theme of ineffectual parents was also noteworthy because it had not been previously coded by this measure and represents a potential addition to the code.

At both the beginning and the end of the treatment period, depictions of the sibling relationship were very positive. Stephon's mental representations of the sibling relationship were very nurturing, caring, and affectionate. This very positive alliance provided a great deal of support. Stephon seemingly turned to this internal representation for comfort and soothing. It has been discussed how the siblings' relationship, in its self-reliant aspects, highlighted how inadequate the adults were. In addition, it is important to highlight how significant and important this relationship appears to be in its own right. While a great deal of emphasis in the literature is placed on representations of the primary caretaker(s), this is a reminder of how powerful mental representations of other relationships can be as well.

In sum, Stephon demonstrated many changes in his mental representations of self and other. Firstly, there was an increase in mental representations of caring and nurturing adults, a decrease in mental representations of self-reliant children, more positive feelings overall, and a greater degree of empathy at the end of the therapy year. Secondly, there were shifts in Stephon's use of defense, such that he did not utilize avoidance and "compulsive self-reliance" to defend against the negative affect associated with attachment phenomena. These results suggest a relationship between qualitative changes in mental representations of self and other and the use of defense. This will be explored in the Discussion. The role of Stephon's therapy play in facilitating qualitative changes in Stephon's mental representations of self and other as well as changes in the use of defenses will be examined briefly in the following section and more thoroughly in the Discussion.

A third change was that Stephon's mental representations of self and other became more sophisticated at the end of the year. Stephon demonstrated a more advanced ability to use language and symbols to represent affective experiences including a wider range of affect and the further articulation of the cluster of mental representations of self and other as unavailable. The possible role of Stephon's therapy play in fostering advances in Stephon's symbolizing ability will be explored in the subsequent section and more generally in the Discussion. Specifically, the connection between possible structural advances in his play and

structural advances in his mental representations of self and other will be examined.

An increase occurred in Stephon's mental representations of aggressive figures. This will be addressed in the Discussion chapter as well as the possible relationship with his therapy play.

Stephon's protocol illustrates the importance of examining changes in each of the mental representations clusters within the context of all the clusters. For example, the decrease in the agency cluster was better understood when considering the increase in the nurturant cluster and the decrease in avoidance. Additionally, considering qualitative changes within each cluster was particularly meaningful, such as noting that within the competent cluster, competent *children* decreased while within the nurturant cluster, nurturant *adults* increased.

Play patterns as related to representational change.

For the majority of the therapy year Stephon spent most of his play time in nonsymbolic play and much less time in fantasy play. There were huge discrepancies in the levels of Stephon's play. Stephon was capable of quite sophisticated play, even at the beginning of the therapy year. Whenever Stephon played in fantasy play it was very structured. He incorporated role plays, narrative play, and object substitutions in his play. His story lines were complex and demonstrated consistent play themes. In contrast, when Stephon engaged in nonsymbolic play his play was very infantile. He put objects and toys in his mouth, touched toys, and gathered toys and dumped them on the floor.

In examining the patterns of Stephon's play, a distinct pattern was observed in the ways in which he utilized both nonsymbolic and fantasy play. Within each session, Stephon oscillated between playing in nonsymbolic play and playing in fantasy play. For example, a nonsymbolic play episode in which Stephon may have mouthed or thrown a toy (a more regressive type of play) would be followed by a role play or narrative play episode (a more sophisticated type of play); this would then be followed by an episode of more regressive play, etc. These constant oscillations in the level of play occurred within each session and characterized all the sessions coded across the treatment year.

There was one change in the level of structure of Stephon's play that occurred in the last month of the therapy year. While nonsymbolic play was the dominant type of play for the therapy year, Stephon's play shifted in June such that he engaged in substantially more fantasy play and less nonsymbolic play.

While fantasy play comprised a smaller percentage of Stephon's therapy play for all but the last month of the year, it was quite sophisticated and clear themes began to emerge. Early in the year, prominent characterizations surfaced in which Stephon would play out the role of the adult, a tough, defiant and sometimes aggressive characterization. For example, in a recurring play enactment Stephon pretended to smoke a cigarette. Often the role was filled with danger toward his own character and/or others. In one play episode, while pretending to smoke a cigarette, Stephon pretended to "call the cops"; he then talked

with the police officer doll, blew smoke in the police officer's face, and ultimately punched the police officer who ended up "dead".

A shift occurred in Stephon's play themes during the spring. While the narrative play of the "tough adult" continued, Stephon introduced more vulnerable and dependent characters into his fantasy play. For example, in a March session, Stephon pretended to be a baby and vocalized "Ba ba". He then followed the baby episode with pretending to be a monster. A short time later, Stephon pretended that he could not see, bumped into things and pretended to get hurt, again pretending to be more vulnerable. Thus, the vulnerable characterizations were oscillated with the tough, aggressive characterizations.

In role-playing the baby, Stephon pretended to be the recipient of the therapist's caretaking responses within the play. In the next thematic shift, late in the therapy year, Stephon introduced the theme of additionally being the "giver" of nurturant and caring responses. As seen in the following example taken from a May session, this nurturing play was also juxtaposed to the dangerous, adult-like characterizations:

> Stephon feeds the baby doll with a bottle and tells the therapist to put the baby in the crib. Next, he becomes a growling monster. He follows this by creating a "mess" for the therapist to clean: having thrown toys all over the floor, he then commands the therapist, "Clean that mess", "Where's my toys?" and "Clean up". He then hugs the baby doll…

These thematic oscillations continued in the last month of the therapy year. For example, in regards to the baby, Stephon announced he's "her daddy" and talked to her, fed her when she

was hungry, braided her hair, and asked the therapist if she thought his baby is beautiful. He was a caring and warm parent! A short time later, Stephon pretended the baby was crying because the therapist "threw her on the floor", a depiction of adult danger and aggression.

There are two aspects of Stephon's play patterns that are particularly noteworthy. The first aspect was the process of alternating very advanced fantasy play with very regressive nonsymbolic play within each session across the year. This pattern appears to have been very meaningful for Stephon. One way of understanding this pattern is that this process of shifting levels of structure of his play was a way of enacting the psychological "struggle" (or conflict) that was inherent in his mental representations of self and other. Stephon's mental representations of self and other at the beginning of the therapy year were characterized by children who were adult-like in their self-reliance because the adults were largely unreliable, uncaring and dangerous. The very structured play and the very infantile play may have represented these divergent aspects of his mental representations of self and other. More specifically, Stephon's sophisticated fantasy play may have symbolized the mental representations of the adult-like, self-reliant children. In this play, Stephon could be big and mature, the self-reliant child who dismisses the need to be taken care of. In contrast, his nonsymbolic play may have symbolized being a baby (the antithesis of the self-reliant child). In this play, Stephon could be the dependent baby who is responded to by the nurturing,

adult therapist. It is possible that this regressive play represented Stephon's wishes and longings for nurturing figures.

The second noteworthy aspect of Stephon's play was that Stephon spent most of his playing for most of the year in nonsymbolic play despite an obvious ability to play at a very sophisticated level. It is likely that this low level of fantasy play is related to unsettling affect attached to fantasy play. This avoidance of fantasy play is consistent with his high level of avoidance in the mental representations task at the beginning of the year. His mental representations of self and other at the beginning of the year were associated with such negative affect that Stephon invoked avoidance to defend against it. Fantasy play, in its accessing his internal world, would be associated with such negative affect. Thus, in an effort to avoid the discomfort related to accessing his representational world, Stephon engaged in nonsymbolic play for much of the year. This may, in part, also explain why Stephon's mental representations of self and other were enacted in the play structure rather than in the play themes or content. To play out this "struggle" in fantasy play may have been too overwhelming for Stephon. Instead, through the play process he enacted it in an "indirect way" and a way that would also titrate the amount of fantasy play and hence the amount of disturbing affect. Later in the year, Stephon was able to enact this conflict within the content of his fantasy play. This enactment of Stephon's mental representations of self and other (and the related conflict) within the play process provided an opportunity for representational change to

begin to occur. Enacting his mental representations struggle within the play process may have also been a necessary step for Stephon to develop enough of a sense of safety or containment in order for him to later begin to represent these themes in his fantasy play. This will be further examined in the Discussion.

As mentioned, later in the year Stephon began to enact themes that clearly reflected his mental representations of self and other in the content of his fantasy play. Themes that were developing and evolving in his play can be thought of as chronicling the changes in his mental representations of self and other. The tough, independent and aggressive adult figure was a constant presence in Stephon's fantasy play and was consistent with aspects of Stephon's mental representations of self and other at the beginning of the year. This character seemed to encompass both the depictions of "overly" competent, self-reliant children and the dangerous and unpredictable adults. Over the course of the spring, Stephon introduced more vulnerable and dependent characters in his fantasy play, such as the baby who was cared for by the therapist. He later played the role of the caretaker of the baby in loving and affectionate depictions. The nurturing characters that emerged in his fantasy play during the Spring sessions parallel the representational changes reported at the end of the year: an increase in mental representations of caring, protective and warm adults and an increase in Stephon's own level of empathy. The Discussion chapter will more fully explore how Stephon's highly structured fantasy play may have provided a forum in which Stephon's mental representations of

self and other could be enacted and could begin to change. Additionally, the increase in this type of play suggests that Stephon's ability to tolerate his affective experiences may have improved. The role of his play in contributing to greater affect regulation will also be further explored in the next chapter.

Through most of the year Stephon was enacting his representational struggle within his play, whether within the small amount of structured play in these oscillations or within more richly developed play narratives later in the year. Thus, even when it was in "limited amounts", Stephon's fantasy play was a medium through which his representational themes were expressed and "worked on". His consistent use of such meaningful structured fantasy play throughout the year may be related to his high level of representational change. What is also raised by Stephon's results is that it may not be the amount of fantasy play per session that has a mutative role. Rather the presence of structured play that allows representational themes to emerge in varying amounts across the year may play an important a role in facilitating qualitative changes in mental representations of self and other as well as changes in the use of defense.

Finally, changes in the structure of Stephon's mental representations of self and other paralleled structural changes in his fantasy play. Stephon's play over the year became more sophisticated: there were many more characters and roles, more depictions of feelings, the development of empathy, and richer and more elaborate narrative stories. Stephon's mental representations of self and other at the end of the year also

became more sophisticated: there was more variety, a greater use of language and symbols to represent affect, and a greater articulation of themes. This suggests that structural advances in therapy play facilitated structural advances in Stephon's mental representations of self and other. This will be addressed more fully in the Discussion.

Subject Three: Frankie

I. Demographic Data

Frankie was three and a half years old when he entered the therapeutic nursery. He was referred to the nursery for temper tantrums, hyperactivity, oppositionalism, and speech and language delays. Frankie's parents divorced when he was two years old because of a history of domestic violence.

II. Changes in Mental Representations: Comparing the Beginning of Treatment Period (T1) with the End of Treatment Period (T2)

a. Changes in the frequency and quality of mental representations themes.

Table 3 reports the changes in Mental Representations clusters, illustrating the frequency of each cluster of themes at T1 and T2, as well as the Change Index.

Table 3: Changes in Frequencies of Mental Representations Clusters

Mental Representations Clusters	Time One	Time Two	Change Index
Nurturant	7	5	2
Agency	1	2	1
Aggressive	7	14	7
Unavailable	7	7	0

Frankie's overall change index was 10, the third highest ranking of the five subjects.

There was a decrease in the number of nurturant representations and notable qualitative changes. Figures were depicted less often as together, less involved in joint activity, and a small degree of affectionate interactions that occurred at T1 disappeared. The majority of nurturant themes at T2 were characterized by one of the child figures (most often the protagonist) seeking out a parent for comfort and protection.

There was an increase in the frequency of themes of agency at T2 and no qualitative changes.

There was an increase in the number of aggressive depictions at T2. One qualitative change was the emergence of two bizarre negative events (graphic and more unusual events) at T2.

Figures were depicted as unavailable and abandoning at T1 and at T2, with no change in the frequency. Qualitatively, there was a slight increase in the number of abandonments and rejections at T2.

b. Changes in the frequency and quality of defensive behaviors.

The frequency of avoidant responses, which was two, did not change from T1 to T2. There was a notable qualitative shift: at T1 Frankie's avoidance was characterized by attempts to ignore the task; at T2 it was characterized by striking disorganization.

III. Case Formulation

Representational change.

At the beginning of the therapy year, Frankie's mental representations of self and other as nurturant, as aggressive, and as unavailable were equally prominent and evenly depicted. The family members were represented as caring, enjoying each other, and positively engaged in activities together, such as driving in the car together and sleeping next to each other (on top of the car!) At the same time, Frankie's depictions also reflected a lack of confidence in the availability and reliability of the figures to each other. This was poignantly revealed in an enactment of the child figures' separation anxiety during the Departure story: the two brothers desperately expressed their desire to stay with their parents, yelled, "No" to the interviewer before the parents' departure, and demonstrated great difficulty tolerating the actual separation. Frankie's mental representations of self and other at the beginning of the therapy year were also largely characterized by physical violence among the family members. The figures hit each other by punching with their fists or by using objects.

At the end of the therapy year, one change in Frankie's mental representations of self and other was a shift away from the positive depictions of caring and warm relationships. Frankie's mental representations of nurturant figures decreased in frequency and became largely characterized by concerns with safety and protection (e.g. solicitations for help). For example, after the sibling hit the protagonist with the rock in the Hurt Knee story, the protagonist said, "I'm gonna tell my Daddy", walked over to both parents and said, "...Daddy, somebody

hurt me". Also quite striking, mental representations of nurturant figures reflected fewer moments of joyful involvement with one another.

Frankie's mental representations of self and other at the end of the year also became more aggressive and impulsive. Mental representations of self and other as aggressive increased in frequency and became more violent and extreme. All the characters became aggressors and all became victims. It is interesting to note that the child protagonist became the most frequent aggressor. For instance, he kicked the father, hit the peer, and pounced on the grandmother. The child protagonist also became a victim at the end of the year, in stark contrast to the beginning of the year when he had been safe from the physical violence. Even the parents who had been positively engaged with their sons at the beginning of the year, brutally attacked one son in "protection" of their other son, as seen in this example:

> the sibling smashes the protagonist with the rock, leaving him under the rock; the parents then come to the aid of the protagonist and hit the sibling viciously with the rock (Hurt Knee story).

Frankie's mental representations of self and other became even more abandoning and rejecting (although the unavailable frequency did not change). In one example, in the Departure story, the grandmother was left to care for and protect the children. She was incapable of protecting them, even from themselves, and fell victim to the boys' anger and aggression:

> the brothers, when left alone with the grandmother, hit her and knock her down; she struggles to get up and is moaning; eventually she collapses face down. When later asked what happened to the grandmother, Frankie reports, "She dead".

One general observation that can be made about these representational shifts is that the changes that occurred in Frankie's mental representations of self and other at the end of the therapy year were less extensive than the representational changes for Stephon and Derek. Overall, the frequency changes were smaller. However, the "direction" in which his mental representations shifted (i.e. qualitative changes) was noteworthy. Most striking were the reduction of nurturing and positive connectedness and increases in safety concerns, violence and abandonment.

There was a chaotic and disorganized quality to Frankie's mental representations of self and other at the end of the therapy year. One aspect was that Frankie's mental representations of self and other became more action-oriented and impulse-driven. Even mental representations of nurturant figures were linked to action themes (i.e. providing protection and safety in the face of threats). Figures became more violent and extreme in their interactions with one another. Mental representations of self and other became more unavailable and abandoning; no one could be relied upon to provide comfort or containment. The many violent depictions were especially chaotic in that they implicated all the characters as perpetrators and as victims. No one was safe from their own and others' aggressive impulses. The child protagonist became the most frequent aggressor and also became a victim. One hypothesis about the child protagonist is that this character symbolized Frankie's

internal experience: a lack of containment, feeling out of control, unsafe and vulnerable.

This lack of containment, and the chaotic and disorganized quality were also reflected in Frankie's story-telling behavior at the end of the therapy year. The changes that occurred in Frankie's avoidant behavior at the end of the therapy year demonstrated an increased state of disorganization. Frankie's avoidance was characterized by responses that were tangential, disjointed, and fragmented. Similarly, the two bizarre negative events that emerged at the end of the year (notably odd and more extreme responses) also signaled a shift to a greater state of disorganization.

One way of explaining why there was an increased state of disorganization and chaos in both the quality and process of Frankie's mental representations of self and other at the end of the therapy year is that Frankie was experiencing affect that was unsettling to him. His increased disorganization can be thought of as his unraveling in response to overwhelming affect. One hypothesis is that the qualitative changes resulted in mental representations of self and other that were associated with more negative affect (i.e. less nurturant, more violent, more abandoning). These changes also resulted in fewer internal resources to provide adequate containment of affect. With fewer positive internal figures to call upon to provide comfort and containment of feelings, Frankie likely experienced his attachment-related feelings as threatening and scary. Frankie's Departure story (described above) in which the boys kill their

grandmother is a poignant illustration of how threatening Frankie must have experienced feelings to be. In this story the boys became very upset that their parents had left; they subsequently acted out their feelings, presumably anger, fear and sadness, in a way that was dangerous and out control. The grandmother who was left to protect the boys was ineffective in helping them to contain their feelings and affect, ultimately resulting in her demise and a complete abandonment of the boys. Thus, Frankie's disorganization was likely linked to the intrusion of affects that he experienced as disturbing and unmanageable.

In sum, the representational changes that occurred in Frankie's protocol were characterized by a pronounced disorganization and internal figures that were less nurturing and enjoying of each other, more violent and extreme in their aggressive interactions, more impulsive, and more abandoning. This increased disorganization was also reflected in Frankie's story-telling process which became more disjointed, fragmented and included more bizarre and unusual responses. The shift to greater disorganization suggests that there was an increase in negative affect associated with his mental representations of self and other and a decreased ability to manage this affect. These findings suggest a link between qualitative changes in mental representations of self and other and poorer affect regulation. These findings and their implications will be addressed in the Discussion. The possible role of Frankie's therapy play in facilitating such changes in his mental representations of self and other as well as the change in his

affective experience will be explored in the next section. Specifically, one question raised by these findings is, why Frankie would experience less effective containment of his feelings and become more disorganized after the treatment year?

While Frankie demonstrated these qualitative changes, his overall degree of representational change was smaller than the degree of representational change for the subjects presented thus far. The relationship between his therapy play and his smaller index of representational change will be addressed in the following section.

Finally, an increase occurred in Frankie's mental representations of aggressive figures. This will be examined in the Discussion chapter.

Play patterns as related to representational change.

Frankie began the year demonstrating an ability to play at a sophisticated level of narrative fantasy play and role play. It is interesting to note however that he spent the majority of the year playing mostly in nonsymbolic play. Additionally, over the course of the year, there was a general decline in his use of narrative play.

When Frankie did play in fantasy play, most of his play involved wrestler dolls or substitutes for them (like magic markers). The example that follows is a play episode taken from a session early in the therapy year:

> ...Frankie pretends the two wrestler dolls pounce upon the schoolbus; Frankie throws the bus and says, "Dead"; the wrestler dolls fight; the wrestlers throw other dolls one by one from the windowsill onto the floor; the wrestlers walk...

This play accounted for the majority of this session's fantasy play. The rest of the fantasy play that occurred in this session were largely repetitions of this episode.

As the year progressed, the wrestler play characterized most of Frankie's fantasy play. Throughout the year, most of his fantasy play involved pretending the wrestler dolls were fighting and wrestling with each other, with little variation. An example from the last coded session of the year, in June, follows:

> …the wrestler dolls are fighting, with Frankie making fighting noises; Frankie then has them fight in slow motion; the wrestlers fight with each other, then laugh and talk to each other…

What is most notable about Frankie's fantasy play is how little it changed. There was little development in the "story" of the wrestlers and there was little variation in this fantasy play across the treatment year, as illustrated in the above examples. Given that Frankie demonstrated that he was cognitively capable of sophisticated narrative play, it is striking that his play would be so limited and undeveloped.

There was one shift that occurred as the therapy year progressed. While the wrestler play comprised the vast majority of Frankie's fantasy play, themes related to death emerged in other fantasy play. This fantasy play occupied a very small percentage of his session play but was noteworthy. For instance, mid-year, Frankie examined his therapist with a stethoscope and asked, "Are you dead?" He then continued to examine her with doctor instruments and declared, "You're fine". Towards the very end of the year (the last two months), the wrestlers remained prominent but this other fantasy play increased slightly. For

example, in a May session Frankie enacted a play episode with his therapist in which he was Batman and she was Catwoman. He told her that he was dead and told her to cry… he then pretended to fight someone. These themes related to death appeared meaningful to Frankie but also appeared to unnerve him. Like the wrestler play, these play episodes also remained under-developed.

One way of understanding the small amount of time Frankie spent in fantasy play, the decline in the amount of narrative play, and the stagnant quality to his wrestler fantasy play is that Frankie was experiencing uncomfortable affect associated with fantasy play. His "avoidance" of symbolic play, as indicated by the prevalence of nonsymbolic play for most of the year and the decline in narrative play, suggest that playing symbolically (i.e. accessing his internal world) may have been linked to affect that Frankie could not tolerate. The stagnant quality of the wrestler play suggests that further developing this play may have been restricted because of his inability to tolerate his affect. In order to elaborate this symbolic play, Frankie would have had to access his representational world. Likewise, to create play that strayed from the wrestler play would also be threatening since this would also require delving into his internal world.

Thus, the patterns of Frankie's play suggest that he experienced a great deal of discomfort when his play more richly reflected his mental representations of self and other. One hypothesis about why this affect was so uncomfortable and led to the derailing of his play, is that at times his play was too

real. Data from his wrestler play indicate that this play may have indeed "hit too close to home" for Frankie. For example, Frankie referred to one of the wrestlers (who were powerful and exclusively aggressive characters) as "Daddy" a few times during the therapy year. Slade (1994) has described that when affect becomes too real there is regression to sensorimotor exploration (i.e. nonsymbolic play) and an interruption in symbolic productions. Frankie was clearly cognitively capable of more complex play, but his ability to sustain such play and delve further into it may have been compromised by the intrusion of uncomfortable affect and his inability to modulate these affective experiences.

The patterns of Frankie's therapy play described above may in part explain why Frankie's level of representational change was small (in comparison to Derek and Stephon). One hypothesis is that the predominance of nonsymbolic play and the decline in narrative play would have limited Frankie's opportunity to create a forum in which he could enact his mental representations of self and other in play and begin to re-work them. These findings suggest that there may be a relationship between a small amount of unstructured fantasy play and a smaller degree of representational change. This will be examined in the Discussion chapter.

There are striking similarities between the patterns of Frankie's play over the course of the year and the changes that occurred in his mental representations of self and other at the end of the treatment year. The majority of Frankie's play, both

his nonsymbolic play and the wrestler fighting play, can be characterized as action-oriented and impulse-driven. The patterns of Frankie's play suggest that he became disorganized in his play as a result of affect that was too real, unmodulated, and uncontained. The increase in play themes related to death can also be interpreted as a sign that Frankie's play experience was disorganizing. This play was charged and "extreme" and appeared to disturb Frankie. Thus, Frankie may have experienced a lack of affective containment and increased disorganization in his therapy play. Frankie's mental representations of self and other at the end of the year also became more action-oriented, more impulse-driven, more extreme and disturbing. Similar to his play, Frankie's mental representations protocol at the end of the year demonstrated that his behavior became disorganized and the quality of his mental representations of self and other became more disorganized and chaotic as a result of uncontained and unsettling affect. These findings suggest that there may be a relationship between a disorganizing experience in Frankie's therapy play and the shift to greater disorganization in his mental representations of self and other. For example, Frankie's experience of inadequate containment in his therapy relationship may have begun to be internalized such that his mental representations of self and other had become less nurturing, more abandoning and his ability to regulate affect more compromised. This will be further explored in the Discussion.

Subject Four: Rosa

I. Demographic Data

Rosa, the only girl in the sample, was three years, nine months, when she entered the therapeutic nursery. Rosa was referred for speech and language delays, hyperactivity, oppositionalism, and distractibility. Rosa lived part of the week with her grandparents and part of the week with her parents.

II. Changes in Mental Representations: Comparing the Beginning of Treatment Period (T1) with the End of Treatment Period (T2)

a. Changes in the frequency and quality of mental representations themes.

Table 4 reports the changes in Mental Representations clusters, illustrating the frequency of each cluster of themes at T1 and T2, as well as the Change Index.

Table 4: Changes in Frequencies Mental Representations Clusters

Mental Representations Clusters	Time One	Time Two	Change Index
Nurturant	11	7	4
Agency	2	3	1
Aggressive	3	4	1
Unavailable	7	8	1

There were small frequency changes in most of the clusters. Overall, the total Change Index was low, totaling only seven.

One change in Rosa's protocol was a decrease in the nurturant cluster. There were also qualitative changes: at T1, depictions were predominately nurturant, figures were depicted as physically together and participating in activities together, and Rosa herself demonstrated a great deal of empathy and affection

for the characters. At T2, the characters were depicted as nurturant less often, there were fewer feelings depicted, and there were no longer empathic, caretaker responses. Family members became more focused on protecting each other (e.g. saving each other from harm).

Themes of agency increased only slightly in frequency. At T1 the child protagonist was portrayed as competent only in the Peer Conflict story, whereas at T2 a competent protagonist appeared in several different stories.

Aggressive themes increased only slightly in frequency but demonstrated a qualitative change. Most of the aggressive responses at T1 were verbal reprimands, while at T2 all aggressive enactments were characterized by physical violence.

There was a slight increase in depictions of figures as physically and emotionally unavailable at T2. One qualitative change was an increase in the number of mental representations of abandoning figures.

b. Changes in the frequency and quality of defensive behaviors.

The number of avoidant responses increased slightly at T2, from a frequency of two to three. The quality of Rosa's avoidance changed: at T1 Rosa fidgeted and laughed nervously; at T2 Rosa instead demonstrated a clear reluctance to engage in the stories.

III. Case Formulation

Representational change.

At the beginning of the year Rosa's mental representations of self and other as nurturant were the most notable aspect of her protocol. Nurturant depictions were the most prevalent. Family members were depicted as very engaged and connected with one another. Interactions among the family figures were warm and positive. Such positive feelings associated with Rosa's mental representations of self and other were displayed in the Reunion story: Rosa smiled broadly and then blew a kiss to the parents upon their return. Some of Rosa's responses were like that of a caretaker. In one depiction, Rosa pretended that the doll family was asleep, whispered, "Shh" to the interviewer, and then rocked the car as if it were a cradle. What was most striking was that Rosa herself was affectionate and empathetic toward the characters. For example, during the Hurt Knee story, Rosa picked up the doll and tenderly said, "Oh! Why?"

There was a decrease in the number of mental representations of self and other as nurturant at the end of the therapy year. The quality of Rosa's mental representations of self and other as nurturant also changed. Most striking, the caring relationships and affectionate interactions that were so poignantly depicted among the characters disappeared completely. Instead, nurturant depictions were characterized by family members protecting each other. For example, in the Hurt Knee story, Rosa pretended that the father was stuck under the rock: the father dramatically

called out, "Help me", and the mother figure saved him by pulling him out from beneath the rock.

While mental representations of self and other as nurturing and caretaking decreased there were also changes in the quality of Rosa's mental representations of self and other as unavailable and aggressive (though the increases in the frequencies of these depictions were small). Mental representations of self and other as unavailable became more abandoning at the end of the treatment year. The following example, taken from the Departure story, illustrates two characters abandoning the protagonist:

> After the parents drive off, the grandmother disappears, leaving the children to wonder where she went; after the grandmother's disappearance, the sibling then disappears, leaving the protagonist all alone; Rosa's says, "Her cry" the protagonist then says, "I want my Grandma. I'm crying. Where's Grandma? Oh, Oh. Nobody here. Oh, my Grandma"; the protagonist then lays down.

All mental representations of self and other as aggressive became characterized by physical violence. One example at the end of the therapy year occurred in the Hurt Knee story:

> The father fell and got stuck under the rock; Rosa then dramatically hit the father with the rock and he exclaimed, "Ow!" Rosa then repeated this with the mother and the child protagonist, hitting each with the rock several times.

This was in sharp contrast to the beginning of the treatment year when mental representations of self and other as aggressive consisted of only verbal reprimands. All the depictions of aggression occurred in response to the child protagonist having "committed" an accident (e.g. spilling the juice in the first story; getting hurt while climbing the rock). The aggressive enactments thus had a punitive and unforgiving quality.

In general, after a year in therapy the shifts in Rosa's protocol reflect a trend away from positive and warm feelings to mental representations of self and other that were characterized by actions. Most striking was the disappearance of Rosa's mental representations of self and other as warm, empathic and loving caretakers and the notable increase of mental representations of self and other as violent, abandoning and punitive. Rosa's mental representations of self and other became less evocative of positive feelings that stemmed from the enjoyment family members experienced with each other. Instead, they became more concerned with safety and protection. In Rosa's mental representations of self and other there was more concern with vulnerability and less confidence in the ability to contain impulses.

Rosa's mental representations of self and other at the end of the therapy year appeared to have been unsettling to her, as can be seen in her avoidant behavior. Rosa's defensive behavior were characterized by her strong refusals to respond to the stories, such as declaring "I finished" and pushing the toys away or involving herself in something else. The qualitative shifts in her mental representations of self and other seem to have caused this increased discomfort. More specifically, Rosa's avoidant responses were clearly linked to her mental representations of self and other as aggressive; each avoidant response followed a violent depiction. This suggests that the feelings attached to Rosa's mental representations of self and other as aggressive were so threatening to her that she attempted to defend against (i.e. avoid) the uncomfortable affect. One

hypothesis is that the mental representations of self and other as violent led to such uncomfortable affect and to the avoidant defense especially because of the decrease in mental representations of self and other as nurturing and the increase in mental representations of self and other as abandoning. With fewer containing and caring mental representations of self and other to call upon for comfort, the more unsettled Rosa would become by the feelings stirred up by mental representations of self and other as aggressive.

Rosa's protocol raises a question about gender-related differences regarding mental representations of aggressive and nurturant figures. The number of Rosa's mental representations of self and other as nurturant at both the beginning and the end of the therapy year was quite high in comparison to the other subjects in this study (all male). Similarly, the frequency of Rosa's mental representations of self and other as aggressive is notably smaller than the frequency of the other subjects' aggressive representations. This is consistent with Tuber's (1989b) finding that boys demonstrated a greater degree of malevolent representations in comparison to girls (who were found to have a greater degree of benign representations). However, while the results of the current study raise this as a question, the fact that Rosa was the only girl in this sample limits further exploration of any gender-based differences.

Another finding was that Rosa's mental representations of self and other became somewhat more sophisticated at the end of the therapy year. Rosa elaborated beyond the main story theme

and engaged in more pretending than at the beginning of the year. Rosa's characters also demonstrated a greater ability to utilize language to mediate a problem with one another. For example, in the Peer Conflict story the child protagonist asserted that she wanted her toy back and was able to negotiate this dilemma with the peer, resulting in the peer returning the toy. This contrasts with Rosa's response at the beginning of the year in which the protagonist simply grabbed the toy from the peer. Additionally, the data suggest that Rosa's mental representations at the end of the therapy year may have become more articulated. For example, at the beginning of the year, the unavailable cluster was characterized mostly by separation anxiety. This was illustrated by both Rosa's behavior and by the "reactions" of the doll figures; both were somewhat vague. At the end of the therapy year depictions of abandonment and rejection increased within the unavailable cluster. One hypothesis is that these mental representations of self and other were a further articulation of the unavailable cluster. In other words, mental representations of self and other as abandoning and rejecting may have been underlying the earlier, vaguer depictions of separation anxiety that were not clearly articulated.

In sum, the frequency changes that occurred in Rosa's mental representations of self and other were small (the overall index of change was one of the smallest of all the subjects). The representational changes that did occur were both of a structural and a qualitative nature. Structurally, Rosa's mental representations of self and other became more sophisticated and

further articulated at the end of the therapy year. Qualitatively, there was a shift away from mental representations of self and other as caring, loving and empathic to more action-oriented mental representations of self and other that were less nurturing, more abandoning, punitive, and violent. With this qualitative shift there occurred a shift in Rosa's use of defense (an increase and more pronounced resistance). This suggests a relationship between changes in the quality of mental representations of self and other and defensive processes that will be discussed in the next chapter.

Several questions are raised by these findings. Each will be addressed in the section below and explored more fully in the Discussion. Firstly, is there a relationship between the small degree of representational change and the patterns of Rosa's therapy play? Secondly, is there a relationship between the patterns of Rosa's therapy play and the greater degree of sophistication and articulation in Rosa's mental representations of self and other? Thirdly, is there a relationship between the patterns of Rosa's therapy play and the changes in her mental representations of self and other such that they became less caring and empathic and more action-oriented (i.e. less nurturant, more violent, abandoning and punitive)?

Play patterns as related to representational change.

One of the most notable aspects of Rosa's therapy play was the small amount of fantasy play that characterized her sessions throughout the year. For the majority of the year, most of Rosa's play consisted of nonsymbolic types of play, predominantly water

play, drawing, and manipulating objects. When Rosa did engage in fantasy play the play was not very structured. In her fantasy play, Rosa could only play in a rudimentary narrative form. For instance, in two role play episodes: Rosa growled like a monster (in a November session) and twice "quacked" like a duck (in a March session). In neither instance was the play elaborated further (though she clearly got a lot of enjoyment out of these enactments!)

For most of the therapy year Rosa demonstrated a limited ability to develop more sophisticated fantasy play. In addition, Rosa had difficulty sustaining her fantasy play. This was apparent even late in the year. For instance, in a May session, Rosa pretended to be Bugs Bunny, put a crayon in her mouth and said, "What's up Doc?" (pretending the crayon was a carrot). Rosa then took a bite out of the crayon (spitting out the crayon paper moments later). The pretend nature of the play thus ended when she bit into the crayon.

There were some shifts in Rosa's therapy play that occurred late in the therapy year. In an April session, for example, there was a surge in fantasy play and a dramatic decrease in nonsymbolic types of play. In one play episode during that session, Rosa's therapist read aloud a book, while Rosa dramatically acted out the parts: she roared like a monster, acted like a monkey, pretended to blow a whistle, and acted out some of the dialogue.

A notable shift in Rosa's use of fantasy play was observed in one of the last sessions of the therapy year. In a June

session, Rosa engaged in more fantasy play than she did nonsymbolic play. Rosa's fantasy play had become more complex, more organized, and it was sustained for longer periods of time. The following example is one play episode taken from this session:

> Rosa puts the dolls in the car and says they are going shopping. She drives the car with car noises and the dolls are talking. Rosa announces that the car needs gas and fills up the car, pretending that her finger is a gas pump. She then pretends to pay the therapist for the gas.

Although Rosa's fantasy play was limited, one play theme began to emerge reflecting a sense of vulnerability. Since the narrative play was rudimentary, there were initially only hints of this theme rather than full enactments of it. For example, in a November session, as she bathed the bunny doll in the sink, Rosa announced, "Bunny is scared" and shortly after, "Baby is crying". In a March session, Rosa was worried that the "water monster" might eat the baby doll and she took the baby away from the water to safety. Later, after Rosa "saved" the baby doll, she bathed her, washed her hair with shaving cream and talked to her. In June (the last coded session) this theme was elaborated into a "story". The following example is a series of episodes from this June session:

> Rosa had the animal dolls fight and then kiss. She told the therapist to kiss the animal and then said that the animal was "dead". In a subsequent episode a short time later, the animal said, "Hello, how are you?" and then walked around. Rosa pretended the animal bit her and she then bit the animal.

One way of understanding the small amount of fantasy play that Rosa engaged in for the vast majority of the year is that Rosa's ability to play on a symbolic level was limited. For most

of the year, Rosa's play was largely nonsymbolic and the small amount of fantasy play that she did engage in was largely unsophisticated and unstructured. Additionally, her ability to sustain the pretense once she engaged in fantasy play was also limited. This data suggest that Rosa's ability to create symbols and to utilize them in fantasy play was under-developed.

The patterns of Rosa's play suggest that as the year progressed Rosa may have utilized her therapy play to further develop her ability to create symbols and to play in fantasy play. The play examples described above can be thought of as chronicling the development of Rosa's symbolizing abilities. At first, rudimentary forms of fantasy play were observed (i.e. quacking like a duck). Next, Rosa began to experiment with role playing and narrative play by acting out the parts of the book read by the therapist. However, her ability to engage in narrative and role play was still under-developed in the sense that this play was "scripted". In other words, the book the therapist read aloud from provided Rosa with the ideas and cues for the pretense. Rosa needed the therapist (and the book) to help her by "scaffolding" her pretense. One hypothesis is that this scripted or scaffolded play may have been a step towards learning to play in more complex forms of role play and narrative play that was created and elaborated solely from her own imaginations.

The next stage of Rosa's play development was characterized by fantasy play that came from Rosa's imagination without such prompting. In the Bugs Bunny example, Rosa played symbolically:

she engaged in both role and narrative play and she demonstrated an object substitution by turning the crayon into a carrot. Rosa's play had become more structured. However, Rosa demonstrated that her ability to sustain the fantasy play was compromised. By taking an actual bite out of the crayon, Rosa ended the pretense. This suggests that the division between reality and fantasy was not yet clearly established for Rosa. Her difficulty distinguishing between the symbol and reality interfered with her ability to maintain the pretend nature of the play.

Finally, in the last session coded, Rosa's play demonstrated that she was beginning to develop the ability to engage in and sustain more complex forms of play. The fantasy play in this session was more sophisticated (i.e. more structured). For example, the play episode highlighted above was planful and created from her own imagination; was characterized by higher level narrative and role play; was comprised of logical sequences of actions; incorporated an object substitution; included joint play with the therapist; and was overall more organized and elaborate. Rosa's play had become significantly more structured.

Rosa's limited ability to create symbols and to use them consistently in her therapy play for most of the year may in part explain why Rosa's representational change was so small. One hypothesis is that since Rosa spent so little time in structured fantasy play she could not utilize the therapy play as a forum in which to access, play out, and begin to re-work her mental representations of self and other. A compromised ability to

symbolize would hinder Rosa from being able to develop meaningful narrative play that would, in turn, form the basis of therapeutic (i.e. mutative) play (Price, 1994; Slade, 1994). Instead, Rosa utilized her therapy play to further develop her capacity to symbolize and to develop the necessary structures that could later be used to construct play narratives. The notion that the small amount of structured fantasy play, due to her limited symbolizing ability, may be linked to Rosa's small degree of representational change will be further discussed in the next chapter.

As illustrated above, Rosa's therapy play allowed her an opportunity to develop the ability to create and utilize symbols, in short to develop structure. Similarly, one of the changes that occurred in her mental representations of self and other was the development of greater structure (i.e. they became more sophisticated and articulated). One hypothesis raised by these findings is that the structural advances that took place in Rosa's therapy play led to structural advances in her mental representations of self and other. This will be more fully explored in the Discussion chapter.

Another issue raised by the findings is the possible relationship between Rosa's therapy play and the qualitative shifts in her mental representations of self and other. Rosa's therapy play for the majority of the year was action-oriented, nonsymbolic play. Her mental representations of self and other at the end of the year had become more action-oriented as well. Generally, her mental representations of self and other were less

nurturing, comforting, more violent, punitive and abandoning. One hypothesis is that Rosa may have experienced her affect as not sufficiently contained and modulated within the play therapy. This may then have contributed to the shift in her mental representations of self and other such that Rosa began to internalize the therapy relationship as "uncontaining". This would also then impact on her ability to contain and modulate her affective experiences. One possible explanation about what may have contributed to Rosa's experiencing insufficient affective containment is that Rosa's symbolizing abilities were still under-developed at the end of the therapy year. While Rosa demonstrated great advances in her symbolizing abilities, she may have not developed these abilities adequately. When Rosa engaged in fantasy play, this play frequently reflected "charged" themes of vulnerability and unsafety. Rosa may have experienced negative affect in relation to these play enactments. Rosa's deficits in the ability to symbolize may have interfered with her ability to utilize language and symbols to help contain and modulate such affect. The hypothesis that affective containment (or lack of it) in therapy play may impact on the quality of mental representations of self and other (such that they become less nurturing and more abandoning) and on affect regulation will be more fully explored in the Discussion chapter.

As Rosa's fantasy play evolved in the therapy play themes began to emerge that reflected her mental representations of self and other at the end of the therapy year. Concerns about safety (such as the water monster) emerged in Rosa's fantasy play and

themes that also reflected nurturance and caring. In the "story" presented above, from one of the last sessions of the therapy year, Rosa's characters alternated between being dangerous and caring. Characters were both violent and affectionate. This is consistent with the themes that were revealed in Rosa's mental representations protocol at the end of the year. One hypothesis is that the development of this story at the end of the therapy year reflects that with her newly developed symbolizing abilities Rosa began to enact her mental representations of self and other in this fantasy play. Rosa's fantasy play was perhaps beginning to become a forum in which she could more richly play out her representational world.

Subject Five: Thomas

I. Demographic Data

Thomas was three years, ten months old when he entered the therapeutic nursery. Thomas was referred for significant delays in most areas of development and was very active and distractible. At the time of admission, Thomas was only partly toilet trained. He reportedly had had difficulty relating to children in his previous school.

II. Changes in Mental Representations: Comparing the Beginning of Treatment Period (T1) with the End of Treatment Period (T2)

a. Changes in the frequency and quality of mental representations themes.

Table 5 reports the changes in Mental Representations clusters, illustrating the frequency of each cluster of themes at T1 and T2, as well as the Change Index.

Table 5: Changes in Frequencies of Mental Representations Clusters

Mental Representations Clusters	Time One	Time Two	Change Index
Nurturant	6	2	4
Agency	1	1	0
Aggressive	38	1	37
Unavailable	11	4	7

Thomas's total Change Index was very large (48). There were notably few themes (8) at T2.

Nurturant themes decreased. Additionally, nurturant themes at T1 were quite vague; at T2 the meanings of nurturant depictions became clearer.

There was no change in the small frequency or the quality of agency themes.

Thomas's extremely high frequency of aggressive themes at T1 decreased at T2 (accounting for the high Change Index). The aggression that was depicted at T1 was characterized by repetitive and prolonged hitting and kicking which involved all the figures (except the sibling) and occurred in all stories except the Departure story. At T2, the only act of aggression that was enacted occurred in the Departure story.

There was a decrease in mental representations of unavailable figures. This was characterized by Thomas's increased ability to tolerate the parents' departure. Another qualitative change was an increased number of themes of abandoning figures.

b. Changes in the frequency and quality of defensive behaviors.

Thomas demonstrated an increase in the number of avoidant responses from a frequency two to five. At T1 the avoidant responses involved a reluctance to participate. At T2 Thomas's avoidance was characterized by his creating new and unrelated stories, turning away, and ignoring the interviewer's prompts.

III. Case Formulation

Representational change.

At the beginning of the therapy year, the most striking aspect of Thomas's mental representations of self and other was the frequency and quality of his aggressive depictions. The very high frequency of Thomas's aggressive portrayals far exceeded the frequencies of the other subjects' aggressive portrayals. Thomas's aggressive responses did not take the form of coherent stories but rather were comprised of strings of violent acts. Thomas hit figures or had the figures hit and kick each other repeatedly. Whereas the aggressive depictions of the other subjects were thematically linked to the stories, Thomas's aggressive portrayals were not connected to any theme or plot presented in the stories. Overall, there was a perseverative nature to the aggressive depictions. The following excerpt was taken from Thomas's response to the Spilled Juice story as an example:

> ...Mother hits Bob (the protagonist). Thomas holds Bob and mother and says, "Mommy hit Bob and Bob cries and cries. Mommy hit". Thomas holds Bob and mother together, facing each other. (Interviewer prompts). Bob kicks the mother twice. Bob kicks mother once again; Mother falls down saying, "Ooh". Bob kicks mother. Father and mother are brought together with father's back to mother. Thomas says something unclear and picks up George (sibling). Father hits mother, mother falls against the doll table. Mother hits father, father falls against the doll table. Father

> hits mother, mother almost falls off the big table. Father hits mother again...

In general, most of Thomas's stories at the beginning of the year were vague and unelaborated. For example, Thomas's mental representations of self and other as nurturant were unclear. Nurturant portrayals consisted of him placing figures next to each other. For example, the mother was held close to and facing the protagonist, the sibling, and the father on three separate occasions. There was a positive tone to these placements together, however their meanings were vague.

Also prominent were mental representations of self and other as unavailable. Thomas demonstrated notable separation anxiety. For example, during the Departure story Thomas was quite upset and had great difficulty letting the parents drive off. He tried to prevent the parents from leaving by placing the children in the car numerous times and at one point even blocked the car with his hand to prevent the parents from driving. After the parents drove off, Thomas began to look very sad and repeatedly insisted that the interviewer join the children with their parents. As a result, no story was enacted in response to the Departure story.

At the end of the year there was a greater sense of clarity in Thomas's mental representations of self and other. The meanings of both verbal and nonverbal depictions became less vague. For example, the meaning of the nurturant depictions (though there were only two) became clearer in contrast to the vagueness of the beginning of the year. In one nurturant portrayal, the mother had gotten hurt and was placed next to the grandmother, clearly soliciting her comfort. Thomas also used

more language in his responses and pretended that the doll figures spoke in dialogue much more than he did at the beginning of the year (though some of these responses could not be coded because his language was at times unintelligible).

There was an increase in Thomas's avoidant behavior. This likely contributed to the large decrease in the total number of responses (by far the fewest number of responses of all the subjects). Thomas's avoidance was characterized by his "transformations" of the stories into his own stories with themes and plots that were very distant from the original stories. For instance, Thomas pretended that the dolls conversed about things other than what the story was about or enacted actions that were completely disconnected from the original story themes. These transformations were disjointed and odd. In one example, during the Peer Conflict story, Thomas insisted on keeping the grandmother doll (who is supposed to be omitted from this story) and then enacted a story that was completely divorced from the original one: the grandmother and the peer struggle over the toy; the grandmother later talks about wanting to drink and play; she says she is going to make coffee and searches for coffee cups.

While there was increased clarity in Thomas's nurturant depictions, there was also a decrease in mental representations of self and other as nurturant. While these representations at the beginning of the therapy year were vague, they were notably positive and warm. At the end of the therapy year there were few nurturing depictions.

Another change that occurred at the end of the therapy year was an increase in mental representations of self and other as abandoning. For example, the boys' worries and anxiety about being abandoned were depicted in the Reunion story:

> …the grandmother (whom the boys were calling Mommy) had been in the car, left the car and stood behind it; the boys, who were still in the car, became clearly worried that she was leaving them again and desperately called out to her, "Come back here, Mommy. Come back Mommy!"

Although mental representations of self and other as unavailable decreased, concerns about abandonment were prominent at the end of the year.

One general observation is that there was a largely disorganized and unrelated quality to Thomas's mental representations of self and other at both the beginning and the end of the therapy year. At the beginning of the year, this was characterized by qualitative and structural aspects: a high number of aggressive acts, separation anxiety, vague and unelaborated depictions, and disjointed responses that were not integrated into coherent stories and were thematically unrelated to the original stories.

One way of understanding this disorganized and unrelated quality at the beginning of the year is that Thomas's was experiencing negative affect that caused him to unravel. The data suggest that structural limitations in Thomas's stories did not stem from deficits in his ability to symbolize. For example, Thomas did seem to understand the story-telling task and story themes. Likewise, he appeared capable of appropriately responding to the stories as evidenced by his enacting relevant

responses via the doll figures' actions. Rather, Thomas's symbolizing abilities appear to have been derailed by the negative affect elicited by the stories. The Departure story is a good example of such a derailment. In this story, as described above, Thomas was so anxious and upset about the impending separation that he did not enact a story or any responses at all. His anxiety appeared to interfere with his ability to produce symbols. Even aggressive depictions, which so pervaded his protocol, were absent in the Departure story (the only story void of aggressive portrayals). In a sense, Thomas became so overwhelmed by his feelings in this story that he "shut down" and became incapable of symbolizing. This uncontained, negative affect may have also contributed in part to the high level of chaotic, aggressive depictions. These unmodulated, impulse-driven portrayals may have been a reflection of how disorganized and chaotic Thomas felt in response to his affective experience.

At the end of the therapy year, this unrelated and disorganized quality was characterized by Thomas's avoidant responses. Thomas's avoidance increased at the end of the therapy suggesting that he may have experienced an increase in negative affect. One way of understanding this is that the qualitative changes that occurred in his mental representations of self and other (i.e. less nurturing and more abandoning) were associated with more negative affect. The quality of Thomas's avoidant responses contributed to the unrelated and odd quality of his protocol. These responses were characterized by story transformations that were completely disconnected from the

original stories. It is also important to highlight how few responses there were at the end of the year. The small number of responses suggests that Thomas symbolizing was "shut down" by negative affect. At the beginning of the therapy year this shutting down of his symbolizing ability occurred within some of Thomas's responses; at the end of the year it impeded the entire story-telling process. These findings suggest that Thomas experienced more negative affect associated with the shifts in his mental representations of self and other toward less nurturing and more abandoning figures and that he had greater difficulty managing his affective experience.

While there were few total responses at the end of the year, Thomas's responses indicate advances in the level of structure. Thomas utilized more language and his responses were less vague. Additionally, depictions of abandonment suggest that a further articulation took place in his mental representations of self and other as unavailable. One aspect of representational change for Thomas at the end of the year was an increase in the level of structure of his mental representations of self and other.

The unrelated and disorganized quality of Thomas's mental representations of self and other at the beginning and end of the year, his very high number of aggressive responses at the beginning of the year, and his very low number of total responses at the end of the year, resulted in a profile that was quite different from the other subjects. With this in mind, Thomas's profile was conceptualized in this study as deviant from the other subjects. Thomas's results were not ranked with the other

subjects and this is why he was presented last despite a very high Change Index.

It is interesting to note that this detached quality of Thomas's protocol may be consistent with Thomas's presentation "in the world". Thomas was referred to the therapeutic nursery in part because of difficulty with interpersonal relatedness. He was described as highly perseverative, disorganized, detached, and odd in his relating to others. This description of the quality of Thomas's relatedness is consistent with the quality of his mental representations of self and other. This raises the issue of correspondence between the quality of one's internal world and the quality of one's relatedness in the external world. Further examining this issue, however, is beyond the scope of this study. This description of Thomas also suggests that his difficulties at the time of referral might have been of a different nature than the other subjects and may signify a more profound psychological disturbance. This is further reason why Thomas's results were set apart.

In sum, Thomas's mental representations of self and other at both the beginning and the end of the therapy year were characterized by unrelatedness and a pronounced disorganization. These qualities were hypothesized to stem, in part, from Thomas's experiencing of unsettling affect that interfered with his ability to symbolize and respond in a coherent and sophisticated manner. At the end of the year there appeared to be an increase in Thomas's negative affect and a decrease in his ability to manage it, as noted in his increased degree of avoidance (and

related decrease of total responses). This was hypothesized to stem in part from qualitative shifts in his mental representations of self and other such that they became less nurturing and more abandoning. The relationship between changes in these qualities of his mental representations of self and other and an increased use of defense will be explored more fully in the Discussion.

The data suggest that Thomas had greater difficulty regulating his affective experience at the end of the year and may have been experiencing more disturbing affects. The possible influence of Thomas's therapy play on these changes in his mental representations of self and other will be addressed below and examined more fully in the Discussion. One question that is raised by these findings is if there was a disorganizing aspect of Thomas's therapy play that contributed to this increased disorganization and heightened anxiety?

These findings also demonstrate a greater sophistication of his mental representations of self and other (i.e. less vagueness and more clarity, greater articulation of the unavailable cluster, and greater use of language). The relationship between these changes in the structure of his mental representations of self and other and changes in the structural level of his play will be examined below and in the Discussion.

Play patterns as related to representational change.

For most of the therapy year, Thomas engaged in much more fantasy play than nonsymbolic types of play. Fantasy play made up the vast majority of the time that he spent playing in almost

every coded session. Thomas's fantasy play, even at the very beginning of the therapy year, was largely comprised of more sophisticated play, namely narrative play and role play. Thomas demonstrated that he was able to create narrative stories, role play, and invoke object substitutions. For example, in a January session, Thomas pretended to strike a match (with nothing in his hand) and pretended it was hot; he then sang "Happy Birthday" and pretended to blow out the candles.

What was most striking about Thomas's fantasy play, however, was that while Thomas engaged in cognitively sophisticated play during the year, it was limited in other structural aspects. Most of Thomas's fantasy play was quite disorganized, erratic, and fragmented. The play was not elaborated and built upon. That is, clear play themes did not emerge in Thomas's play as the year progressed despite his ability to play at a narrative level. Additionally, fantasy play episodes were quite short in duration; they were not sustained.

Thomas's fantasy play was also dominated by a great deal of aggression. This mostly involved the dolls fighting with each other, throwing each other around the room, biting, growling and crashing. This aggressive play was repetitive and gratuitous and was not incorporated into an overarching theme or coherent story. It is interesting to note that Thomas's nonsymbolic play throughout the year was also characterized by impulsive, action-oriented play, such as throwing the toys.

Two sessions provide a noteworthy contrast. In November and December, non-symbolic play took center stage and fantasy play

decreased significantly. Thomas's fantasy play at this time was also characterized by a decrease in the amount of aggressive play. His fantasy play involved pretense such as: Thomas pretending to have a birthday cake, pretending to drive a bus around, and pretending to put on makeup. His nonsymbolic play was also not aggressive in nature and less chaotic: Thomas drew with crayons and wrote on the chalkboard. Thus, when there was much less fantasy play there was also much less aggression depicted.

Some shifts occurred in Thomas's fantasy play toward the end of the year. A distinct character emerged in Thomas's role play in April and May sessions. At first, Thomas pretended he was a monster who tried to scare the therapist (in April). In the May session the monster fought with the dolls in several episodes and lamented, "No one respects [him]". This was the first clear role play character that Thomas engaged in, that also persisted over different sessions, and that formed the beginnings of a more discernable story or theme. At this time in the therapy year, Thomas also demonstrated that he was capable of sustaining the play for a longer period of time. For example, in an April session, Thomas played in one very long fantasy play episode that lasted 31 minutes. In contrast, the longest fantasy play episode of the year until this point lasted under four minutes. Excerpts from the very long episode follow:

> Thomas took dolls out of the dollhouse; two dolls faced each other and one doll began throwing the other dolls over the dollhouse; this is repeated several times. Later, the dolls walk and talk to each other. They later pretend to be dead. Later, one doll throws the baby doll over to the area of play. The baby doll is put to sleep and Thomas says,

> "Goodnight". The doll says, "Where is she? Papa?" Thomas says, "Baby, let's go to the store and buy Superman". Shortly after, the dolls fight and Thomas pretends someone is crying (though it is unclear who it is supposed to be).

This play episode demonstrates that Thomas's fantasy play had become more structured. His play became more coherent and his symbolizations clearer than in earlier sessions. There is a sense that Thomas was creating a story in his play. Thomas included several sequences in this long episode and several characterizations. Thomas was also quite engaged in the play. At the same time, this play episode was somewhat disorganized and idiosyncratic. The meaning of the play was at times difficult to decipher.

While Thomas clearly possessed the cognitive ability to engage in structured fantasy play, the data indicate that his fantasy play was limited in many ways. For most of the year he could not sustain the play for long, the play was fragmented, and there were no coherent themes or stories that were maintained over time. His play, in short, was not highly structured. One hypothesis about these findings is that when Thomas accessed his representational world in order to engage in fantasy play he became overwhelmed by negative affect. As a result his play became disorganized, chaotic and stagnant. This can be seen in the structure of the play as noted but also in the content. The aggressive and impulsive content in both his fantasy play and his nonsymbolic play can be thought of as stemming from his experiencing disorganizing affect. Further support lies in the finding that when there was a decrease in fantasy play, there was much less aggression in Thomas's fantasy and nonsymbolic play.

Thus, Thomas experienced a great deal of discomfort when he engaged his representational world more fully in fantasy play.

There are parallels between the quality of Thomas's mental representations of self and other and his play patterns. Both his play and his mental representations of self and other were derailed by negative affect that Thomas could not adequately contain. At the end of the year, Thomas's level of discomfort in his mental representations protocol was elevated and he appeared to have greater difficulty tolerating his affect. Additionally, the quality of his mental representations of self and other shifted such that they became less nurturing and more abandoning. One hypothesis is that his experience in his therapy (or therapy play) was disorganizing. For example, he may have experienced too little containment of negative affect. This inadequate containment may have in turn impacted on the quality of his mental representations of self and other and on his ability to modulate affect. The possible relationship between an inadequately containing therapy experience and a shift to more abandoning and less nurturing mental representations of self and other and poorer affect regulation will be further explored in the next chapter.

Both Thomas's mental representations of self and other and his therapy play demonstrated advances in the level of structure. His therapy play was characterized at the end of the year by more coherent stories, role plays, several characterizations, and the play was sustained longer. His representational world became less vague, more articulated, and incorporated more language. One

hypothesis is that Thomas's play was developing more structure as he played in the sessions across the year. The findings suggest a relationship between the development of greater structure in play and greater structure in mental representations of self and other. The relationship between structural changes in therapy play and structural changes in mental representations of self and other will be addressed more fully in the Discussion.

In the last two coded sessions, Thomas's play demonstrated significant structural changes and changes in the content of his fantasy play. The development of this story and the character of the monster at the end of the therapy year suggest that some shifts were taking place in the structure of Thomas's play and his ability to utilize it to enact his mental representations of self and other. Also, his ability to sustain this play longer and create a meaningful story suggests that Thomas's level of anxiety had begun to decrease and that there was a move toward greater organization. Speculations about why this shift may have occurred at the end of the therapy year will be offered in the Discussion.

Discussion

In this study five preschoolers' mental representations of self and other were assessed before and after a year in play therapy to determine if changes had occurred in the quality and structure of their mental representations. Since representational changes of preschoolers in play therapy have never before been systematically evaluated, one aim of this study was to generate hypotheses about what characterizes representational change in young child patients. A second aim of this study was to generate hypotheses about the possible relationships between changes in preschoolers' mental representations of self and other after a year in therapy and the patterns of play occurring during the therapy year. The therapy play of each subject was analyzed over the course of the year to determine if there were changes in the level of play structure. Specifically, the relationship between qualitative and structural changes in mental representations of self and other and changes in the structure and quality of fantasy play was examined.

The findings in this exploratory study suggest that changes in preschoolers' mental representations of self and other do occur after a year in play therapy. These changes were assessed in large part using objective measures. These findings demonstrate preliminary support for use of the mental representations story-telling task (Bretherton, Ridgeway & Cassidy, 1990) and the related coding system (Golby, Bretherton,

Winn & Page, 1995) as repeated measures for detecting representational change. Assessing both the quantitative (frequency) and qualitative aspects of the mental representations of self and other using this code were particularly useful in analyzing the nature of change. Additionally, analyzing each mental representations cluster in the context of the other clusters (i.e. in the context of the overall protocol) was very meaningful in determining trends across the subjects and in providing insights into important individual differences (the nature of these trends will be further elucidated below).

Several types of changes occurred in the preschoolers' mental representations of self and other after a year in play therapy: changes in the mental representations themes, changes in the level of structure or sophistication, and changes in the use of defense. While the sample was small and the results tentative, these are the first empirical documentation of what has only been described clinically. These results may provide additional support for a fundamental construct of psychotherapy, namely that meaningful shifts occur in the internal world of child patients after a therapy experience.

The current study also lends support to claims in both clinical and developmental literature that therapy play contributes to changes in children's internal worlds. As will be discussed, particular patterns of play were found to be related to particular types of changes in mental representations of self and other. Additionally, observations about the role of play in

therapy and different types of play utilized in the therapy process will be offered below. These observations about play patterns gathered from empirical data may provide some insights about the play process in therapy, an area that has been little studied.

In discussing changes in the children's mental representations of self and other below, hypotheses will be presented about why they changed in the ways that they did. These speculations will be based upon analyses of both sets of data (play therapy and mental representations of self and other). However, the current study also recognizes that there may well have been other factors not examined in the study that impacted on these mental representations of self and other, as well as other factors in the therapy. Without being privy to more detailed clinical information about the subjects (such as psychodynamics, family history, changes at home, traumatic events, etc.) and without the therapists' and teachers' insights, it is difficult to fully understand the nature of some of the qualitative shifts in the children's mental representations of self and other (e.g. why one subject's mental representations of self and other became more nurturant or another's less nurturant). This lack of information also leads to difficulty in fully knowing the meanings and implications of fantasy play themes, metaphors, and symbols. Such information provides a means of understanding the results in light of a more complete picture of the child. At the same time, the study's success in

being able to assess changes in mental representations of self and other and relating it to therapy play patterns and themes in the *absence* of such clinical information and detail is noteworthy.

Changes in the Quality of Mental Representations of Self and Other and the Use of Defense: General Findings

One very interesting general finding is that there was an important link between the quality of the children's mental representations of self and other and the use of defenses. More specifically, changes in mental representations of self and other as nurturing and as abandoning were related to defensive processes. The results distinguished two tendencies among the subjects.

The first tendency emerged from the protocols of Derek and Stephon. Their mental representations of self and other at the beginning of the therapy were predominantly unavailable, unreliable and abandoning (for Stephon this characterized his adult figures). Both subjects also had a high level of defense at the beginning of the year, characterized by avoidance as well as "compulsive self-reliance" for Stephon (Bowlby, 1973). In contrast, at the end of the therapy year Derek's and Stephon's mental representations of self and other changed such that they were more nurturing, characterized by significantly more warm and positive feelings, avoidance disappeared and there was a substantial decrease in Stephon's "compulsive self-reliance". The use of both defenses at the beginning of the year indicates that

the children were attempting to regulate their affective states. In other words, their mental representations of self and other were associated with upsetting affect that the children were attempting to defend against. One way of understanding these shifts is that for both subjects at the end of the year the quality of their mental representations of self and other had begun to change and were also no longer (or less) associated with the negative affect that was earlier defended against. The findings also suggest that Derek and Stephon may have acquired internal structures to better manage their affects. With the increase of more nurturing mental representations of self and other, Derek and Stephon could also call upon these more caring and comforting internal figures to help contain and modulate their affective experiences.

The second tendency emerged from the protocols of Frankie, Rosa and Thomas. The changes that were observed in their mental representations of self and other were the opposite of the first tendency. At the beginning of the therapy year, Frankie's and Rosa's mental representations of self and other were notably caring, nurturing, filled with positive, warm feelings and demonstrated that family members enjoyed each other. There was some avoidance at that time which indicated some negative affect related to their mental representations of self and other. However, the level of discomfort was not particularly striking. Thomas also demonstrated more nurturant mental representations of self and other, although his level of avoidance was high at the

beginning of the year. At the end of the therapy year, all three subjects' mental representations of self and other became more abandoning. Frankie and Rosa's mental representations of self and other as caring and enjoying of each other disappeared, and instead mental representations were characterized by increased concerns about safety and protection. Thomas's nurturant depictions also decreased notably. Frankie and Thomas's avoidance became characterized by striking disorganization; Rosa's avoidance increased slightly and was clearly linked to violent depictions. One way of understanding the shift to greater avoidance or more pronounced disorganization is that these subjects experienced more negative affect connected to their mental representations of self and other. Thus, their mental representations of self and other had begun to change at the end of the year and were associated with more negative affect. Additionally, their mental representations of self and other had shifted such that they could not adequately serve as internal resources to help contain and modulate affect. Frankie and Thomas appeared to experience such a high degree of unsettling affect that it resulted in notable disorganization in both the story-telling process and in the content of their stories.

These patterns are consistent with findings in attachment research. Attachment researchers have extensively examined the link between defenses, such as avoidance and "compulsive self-reliance", and security of attachment. Researchers have demonstrated that children with insecure attachment (i.e. that

have underlying mental representations of attachment figures as rejecting, unavailable, and inconsistent) do not flexibly access feelings and memories related to relationships (Slade & Aber, 1992; Main, Kaplan, Cassidy, 1985). Instead, these children defend against (avoid) information that would activate their feelings and longing for others. Similarly, the link between "compulsive self-reliance" and security of attachment has been explored. Cassidy & Kobak (1988) in discussing the function of "compulsive self-reliance" describe how a child may "minimize or dismiss the importance of attachment processes such as giving and receiving care" (p. 306) as a defensive and adaptive response to internalized expectations of rejecting and unreliable caregivers.

Thus, the changes that occurred after a year in therapy in Derek and Stephon's mental representations of self and other and the related changes that occurred in the use of defense suggest that Derek and Stephon may have begun to represent their relationships and experiences in ways more typical of securely attached children[8]. This was characterized by more caring and comforting internal figures, more flexible access to their feelings, and a better ability to regulate affect. Conversely, Frankie, Rosa and Thomas's mental representations of self and other and the use of defense at the end of the year suggest that the children may have begun to represent their relationships and

[8] It is important to clarify here that this discussion does intend to imply that the children became more securely attached (or conversely, less securely attached) since security of attachment was not measured in the current study.

experiences in ways more characteristic of insecurely attached children. Their internal figures became much less nurturing, more abandoning, they experienced more negative affect associated with their mental representations of self and other and demonstrated greater difficulty regulating their affective experiences.

The Role of Therapy Play in Facilitating Qualitative Changes in Mental Representations of Self and Other and Changes in Defense

The discussion above leads to a question that is central to this dissertation: what occurred in the therapy play of the subjects of each tendency that may have contributed to these representational changes? More specifically, were there qualitative differences in patterns of play for the subjects of the two tendencies that would account for shifts to more (or less) nurturant mental representations of self and other, more abandoning mental representations of self and other, and greater (or lesser) ability to contain and modulate affect?

The findings suggests that there is a relationship between the pattern of changes in mental representations of self and other and the patterns of therapy play over a year in therapy. The play data indicate that there were distinct patterns in the therapy play of the subjects. Most significantly, these play patterns distinguish the same subjects into two tendencies as above. That is, the play of the subjects reflecting the first tendency demonstrated a distinct pattern and use of structured play when compared to the subjects reflecting the second

tendency. These patterns and their meaningful differences will be discussed further below.

Qualitative changes in mental representations of self and other and the development of narrative play.

Derek and Stephon, whose representational changes were characterized by a qualitative shift to more nurturing mental representations of self and other (the first tendency) each engaged in fantasy play that was very structured. This structured play was characterized by coherent narrative play and role play that included numerous roles, logical sequences, and play themes that were further elaborated and consistent across the sessions. Most of the sessions of the therapy year were characterized by this high level play (though each subject spent varying percentages of session time in such play). Each child played out and experimented with different experiences, events, feelings, and characters within these play narratives. What was most striking about this fantasy play was that it was closely linked to the concerns symbolized in their mental representations of self and other. The content of their structured fantasy play reflected what Scarlett (1994) called "clinical themes": play that was related to their internal struggles. In a sense, the quality of their mental representations of self and other could be seen to shift and evolve within the content of their structured fantasy play. Each child began by representing figures corresponding to their mental representations of self and other early in the year, gradually introducing more vulnerable

and dependent characters, and playing out nurturing roles and the experience of being nurtured later in the year. Thus, this structured fantasy play (i.e. narrative play that grew more coherent and richer) may have been a medium through which more nurturing mental representations of self and other were developed and evolved.

Derek and Stephon were able to create play that reflected their clinical themes because their play had become highly structured. It is important to highlight that the amount of fantasy play may not have been as meaningful a determinant in representational change. Rather, the ways in which fantasy play was utilized to symbolize clinical themes may have been particularly meaningful. Clinical themes, for example, occurred not only within the content of structured fantasy play but were also symbolized in the play process. Stephon's therapy play exemplifies these points. For much of the year Stephon's play was dominated by nonsymbolic play despite his ability to play at sophisticated fantasy play levels. He also demonstrated notable representational changes. Stephon utilized the *process* of playing at different levels of sophistication (i.e. structure) to enact themes that were relevant to his mental representations of self and other. It is likely that in addition to serving as a necessary precursor to enacting his clinical themes within the content of structured fantasy play, this play process also contributed to effecting representational changes.

In contrast, the play of Frankie, Rosa, Thomas did not reflect clinical themes for most of the therapy year. For these subjects, whose representational changes were characterized by less nurturing and more abandoning mental representations of self and other (the second tendency), the vast majority of their fantasy play was not highly structured. Rosa spent most of the year in nonsymbolic play and demonstrated that her ability to create and sustain fantasy play was compromised because her symbolizing abilities were not fully established. The "focus" of Rosa's therapy play was on the development of her symbolizing capacities. Although Frankie and Thomas were clearly capable of engaging in more structured play, their fantasy play demonstrated limits in the ability to sustain it, was undeveloped and unelaborated, did not evolve into coherent narratives, and there were no clear or consistent themes evident. These findings suggest that the limited amount of structured fantasy play may in part explain why Frankie and Rosa had smaller amounts of representational change (the amount of change for Thomas was difficult to assess because his protocol was so deviant). The lack of structured fantasy play for most of the year may have provided little opportunity for these subjects to enact their mental representations of self and other and to develop play that reflected clinical themes. In contrast to the subjects reflecting the first tendency, these children may not have had an adequate forum in which to work on effecting representational change. As will soon be discussed, the shifts to less nurturing

and more abandoning mental representations of self and other may have stemmed from other aspects of the play process, in particular affective elements of the play experience.

One hypothesis that can be suggested on the basis of the current findings is that structured fantasy play offers an opportunity to develop play narratives that are reflective of clinical themes. Coherent narrative play provides an important forum for and mechanism by which mental representations of self and other can be enacted, altered or newly formed. As seen in the subjects reflecting the first tendency, these children likely began to internalize changes in the mental representations of self and other as they were evolving in the play content and structure. Structured fantasy play that reflected clinical themes likely facilitated changes in these subjects' mental representations of self and other such that they became more nurturing, caring and comforting. Conversely, a limited amount of structured fantasy play may be related to smaller amounts of representational change.

It is interesting to note that increases or decreases in the cluster of mental representations of self and other as nurturant were the most powerful of all the mental representations clusters in distinguishing the two tendencies among the subjects. In other words, the division of the subjects into these two tendencies was based on changes in the nurturant cluster more than any other cluster. Despite representational changes that led to mental representations of self and other

characteristic of more (or less) secure attachment, the cluster of mental representations of self and other as unavailable did not change in meaningful ways that distinguished the two tendencies. Instead, only one theme within this cluster, an increase in abandoning figures was meaningful for the subjects of the second tendency. Changes in the abandoning theme were not particularly meaningful for the subjects of the first tendency. In general, the changes in themes of abandonment were subtler. One hypothesis suggested by the current findings is that changes in mental representations of self and other as nurturant may reflect a representational change with a particularly strong valence. Similarly, a study by Kavanagh (1985) of adult psychotherapy patients found that changes in the overall developmental level of mental representations of self and other was related more to an increase in kind and generous representations than to changes in malevolent representations.

Shifts in the ability to regulate affect and play patterns.

Another shift that discriminated the same subjects into the same two tendencies was changes in the ability to manage affect at the end of the therapy year. Again, distinct patterns of play for the subjects of the two tendencies help to explain differences with respect to affect regulation.

Stephon and Derek, of the first tendency, demonstrated a greater ability to access, tolerate and manage their affective experiences as evidenced in their decreased use of defensive processes in the mental representations protocol. The play data

suggest that this greater ability to manage their affect was developed in their play experiences as the year advanced. Early in the therapy year, Stephon and Derek demonstrated that engaging in fantasy play (i.e. accessing their representational worlds) was scary and threatening for them. Derek's early play pattern of spending most of his play time in nonsymbolic play (i.e. avoiding fantasy play) indicated that he was experiencing unsettling affect. He also became derailed when autobiographical play became too real for him. Stephon enacted his representational struggle in the play process early in the year because engaging in more fantasy play was too anxiety-provoking. At the end of the year, there was a notable increase in the amount of time Derek spent in structured fantasy play (including more autobiographical play) and a notable increase in Stephon's ability to enact salient themes in his structured fantasy play. These shifts indicate that through the play process (in developing structured fantasy play) Derek and Stephon were developing greater resources and abilities for managing their affective experiences.

In Derek and Stephon's structured fantasy play, they were clearly exploring a range of affective experiences and responses in the content of their play. Feelings pertinent to their clinical themes were evident, such as helplessness, vulnerability, dependency, sadness, anger, and fear, to name a few. In this way, Derek and Stephon were also learning about their feelings and making sense of them. Structured fantasy play allowed Derek and Stephon an opportunity to safely experiment

with and develop their ability to access, regulate, and contain their feelings. These findings support the idea that one's internal world, especially one's affective life, can emerge within the development of coherent narrative play and can evolve in that context. As many have written, fantasy play enables young children to learn about, understand, organize and manage their affective experiences (Slade, 1994; Scarlett, 1994; Fonagy & Target, 1998; Siegler, 1994).

In contrast, there appeared to be deterioration in the affect regulation abilities of the subjects reflecting the second tendency at the end of the therapy year. This was evidenced by an increased use of the avoidant defense for both Rosa and Thomas and a significant degree of disorganization for Thomas and Frankie in their mental representations at the end of the therapy year. This deterioration in the ability to access and manage affect appears related to their patterns of therapy play. One way of understanding this is that the therapy play for these three subjects may have generally been a disorganizing experience. These children demonstrated that negative affect chronically intruded upon their play. This affect was disorganizing for each child and disrupted the ability to play in structured fantasy play. While Frankie and Thomas were cognitively capable of more advanced play, their play for most of the year was largely unstructured: disorganized, stagnant, and impulsive, and for Frankie predominantly nonsymbolic. Both children were derailed by negative affect. For Rosa, negative

affect appeared to emerge later in the therapy year when she began to play out themes in her fantasy play that related to her mental representations of self and other. The emergence of these clinical themes likely caused Rosa to become unsettled, in part, because her symbolizing abilities had not yet developed enough to help her regulate and modulate affect.

One notable cause of some of the negative affect for all three subjects seemed to be difficulty differentiating between fantasy and reality in their play. During fantasy play, there were moments for each of the three subjects that suggested that their play themes had become too real and consequently their affect did as well. Thus, the blurring of fantasy and reality in their play was a source of anxiety and discomfort.

One possible explanation is that the subjects' negative affect was experienced by the children as not adequately contained within the treatment. This lack of containment (i.e. a holding environment) in the context of negative affect likely led to even greater disorganization and anxiety. Thus, the deterioration in the ability to access and regulate affects for Rosa, Frankie and Thomas may have stemmed from uncontained negative affective experiences in the therapy play.

A further contribution to the difficulty with managing affect was the lack of structured fantasy play. Since Frankie, Thomas, and Rosa did not play in structured fantasy play there was little opportunity to learn about their affective and mental life in their therapy play. Fonagy & Target (1996) highlight how

another important aspect of structured fantasy play is facilitating a better understanding of one's mental states, in particular to distinguish between internal and external. Such distinctions include separating fantasy and reality, and ideas from fact and action. The lack of structured fantasy play likely interfered with the ability to learn the distinction between these mental states and affective experiences and to begin to organize and regulate their affects.

One hypothesis suggested by the current findings is that internal structures for managing affective experiences are developed within both the process of creating structured fantasy play and within the content of structured fantasy play. Children who do not play in structured fantasy play may miss opportunities to make greater sense of their affective and mental states, which would help to diminish the amount of negative affect and/or its disorganizing impact. Another related hypothesis is that negative affect that is not adequately contained (or "held") within therapy play may exacerbate difficulties with affect regulation. In short, uncontained negative affect in play therapy may have a very disorganizing impact on young children's mental representations of self and other.

Internalization of the therapy experience.

The two tendencies observed in the changes in mental representations of self and other and changes in the use of defense may have also stemmed from differences in the subjects' internalization of the therapy relationship. While the therapy

relationship was not specifically assessed, the data offers some clues about possible qualitative differences in the therapist-patient relationships. The subjects of the first tendency, Derek and Stephon were each able to develop structured fantasy play that reflected clinical themes over the course of the therapy year. This suggests that a good holding environment was established in the therapy; the children felt safe and contained. The increased ability to manage affect that stemmed from their therapy play suggests that therapeutic processes described by Coates (1998) and Frankel (1998) may have characterized the therapy of Derek and Stephon. These authors describe that safety and containment are created through the sharing of affective and mental experiences that the therapist attunes to and understands, contains the affect, and also communicates to the child that s/he is also capable of containing the affect and mastering situations. The current findings suggest that these therapy processes may be experienced by the child not only as containing, but also as nurturing. Through the process of playing in narrative play that reflects clinical themes, these subjects may have experienced and then begun to internalize the nurturing and containing aspects of the therapist, resulting in new (or additional) mental representations of self and other as nurturing and resulting in new internal structures for affect regulation. Frankel (1998) explains how the child-therapist relationship, much like the parent-child relationship, promotes the creation of mental representations of self and other. He details that the

child and therapist "are engaged in an ongoing mutual regulation of their relationship that results in characteristic, expectable patterns of repeated interactions" (p. 167). These expectable, prototypical interactions evolve into mental representations of self and other that may also serve to disconfirm previous expectations of relationships.

The subjects of the second tendency, Rosa, Frankie and Thomas, may have also begun to internalize aspects of the therapy relationship that contributed to their mental representations of self and other becoming less nurturing and more abandoning and their affect regulation becoming more impaired. The play patterns of these subjects suggest that an adequate holding environment may not have been established yet. Their inability to develop structured fantasy play for much of the year suggests in part, that the children did not feel safe enough. As previously discussed, the disorganizing effect of overwhelming, negative affects upon their play suggests that anxiety was perhaps not adequately titrated within the therapy relationship. It is possible that these subjects experienced the therapist as an uncontaining object and began to internalize this experience. In turn, this may have contributed to the increase in mental representations of self and other as abandoning and the decrease in mental representations of self and other as nurturing. Additionally, internalizing the uncontaining aspects of the therapist might lead to experiencing the self as uncontained and impact on the ability to regulate affective experience.

It may have been difficult to forge intimate and safe relationships with the therapists because the play was impaired and at times bizarre. The erratic nature of the play may have made it difficult to establish clear and consistent patterns of expectations of the child-therapist relationship. This might have contributed to the decrease in nurturing mental representations of self and other and the increase in abandoning mental representations of self and other.

These current findings also suggest that a year may be too short a time to evaluate these processes. For example, the holding environment may take longer than a year to establish with certain patients. This will be discussed further below. In the absence of data on the therapists' behaviors and interventions, these are speculations. These findings however, indicate the importance of better understanding the role of the therapist in the process of therapy play.

Parallels to findings in attachment research.

The findings of this study suggest that there is a relationship between the use and patterns of play in therapy and changes in mental representations of self and other that are reflective of shifts toward representations characteristic of more secure or more insecure attachment. Subjects who utilized highly structured fantasy play consistently during the therapy year demonstrated changes in mental representations of self and other such that they resembled those that underlie secure attachment (more nurturing and caring internal figures and more

flexible access and regulation of affect). Conversely, subjects whose play was not highly structured for most of the therapy year (and was notably derailed by negative affect) demonstrated changes in mental representations of self and other such that they resembled those that underlie insecure attachment (less nurturing and more abandoning internal figures and more difficulty accessing and regulating affective experience).

Numerous attachment studies have documented a relationship between symbolic play processes and security of attachment. Briefly, more securely attached children have been found to play in more sophisticated symbolic play for longer periods of time and at the most competent level of their ability, while insecurely attached children have been found to engage in symbolic play that is less sophisticated and for shorter periods of time (Matas, Arend & Sroufe, 1979; Slade, 1987; Bretherton, Bates, Benigni, Camaioni & Volterra, 1979; Belsky, Garduque & Hrncir, 1984). These studies highlight how the early mother-child relationship is the context in which symbols are not only created but also further elaborated and encouraged to fuller potential. In other words, the quality of early mental representations of self and other are linked to the ability to create and use symbols to their fullest potential. The current study suggests that the ability to use symbols to their fullest potential and the process that involves the child patient and therapist developing that ability, are linked to changes in

mental representations of self and other such that they may become reflective of more secure attachment.

The current study provides further support for thinking of the parent-child relationship (i.e. attachment relationship) as a model for understanding the patient-therapist relationship (see for example Winnicott (1971), Slade (1994), Lachmann & Beebe, (1996)). The vast literature on early attachment relationships, that includes extensive research, may provide insights into the therapy relationship, how it is mutually regulated, and may also guide therapy interventions. Although the role of the therapist and the child-therapist relationship were not explicitly investigated here, this study highlights how important and powerful this relationship is in facilitating therapeutic and representational changes.

Structural Changes in Mental Representations of Self and Other and the Therapy Process

Structural changes in the mental representations of self and other occurred for four of the subjects (all the children except Frankie). The mental representations of self and other of the four subjects became much more sophisticated at the end of the therapy year. In general, mental representations of self and other became less vague and more clearly defined, richer and more elaborate, and included a greater variety of symbols, language, and characters. Another structural advance was a greater articulation of mental representations themes at the end of the year. Themes that were more vaguely depicted at the beginning of

the year were more fully developed and more clearly articulated such that new themes emerged at the end of the year that further defined previous ones. One example was the emergence of mental representations of self and other as abandoning. Another example was Stephon's mental representations of ineffectual parents. Both were further articulations of the mental representations of self and other that perhaps underlie the vaguer separation anxiety.

The subjects in the current study who demonstrated structural advances in their mental representations of self and other also demonstrated structural advances in their therapy play. In general, these structural advances included more complex and organized play that formed narrative play and role play, a greater number of characters and feelings depicted, and consistent play themes developed and elaborated over time. Thus, one hypothesis is that there is a link between advances in play structure and advances in the structure of mental representations of self and other.

One question that arises in evaluating the structural changes of the subjects' mental representations of self and other is whether these advances were indeed related to therapy play processes or if they were related to developmental advances. While it is difficult to precisely ascertain this from the current study, there is some evidence that supports a relationship between structural advances in mental representations of self and other and play therapy processes, in addition to the influence of development.

Firstly, a study conducted by Bretherton, Prentiss & Ridgeway (1990) compared the mental representations of self and other of 37 month olds and of 54 month olds to determine developmental differences. The researchers found few differences between the two age groups. Structural advances that they reported that may be developmental in nature and that are relevant to the current study were: an increase in verbal dialogue depicted among the doll figures and depictions that demonstrated a greater sense of more specific relationships (both were also seen in the current sample). Two difficulties in generalizing from these findings are that this is the only longitudinal study of preschoolers' mental representations of self and other and the investigators may not have measured structural changes in the same manner as the current study. However, this provides some preliminary support for the idea that the changes in the structure of mental representations of self and other may stem, in part, from therapy play processes.

Secondly, the finding that the further articulation of mental representations of self and other was related to therapy is consistent with a study by Blatt, Wiseman, Prince-Gibson & Gatt (1991). They found that adult psychotherapy patients demonstrated a greater degree of articulation in their mental representations of others after psychotherapy. Additionally, the articulation of mental representations has been described by Fonagy et. al. (1993) in a theoretical paper based on clinical observations of change in children's therapy. In their

"representational model", they describe how the articulation and elaboration of mental representations of self and other is an early step in the process of transforming mental representations of self and other.

It is important to highlight that while the four subjects in the current study demonstrated structural changes in their mental representations of self and other and structural changes in their play, not all of them demonstrated the same changes in the *quality* of their mental representations of self and other. One way of understanding this is that changes in the structure of play occurred at different times in the treatment year and this impacted on the ability to create play reflective of clinical themes. For Derek and Stephon, structural changes in play were clearly evolving over the course of the year and manifested themselves earlier in the therapy year. However, for Rosa and Thomas these structural changes in play were evident only at the end of the therapy year. Rosa had been developing her ability to symbolize over the course of the therapy year and it wasn't until the last month of therapy that she played in structured fantasy play. Most striking, Rosa's play had developed into coherent narrative and role play that began to reflect her clinical themes in this last month.

Similarly, Thomas, who was capable of playing at a high level of fantasy play, did not demonstrate structured play for most of the year in the sense that it was disorganized, fragmented, short in duration, and there were no consistent or

coherent play themes enacted. There was a structural shift at the very end of the therapy year (the last two months) with the emergence of a meaningful role play character (the "monster"). At this late point in the year, Thomas's play lasted significantly longer than in previous sessions, became more coherent, and began to resemble a story narrative with more logical sequences and more characters. Even Stephon (who had been playing at a high level of fantasy play for most of the year) demonstrated a structural shift at the end of the year, such that he had a surge of fantasy play and spent significantly more time in fantasy play than nonsymbolic play. These reflect meaningful shifts in the play of these subjects.

One issue that is raised by these findings is that a year may have been too short a time to evaluate the therapeutic function of play. For some subjects, these structural shifts did not occur (or coalesce) until very late in the therapy year. The inability of Rosa, Frankie, and Thomas to utilize structured fantasy play and to play out their clinical themes for much of the therapy year may have constituted a stage in the therapy and may have been part of the therapeutic process. Frankel (1998), Harinck (1986) and Chethik (1989) have described how in the early stages of therapy a child may not yet be affectively engaged and early play is often characterized by functional or activity-focused play that may reflect anxiety or exploration. The limited structural aspects of Rosa, Frankie, and Thomas's play may have reflected an early phase of treatment.

It is striking that these changes took place at such a late point in the year, in the very last month. This end point of the therapy year signaled the children's termination with the therapeutic nursery and for some children termination with their individual therapists[9]. Another way of understanding these changes is that there may be a phenomenon at the end of a year in therapy (or at a termination point) that fosters consolidation. The results may also indicate that it may have been safer to enter into play that had been threatening and anxiety-provoking (especially regarding Stephon and Thomas) when there was limited time left in the treatment year. This may be akin to anecdotes of adult therapy patients delving into very "charged" material at the very end of a session or prior to vacations; it may be less scary if one recognizes (consciously or unconsciously) that the experience will be contained by time constraints.

The current findings indicate that structural advances in therapy play were related to structural advances in mental representations of self and other. Not all of the children engaged in structured play during all (or much) of the year, however, they all engaged in a significant amount of playing. Thus, the process of playing (whether or not it is sophisticated or reflects clinical themes) might facilitate the development of further structure and growing richness of mental representations of self and other. As Slade (1994) writes, the act of playing

[9] Information was not available regarding which subjects in this sample, if any, continued in the therapy past the academic year.

creates structure. The act of playing with the therapist may allow the opportunity to develop play, such as introducing new characters and feelings into the play that may contribute to structural advances. There may also be other aspects of the therapeutic experience that facilitate the "richness" of representations. One example is the therapist's use of language to further articulate a child patient's play and/or experience. Another aspect of the treatment is the therapeutic milieu of the nursery. Here, with its educational component, children may have the opportunity to further develop the structural aspects of the mental representations.

Helping the child patient to develop structure in his/her play, in addition to addressing the content of play, may be an important therapeutic process. For example, as Slade (1986) explains, such structure would enable the child "to develop a wide range of modes for the translation of his experience and to establish a dialogue through symbols" (Slade, 1986, p. 561). In addition, after structure is established, structured fantasy play (i.e. coherent narrative and role play that is reflective of clinical themes) may be developed in which a forum for representational change if further created.

Increases in Mental Representations of Self and Other as Aggressive: a Phenomenon of Therapy

Another significant finding that occurred for each of the subjects (except Thomas[10]) was a large increase in mental representations of self and other as aggressive at the end of the therapy year. In addition, mental representations of self and other as aggressive became more physically violent for four of the subjects. This shift in the frequency and quality of aggressive mental representations of self and other was a prominent shift *across* the subjects. Most striking, it did not seem to be related to patterns of change in the other mental representations of self and other or to the different patterns of play. Two explanations are presented: first, that aggressive mental representations of self and other are more prominent in a clinical population; and second, that the increase in aggressive mental representations of self and other is related to a more general aspect of treatment.

The findings of the current study suggest that a clinical sample of preschoolers may demonstrate qualitatively different mental representational changes than a non-clinical sample. In particular, there may be a greater number of aggressive representations and perhaps more extreme aggressive depictions in a clinical sample. In comparing the results of the current study to the normative sample studied by Bretherton, Ridgeway & Cassidy

[10] Most of this discussion does not include the results from Thomas's protocol due its deviant nature.

(1990) significant qualitative differences are evident. The mental representations of self and other of their non-clinical population were characterized by mental representations of adults that were largely empathic, protective, responsive, and non-punitive. There were few violent responses, few depictions of further abandonments, few children were unable to say or enact what the children did during the parents' absence in the Departure story, and most children responded with ease. In marked contrast, the findings of this study were characterized by a much greater number of violent responses, a high degree of avoidance to the story-telling task, and enactments of further abandonments by family members. Mental representations of self and other develop out of life circumstances with attachment figures. The mental representations of self and other of the children in the current study likely stem from life circumstances that may include events experienced and processed by the child as hurtful, traumatic, etc. Thus, a clinical sample of preschoolers may be characterized by qualitatively different mental representations of self and other, including more aggressive ones.

At the same time that a clinical population may be predisposed to a greater number of aggressive mental representations of self and other, this change (i.e. the increase of aggressive mental representations of self and other) may reflect a treatment phenomenon. One way of understanding this trend is that the therapy provided a safer environment (or secure

base) in which to access and explore more threatening mental representations of self and other. Aggressive feelings and destructive fantasies that may stem from mental representations (and those that may also arise from libidinal impulses) may more comfortably emerge within the safe environment of the treatment and the therapy relationship. It may also be a function of some therapies (i.e. of particular theoretical orientations) that aggressive material is encouraged to find a voice within the safety of the relationship. Thus, one hypothesis generated by this study is that mental representations of self and other as aggressive increases in play therapy.

The aggressive play of the subjects in the current study appeared to be very meaningful to them. For some of the subjects, this aggressive play took place in highly structured fantasy play that began to take the form of a clear story. Marans, Dahl, Marans & Cohen (1993) and Ablon (1993), in explaining that themes related to aggression are very meaningful for the young child, discuss how young children equate power with aggressive activities. They explain that preschoolers can experience power through enacting aggression against the other. Stephon's aggressive play, for example, conveyed a sense that he felt powerful in this play. A play episode described in the previous chapter illustrates this experience of power through play: Stephon acting as strong, tough man pretends to smoke a cigarette and blow smoke in the face of a police officer; the tough man later punches the police officer who ends up dead. The

authors describe how aggressive play enactments reflect a child's wish to be powerful but also a wish to master vulnerable feelings. In Derek's play, for example, there were numerous play episodes in which he pretended a character was aggressed against and who subsequently became the aggressor. For Derek, a medically ill child who experienced a great deal of helplessness and vulnerability, this play seemed very meaningful. One example is that Derek pretended a tiger bit him and a short time later he pretended that he was a tiger. Most of Derek's aggressive play appeared to reflect an internal sense of vulnerability and a desire to gain mastery over this experience. The multiple meanings of aggressive play could be observed in most of the subjects' play at different times.

The findings of the current study also suggest that there may be meaningful qualitative differences in the ways in which aggressive play is expressed and utilized. For example, the aggressive play of Frankie and Thomas had a different quality than the other subjects. For both, their aggressive play was undeveloped and was not part of a coherent story. It took place in fantasy play that was not highly structured. For these subjects, this play appeared to be unsettling and "out of control", especially in its repetitive and gratuitous nature. The quality of their aggressive play conveyed a sense that the children were becoming flooded with affect and disorganized. Such chaotic aggressive play that is disconnected from a clear theme or story may signal an increased disorganization on the part of

the child. Perhaps these differences reflect qualitative differences in the therapy relationship. In other words, for Frankie and Thomas, the therapy may not have provided a sufficient level of containment, especially when aggressive play material emerged. Another explanation is that for some children, the development of a holding environment that is safe and containing takes longer than a year to establish.

Limitations of the Study and Recommendations for Future Research

There are limitations in the current study that stem from characteristics of the sample: its small size and its distribution. One benefit of the small sample size is that it allowed for more detailed qualitative analyses to be conducted, from which hypotheses could be generated. This presented however, several limitations. Firstly, the results of this study cannot necessarily be generalized to a larger population. Thus any findings discussed need to be considered tentative in awaiting further research findings.

Secondly, interpreting the findings in light of any gender-based differences is limited, since the sample did not control for gender. There is some suggestion that the findings in this limited sample support previous research indicating differences in the quality of mental representations of self and other for girls and boys. Future studies would benefit from a larger sample that was more evenly representative of males and females.

Thirdly, the small sample makes it difficult to interpret the Change Index (i.e. the magnitude of change). In order to

understand what constitutes a small or a large magnitude of change further work needs to be done. Representational changes need to be analyzed in a larger sample so that the Change Index can perhaps be "scaled" and provide a point of reference.

Another limitation was revealed in the attempt to also assess internalized peer relationships in the mental representations protocol. The Peer Conflict story was developed to incorporate themes that might be related to peer relationships, a significant therapeutic (and possibly mutative) aspect of the therapeutic nursery. However, the story was not effective in generating as large a variety of responses (or as detailed) as the other attachment oriented stories. This may be because the core conflict of the story (a struggle between two children over a toy in the presence of the mother) did not carry as strong a valence as stories that were more clearly focused on the primary attachment relationships. This may also be because the core conflict was not necessarily perceived by all the children as conflictual. Additionally, it is difficult to make sense of the children's responses to this story without additional stories that attempt to assess mental representations of peer relationships. As was seen in this study, responses to any one of the stories are more fully understood in the context of all the responses to the entire protocol.

The further investigation of mental representations of others, such as peers, and how these might change during therapy, would be worthwhile to pursue. The important therapeutic function

of peer relationships in a therapeutic nursery is apparent and can be seen in the children's play in therapy, in which scenes with peers from the classroom are re-enacted or fantasy play is developed using "characters" from the classroom. More effective stories would need to be developed and systematically piloted in order to explore this aspect of therapeutic milieu.

Several aspects of structured fantasy play were found to be particularly meaningful in this study. These meaningful aspects of fantasy play include: whether a child sustains play themes over time; if play themes are developed over time or if the play remains stagnant and repetitive; and if the play is coherent or disjointed and disorganized. The current study assessed these variables by more informal observation. It is recommended that future research evaluate these play variables using more systematic and objective approaches.

This study sought to generate hypotheses about the role of fantasy play in altering mental representations of self and other. However, there are numerous other potentially mutative aspects of the play and of the therapy that could not be examined within the scope of this study. Given the dearth of research on play therapy, there are many variables to be explored. One of the most important variables, as suggested by the current study, is the role of the therapist. For instance, examining the role of the therapist in the play (e.g. whether the play is shared and co-created with the therapist) and other aspects of the therapy relationship (e.g. what interventions foster containment and

safety) are important variables to examine. Also, measuring play shifts within each session, in addition to measuring shifts across sessions, would also shed greater light on the therapeutic play process as a whole. Other non-play activities and interactions that may be therapeutic and mutative should also be examined (e.g. the role of language and dialogue in facilitating representational change). It would also be worthwhile to further examine the role of the therapeutic milieu of the nursery in impacting on mental representations of self and other.

The findings of this study suggest that representational changes can be measured using objective measures and that change is evident after a year in therapy. In continuing to assess and investigate preschoolers' mental representations of self and other, it would be important to examine whether or not changes are evident in a non-clinical sample over the same period of time. A control group would aid in further deciphering whether changes are developmental in nature or as a result of treatment. There is evidence in this study that a year may not be a long enough period of time for some therapy patients. An additional recommendation for future research is to examine changes after a longer period of treatment time.

Finally, in further elaborating the nature of representational change, additional information "outside" of the treatment room would help to determine whether changes in a clinical sample arise from treatment or from other sources (e.g. changes in family life). Other variables of change (e.g. changes

in symptoms reported or observed) would serve to illuminate more clearly what the observable impact is of representational change.

Appendix A

SAMPLE TRANSCRIPT

Subject #__

	VERBALS		NONVERBALS
	Story #1		
		C:	C picks up the cup. Holds the cup in own hand as watches E finish the story.
C:	(P) "Oh, Oh. I spilled my juice".	C:	Takes another cup from the doll table and makes it fall off the doll table.
C:	"Boom".		
C:	"Ha Ha".	C:	C laughs dramatically.
		C:	C lays all the dolls down.
C:	I want that car.		
E:	What happened to the spilled juice?		
C:	It spilled.	C:	C picks up the cup and replaces it on the doll table.
C:	(P) "I'm gonna clean it".	C:	P cleans up the spilled juice.
E:	Oh, P cleans it.		
C:	(P) "I clean it".		
E:	Does anything else happen?		
		C:	C tips over the doll table so that all the plates and cups slide off. C smiles. C picks up the plates and cups and hands them to E. (tipping of the table did not appear aggressive but rather was a way of collecting the plates and cups).
	End.		
	Story #2		
		C:	C smiles.
C:	[makes fighting noises]	C:	Puts P and K1 together and makes them fight.
		C:	The toy falls under the table and C goes under the table to look for it.
E:	Show me what happens.	E:	Places toy back on top of table.
C:	Now P got it.		

	VERBALS		NONVERBALS
E:	Oh, P took it back. What were they doing before?		
C:	Fighting.		
		C:	Places toy in P's hands.
C:	He P?	C:	Holds up P.
E:	Yep, that's P.		
		C:	C looks at P for some time. P has the toy.
E:	Does anything else happen?		
		C:	Continues to hold P, P has toy.
		C:	Picks up K1.
C:	Who's this one?		
E:	That's K1.		
		C:	P and K1 stand opposite from each other.
		C:	P and K1 fight (dramatically).
		C:	C smiles.
C:	Give it to M.	C:	C pushes toy toward the M and the M gets the toy.
E:	Who gives it to M? P gives it to M?		
		C:	Nods yes.
E:	And then what happens?		
C:	And the M say, "No, you can't get it no more".		
E:	Who does she say it to?		
		C:	Points to K1.
E:	The M says, "You can't have it, to K1".	C:	Points to K1 and says something unclear.
E:	Does anything else happen?		
		C:	Picks up K1, looks under clothes, shows this to E and smiles.
E:	Yeah, you're looking under there.		
E:	Does anything else happen now that the M has the toy?		
C:	They go home.	C:	Brings P next to M.
E:	P goes home with M.	C:	P and M walk away together (K1 is left behind).
		C:	C hands the dolls to E.
E:	Ready for the next one?	C:	Yes.

C=Subject; E=Examiner; P=Protagonist; M=Mother; K1=Peer

The names of the doll characters are not transcribed so as to mask the gender of the subject.

Statements in quotations are the doll characters' dialogue.

Further details about these codes are found in the Coding Manual, Appendix D.

Appendix B
Story-telling Task

APPENDIX:
STORY COMPLETION TASKS TO ASSESS YOUNG CHILDREN'S INTERNAL WORKING MODELS OF CHILD AND PARENTS IN THE ATTACHMENT RELATIONSHIP

Inge Bretherton and Doreen Ridgeway

This assessment consists of five story beginnings that are to be acted out with small family figures and other simple props. Each story is designed to elicit responses regarding a particular attachment issue. The idea for these stories came from a prior study, designed in collaboration with Marjorie Beeghly, in which we assessed children's understanding of emotions and roles. The issues addressed in the story beginnings are (1) the attachment figure in an authority role (the spilled juice story), (2) pain as an elicitor of attachment and protective behavior (the hurt knee story), (3) fear as an elicitor of attachment and protective behavior (the monster in the bedroom story), (4) separation anxiety and coping (the departure story), and (5) responses to parental return (the reunion story).

ATTACHMENT STORY COMPLETION PROTOCOL

Materials

Family Figures. Two "realistic, bendable" (catalog description) doll families each comprising a father, mother, girl, and boy. The two families can be combined so as to yield a father (F), mother (M), grandmother (GM), and two children (2 Cs), a smaller and larger boy, or smaller and larger girl. To create the grandmother, the hair of one of the mother dolls is painted grayish-white. The dolls can be obtained from several national school supply firms. To prevent the dolls from falling over, they are mounted on plastic stands (those used for Barbie dolls are suitable if you can obtain them).

Other Props. A small wooden box to represent a table; a birthday cake (about the size of a piece of tinkertoy; a set of very small dishes and silverware in suitcase or box; a table cloth (optional); a piece of green felt to represent grass (9×9 inches); a piece of gray or beige artificial sponge, cut to look like a rock; a bed and small felt blanket; a wooden box (4×6 inches) painted like a car.

Administration

The task is administered at a child's table, with the child and tester sitting opposite one another. Bring out the props as needed, naming each one (except for the dolls that are identified at the beginning). After each story, ask the subject to put the figures over to one side, saying, "Can you get them ready for the next story?" To lead into the next story, the tester may say something like, "Now I have an idea for a different story," or "Are you ready for something different now?"

The stories contained in this protocol are part of a larger set developed in collaboration with Helen Buchsbaum and Robert Emde. The remaining stories can be obtained from them. The monster in the bedroom story was developed by Helen Buchsbaum; the remainder were developed by Inge Bretherton and Doreen Ridgeway.

ATTACHMENT STORY COMPLETIONS

Before beginning presentation of the stories that are part of the assessment, it is a good idea for the tester (T) to present a warm-up story to get the subject to feel comfortable with handling the figures. We have chosen a birthday-party story for this purpose. It is not important to stick precisely to the script for the warm-up story, but it is important to follow standard procedure for the stories that form part of the assessment: "spilled juice," "hurt knee," "monster in the bedroom," "departure," "reunion." The latter is true whether the stories are used as written or whether they are somewhat altered. For example, they could be administered with one parent only, or with a babysitter instead of the grandmother. One change that we are considering for further studies is to present the five stories as events of one day in the family's life (a suggestion we owe to Ned Mueller).

STORIES

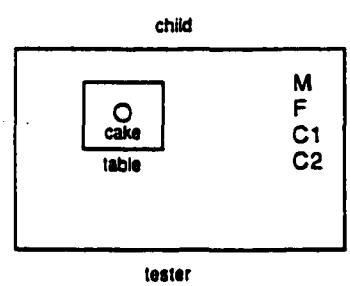
Introduction of Figures

T: "Look who we have here." (Bring out family.) "Here's our family. Look. This is the grandma, this is the daddy, this is the mommy, and these are the girls, Jane and Susan (and these are the boys, Bob and George)." (Show them to the subject as you name them.)

T: "Who've we got?" (Point to family figures.) "You know what? I've got an idea. Let's pretend to make up some stories about them. Tell you what, how about if I start a story about our family and you finish it."

Warm-up: Birthday Story. (M, F, GM, 2Cs, table dishes, cake.)

Put out the figures like this:



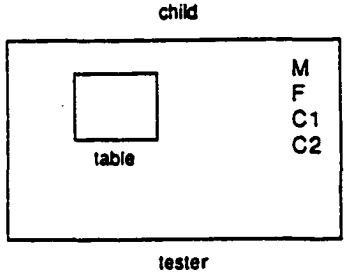
T: "Here's their table and what's this?" (Show cake to subject and wait for subject to name it.) . . . "What kind of cake?" . . . "Yes, it's a birthday cake. You listen carefully to the story. The mommy has baked this beautiful birthday cake and she calls out":

M: "Come on grandma, come on Dad, come on boys (girls), let's have a birthday party."

T: "Show me what happens now." (Inviting tone of voice; let the subject play with the figures or tell a story yourself if the subject does not.)

Spilled Juice Story. (2Cs, M, F, table, dishes.)

T: "O.K., I think I have an idea for a new story." (Put away the grandmother and set out the figures as below, away from the table.)



T: (Shake the box with the silverware.) "Can you help me set the table for dinner." (Give box to subject, wait till subject has set the table, help if necessary.)

T: "Now put the family around the dinner table so they're ready to eat" (Wait till subject has placed the figures.)

T resumes: "Here is our family eating dinner and Bob (Jane) gets up and reaches and spills his juice" (Make child figure knock cup off toy table so cup is visible to subject.)

M: "Bob (Jane) you spilled your juice!" (Reproachful tone of voice, but don't overdo; turn M toward Bob or Jane, and move her up and down while she is talking.)

T: "Show me what happens now."

Prompting Procedure

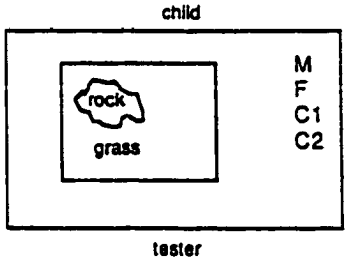
T prompt (if subject does not spontaneously mention: "What do they do about the spilled juice?" T prompt if subject gives only one response: "Anything else?" "What else?" or "Then what?" If subject performs ambiguous actions with figures, ask "What are they doing?" and if the subject uses an ambiguous pronoun when talking about the figures, ask "Who was doing it?" T can also repeat the subject's statement in question form, to verify what the subject said ("The mommy wiped the juice? And then what?"). If the subject asks for the GM, say "She's not in the story, we'll get her out again later."

Note that these prompts are designed not to suggest precise ideas to the subject. The only exception is the prompt that focuses the subject's attention on the issue (spilled juice) if it has not been addressed.

Hurt Knee Story. (2 Cs, M, F, felt for grass, sponge for rock.)

T: "O.K. I have an idea for another story. You put our family there and get them ready for the next one while I put these away." (T points to the side of the table; see below. It is important that the rest of the family be about 30 cm away from the rock the story child will climb.)

ATTACHMENT STORY COMPLETIONS



"O.K. Look what I've got." (Set out piece of green felt and sponge rock.) "This is the park. Do you sometimes go to the park with your mom and dad?" "Here is our family and they're out walking in the park, and at this park there is this high, high rock."

C: "Look, mommy and daddy. Watch me climb this high, high rock." (Make child figure climb rock, then fall off.) "Boo-hoo (or ouch), I've hurt my knee (crying voice)."

T: "Show me what happens now."

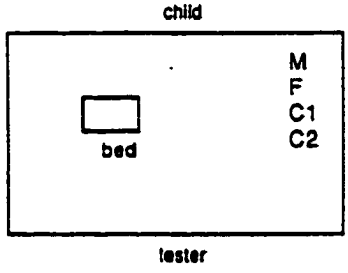
T prompt (if subject does not spontaneously mention): "What do they do about the hurt knee?") For other prompts, see "spilled juice" story, i.e., ask what the figures are doing if it's not accompanied by speech, ask the subjects to show you what they say the figures are doing, and prompt for elaboration by saying things like "Anything else?" "And then what?" etc.

If the subject seems to have finished, or becomes repetitive, say:

T: "All done? Shall we try another? Let's put these away."

Monster in the Bedroom Story. (2 Cs, M, F, bed with felt blanket.)

T: "Can you get the family ready for the next one?" (Set out the props as below, if subject does not do it. Again, it is important to have the rest of the family at least 30 cm from the bed in the "bedroom.")



T: "Look what happens now. Listen carefully."

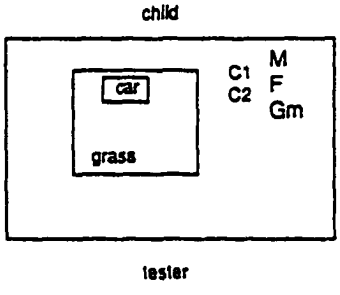
M: (Face M toward story child and move her slightly as she speaks.) "It's bedtime. Go up to your room and go to bed."

F: "Go up to bed now." (Same action as with M, deep voice.)
C: "O.K., mommy and daddy, I'm going." (Make child figure walk to bed.)
T comment: "Bob goes upstairs to his room, and he goes":
C: "Mommy! Daddy! There's a monster in my room! There's a monster in my room!" (Alarmed tone of voice.)
T: "Show me what happens now."

T prompt if subject does not mention spontaneously, "What do they do about the monster in the room?" If necessary, use other prompts given in "spilled juice" story, i.e., ask for clarification of ambiguous action, ask subjects to show you actions they simply described, and for elaboration by saying "Now what?" "Anything else?" etc. If the subject stops playing, or becomes overly repetitive, move on by saying:
T: "Are you ready for the next one?"

Departure Story. (2Cs, M, F, GM, felt grass, box as car.)

T: "Let's use the grandmother this time." (Set out family and grandmother at side of table, with green felt and car as below; it is important to have the car in front of the subject, and the two parents facing the grandmother and two children.)



T: "Here we have their front lawn, and here we have their car, this is the family car." (Make mom and dad face the children and grandma, with car in front of subject.)
T: "You know what it looks like to me, (subject's name). It looks like the mommy and the daddy are going on a trip."
M: "O.K. boys (girls). Your dad and I are going on a trip. We are leaving on our trip now." (Move M slightly as she speaks to the children.)
F: "See you tomorrow. Grandma will stay with you." (Move F slightly like M.)
T: "Show me what happens now."

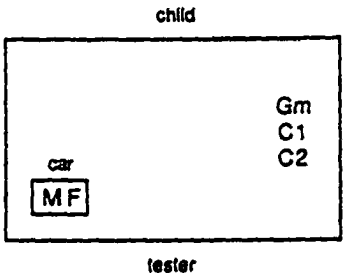
Important: T should let the subject put the figures in the car and make the car drive off. Only intervene if the subject seems unable to make the car drive off. If the subject puts the children in the car say, "No, only the mom and dad are going." After the subject (or if necessary, the tester) makes the car drive off, T puts the car under the table, out of sight. If the subject wants to retrieve the car, T replies, "No, they're not coming back yet."
T: "And away they go." (As the car is moved under the table.)

ATTACHMENT STORY COMPLETIONS

T prompt if subject does not spontaneously mention, "What do the children do while the mom and dad are gone?" and use other prompts to clarify actions, or actors, and to ask subject to act out what is being described.

Reunion Story. (Same Props as departure story.)

Bring the car with the two parents back out from under the table and set it on table at a distance from the family (i.e., keep it near T, so the subject has to reach for it and can make it drive "home"). If the subject has put the child and grandmother figures in the middle of the table during the previous story, put them back close to the subject to create distance between the returning car and the child figures).



T: "O.K. And you know what? It's the next day and the grandma looks out of the window (make grandma look toward car, move her as she speaks) and she goes":
GM: "Look boys (girls), here come your mommy and daddy. They're home from their trip."
T: "Show me what happens now." (Let subject drive car toward "home," intervene only if the subject does not do so.)

Prompt if subject does not spontaneously take the figures out of the car. "What do we do now that the mom and dad are home?" Also use other prompts given in "spilled juice" story where appropriate.

If the subject asks for other props, like a bed, etc., bring it out. However, do not bring out the grandmother during the earlier stories. Just say, "She'll come back later" or "We'll use her in another story later." It is very important to adhere to the spatial arrangements suggested in each story, especially the distance between parent and child figures in the hurt knee, monster, and reunion stories.

Appendix C

ORDER OF STORIES IN STORY-TELLING TASK

The following are the stories in the order of their administration:

Warm-up Story [See Bretherton, Ridgeway & Cassidy (1990), Warm-up story]

Story 1: Spilled Juice [See Bretherton, Ridgeway & Cassidy (1990), story 1]

Story 2: Peer Conflict (Two children, Mother, Toy)
Mommy bought a new toy for her child Bob/Jane. Bob/Jane was having fun playing with Marc/Suzy and they were sharing this toy. Marc/Suzy says, "No. I want to play with it all by myself. I don't want to give it back. I don't want to give the toy back." Show me what happens now.

Story 3: Hurt Knee story [See Bretherton, Ridgeway & Cassidy (1990), story 3]

Story 4: Departure story [See Bretherton, Ridgeway & Cassidy (1990), story 5]

Story 5: Reunion story [See Bretherton, Ridgeway & Cassidy (1990), story 6]

Appendix D

Note: this is not a comprehensive reproduction of the coding manual. The following are excerpts and minor adaptations from:

CODING MANUAL FOR THE ATTACHMENT STORY COMPLETION TASK

Barbara Golby
Inge Bretherton
Laura Winn
Tim Page

University of Wisconsin
at Madison

December 1995

This manual was developed to code the Attachment Story Completion Task. For details about the task and instructions for administration, see the Appendix of: Bretherton, I., Ridgeway, D. & Cassidy, J. (1990) . Assessing Internal Working Models of the Attachment Relationship: An Attachment Story Completion Task for Three Year Olds. In M. Greenberg, D. Cicchetti & M. Cummings (Eds.), Attachment in the Preschool Years: Theory, Research and Intervention. Chicago: University of Chicago Press.

Four of the ASCT story stems were incorporated into the MacArthur Story Stem Battery (Bretherton, Oppenheim, Buchsbaum, Emde and the MacArthur Narrative Work Group, 1990) as well as variants thereof distributed by J. Robinson, University of Colorado, Boulder. An expanded version of the ASCT adapted for children of divorce and a related manual are available from Inge Bretherton and Tim Page.

Helpful suggestions during the development of this manual were provided by Deborah Vandell. For copies of, queries about, and suggestions for improvement of this manual and related matters, including versions of the ASCT, write to Inge Bretherton, Waisman Center, 1500 Highland Ave., University of Wisconsin-Madison, Madison, WI 53706, or e-mail IBRETHERTON@WISC.EDU. The development of the ASCT and of this manual was supported by the MacArthur Foundation Research Network on Early Childhood Transitions and by a grant from NIH to Inge Bretherton.

CODING SYSTEM

Agent and Recipient Codes:

Use these codes to mark the presence of a story theme on the coding form. If the thematic event is one that involves interaction between two figures (eg. affection, punishment), then choose a code for both the agent and the recipient of the interaction and place a hyphen between the codes on the coding form. If the event is non-interactive (ie. competence), then choose a code for the agent only.

Character	Code	Character	Code
Protagonist	P	Peer	K1
Mother	M	Other Children	K2, K3, K4...
Father	D	Unspecified	u
Grandmother	GM	Child (subject)	C
Sibling	S	Props	props

Example: Hurt knee- Mother gives the younger child (sibling) a Band-Aid.
How to code: Place "M-S" in the box beside the relevant code.

Use the "C" code if the agent of the theme is the Child him or herself (ie. the subject).

Use the unspecified "u" code if the child does not specify who is the agent or the recipient of the action.

CONTENT CODES

List the relevant codes in sequence on the coding sheet. Next to each code, list the agent-recipient and a brief description of the coded event. The sequence of codes will provide an overview of the child's completion of each particular story.

Prosocial Content Codes:

Nurturance/Empathy- This code is used when a figure shows concern for the well-being of another figure by comforting or responding to distress in a nurturant or empathetic way. Included in this code are hugs and kisses given for comfort.
Examples: Spilled juice: someone spilled the juice) cleans up the juice, picks up glass, or gets child more juice. Hurt knee- Someone (other than the hurt child) carries the child away/takes the child to the Dr./ gives the child a Band-Aid/kisses hurt knee.

Comfort Seeking- This code is used if a child seeks a parent or parents for comfort within a context where parental comfort/nurturance would be expected (eg. When the child is in pain). The child figure must be physically moved close to a parent or the Child must explicitly say that one of the child figures goes to a parent in order for this code to be given.
Examples: Hurt knee- lays two girls down near parents after they've fallen off rock. Reunion- girl goes to parents as parents return from their trip.

Affection- This code is used for affection expressed verbally or physically, such as declaration of love, expression of happiness to see

someone, or hugs and kisses. The Child need not explicitly state that the figures are hugging or kissing if the meaning implied in bringing them together is clear. This code applies to hugs and kisses that are part of joyful reunion episodes, even though such behavior could also be interpreted as nurturing if initiated by the parents or as proximity seeking if initiated by a child.
Examples: Reunion- Parents are taken out of car and go to children to give them a kiss.

Companionship- This code is used for prosocial interactions that are represented by the joining of two or more figures in some activity that has not already been coded as either nurturing, affection or comfort seeking. The code is for prosocial interactions that do not involve nurturance or affection. It is distinguished from a nurturing activity primarily by the emotional or physical need of the child. For nurturing, the parent's behavior is responding to a child's need. This code is meant to capture the child's representations of prosocial interactions with others.
Examples: Hurt knee- two or more figures climb the rock together. Reunion- figures take a trip together.

Placement Together- This code is used when two or more figures are placed together but the reason is not specified or is not evident from the context and the context is not negative.
Example: Hurt Knee- two child figures stand next to each other after the parent has comforted the sibling.

Competence- This code is used when a figure has displayed mastery or skill in a difficult task.
Examples: Spilled juice- child drinks juice after spilled juice is either wiped up or refilled. Hurt knee- child climbs the rock without falling.
Note: in the original code this was applied to only child figures. In the current dissertation was applied to any character.

Self-Reliance- This code is used when child displays independent and autonomous behavior by taking own initiative in solving problem.
Examples: spilled juice- child refills own juice or cleans up spilled juice. Hurt knee- child attends to hurt knee without help from others.

Separation Anxiety- This code is for behaviors that suggest anxiety over parent(s) leaving or being gone (ie. not wanting parents to leave, or wanting parents to return once they have gone).
Examples: (when the parents are leaving:) The child tries to put the siblings in the car with the parents (as if to accompany them on the trip); (when the parents are gone:) one of the children looks for parents and says, "Where went the Daddy?"; (while the parents are gone:) the child says about the children: "they're crying. The girls are crying."

Calm Response to Separation- This code is used when there is a marked absence of anxiety during the separation episodes. This theme is most commonly seen in the separation/reunion story when parents go on a trip.
Examples: child puts both parents in the car without children, without hesitation, and without any prompting from interviewer (the child does not need to drive car away).

Positive Affective Response- This code is given if the child displays a positive response to parents return from their trip in the Reunion story. The behavior may be as subtle as a faint smile or as clear as

the exclamation, "They're back!" This code is also given if the child simply states that the children are happy the parents are back.

Negative Content Codes:
Rejection- This code should be given when a child makes a bid for help or attention within a nurturant or empathetic context and is actively rebuffed.
Examples: child goes to parent for comfort or help and the parent says, "Go to bed." Note that this code is only given if parent clearly makes no attempt to calm, comfort, or reassure the child.

Direct Physical Aggression- An event is coded under this category if an aggressive action is clearly directed at a particular character. This category refers to physical aggression that is expressed (by the child) through either actions or words. This category does not include events such as spanking, that occur as a consequence of wrongdoing. Such actions would be assigned one of the punishment codes. Nor does this category include aggressive events that involve a majority of the figures in the story, as these are included under general aggression. In Direct Physical Aggression, the figures are physically aggressive toward one another.
Examples: Hurt Knee story- the Protagonist knocks his brother and says, "Kick him like this."
Note that the aggression code is not used when someone hits or kicks the rock. This is considered a nurturant/empathetic response if performed by the parent.

General Aggression- This code includes physical aggression directed by the child indiscriminately toward the figures and/or props. However, this code does not include bizarre occurrences such as everyone dying in a car crash (these would be coded as "Bizarre Negative").
Examples: child hits the figure(s); child drops the figure(s) onto the table.

Verbal Aggression- This category includes any name calling or rejecting phrases or being verbally "mean". Commenting that a child figure is naughty or admonishing a child for wrongdoing would not be included in this category but would instead be coded as "verbal reprimands".

Anger- This code is used when anger is expressed, either verbally or physically. Although it may be argued that anger is inherent in events which involve aggression and occasionally punishment, the "anger" code should only be used if a statement of anger or act representing anger is clearly made verbally or behaviorally (eg. The figure stomps).
Examples: "I'm mad"; "The daddy is mad".

Abandonment- This code is used if a figure is excluded or left out of an all inclusive family activity such as a trip.
Examples: Reunion- all family members go on a trip except the sibling.

Discipline and Punishment Codes:
The following themes refer to situations in which one figure is admonished or punished as a result of wrongdoing. The association of wrongdoing and punishment may be merely implied, but if there is clearly no punitive component to the event (ie. Parent hits child in the absence of any wrongdoing) then an aggression theme should be chosen instead of a punishment theme. Do not use this code is there is nothing more than a suggestion of parental intervention (a parent walks over to a child).

Nonphysical Punishment- This code is for time-outs, a child being sent to his or her room, assigned a task, or deprived of toys or privileges.
Examples: Spilled juice- mom said daughter needs a time-out.

Verbal Reprimands and Commands- This code is for scolding and admonishments in the context of wrongdoing and for commands to engage in a desired behavior (such as going to bed). Verbal abuse (ie. being mean or insulting) in the absence of wrongdoing should be coded as "verbal aggression".
Example: Spilled juice- a child is told that s/he is naughty, or a parents says to a child, "Don't do that again!"

Spanking- Note that there must be verbal confirmation that action represents spanking in order to distinguish it from direct physical aggression.
Example: Spilled juice- Child says, "Jane gets a spanking" (in this case there should be a query from the interviewer as to who did the spanking).

Compliance- This code is for instances when the child follows a parental request or command.
Example: Spilled juice- after the mother asks the child to clean up the juice, the child does so.

Disobedience- This is for instances where a child is clearly breaking a "rule" such as deliberately making a mess or disobeying an order. This could be a rule implied by the story or simply an expected rule.
Example: Spilled juice- a child deliberately dumps out a juice.

ATYPICAL CODES

Bizarre Negative Event- These events carry a severe negative tone and may or may not be connected in some way to the original story stem. They usually involve injury or death. This code takes precedence over the "disjointed event" code.
Examples: Reunion- Car crashes and everyone dies.

STORY-TELLING PROCESS

Disjointed Event- This may be one or more unconnected actions that are fragmented, inconsistent, repetitive, difficult to follow, or make little sense within the context of the original story.
Example: Spilled juice- the Child says, "He takes the table away and puts the glass right there instead" and takes the table away and puts the glass down. Then the Child says, "And they broke the glass too".

Avoidance- Avoidance of the story conflict may be indicated by the following CHILD behaviors:
1) responding "I don't know" or "Nothing", shrugging shoulders or looking away when asked "Show me and tell me what happens next" or when prompted: "What do they do about..."
2) denying the problem by stating that it did not occur (ie. "She didn't hurt her knee")
3) physically walking away from the table or hiding under the table before story conflict has been resolved
4) asking the interviewer what happens or asking for another story before the current story has been resolved
5) bringing up a completely irrelevant or unrelated topic, such as talking about the figure's clothes.

STORY-TELLING TASK CODE SHEET

Story	Code	Description

MacArthur Story Coding Sheet
*Participant Number*_____

Appendix E

Modifications of the Coding Manual for the Attachment Story Completion Task

A change in instructions for coding: coding was done for frequency, not for presence or absence of event.

CHANGES IN ORIGINAL CODES

Nurturance/Empathy: this code is extended to M or D hitting or fighting the rock in the Hurt Knee story.

Affection: affection is extended to figures holding hands if the act seems to be affectionate in nature. It also includes two figures being joined together as though they were hugging or kissing if the act seems to make sense within the context of the story.

General Physical Aggression: the child [subject] is physically aggressive toward any or all of the figures or the props (e.g. the doll table, dishes, rock, etc.). See Code for examples.

Direct Physical Aggression: the child enacts dolls (or props) being aggressive toward one another. The exception to this is when the child simply holds a doll or prop and uses it to bang into other dolls or knock other props over, and the intent does not appear to be aggression directed from one figure or prop to another. The latter case would be coded as General Physical Aggression.

Calm Response to Separation: in the separation story, the child puts M and D in the car and drives them off alone, with no other figures in the car, and with no help from the experimenter. This code is used even if the child at first exhibits signs of separation anxiety and needs prompting from the experimenter to put M and D in the car and drive car away (in these cases, the child is assigned the appropriate number of "separation anxiety" codes as well as a "calm response to separation" code).

Uncodeable: this code is assigned by theme, not by story. It is used when something happens that is either unclear or undecipherable, but that may be significant in the story.

NEW CODES:

Solicit Comfort/Help: P seeks help from parent(s) or attempts to gain proximity with parent, not by going over to parent(s) (this would be "comfort seeking") but instead by trying to get parent(s) to come to him/her.

Remorse: any character who says, "I'm sorry" or shows some other sign of regret or remorse after engaging in undesirable behavior.

Ineffectual Parent: parent is depicted as unable to help in a crisis. May include parent being afraid, ill, or otherwise unable to act as a nurturing or protective figure. May also include parent as ineffective in controlling child when child misbehaves.

Appendix F

PEER CONFLICT STORY CODE

The following describes how to code themes that emerge in the Peer Conflict Story, when the code is not adequate:

Competence- This code is used when the Protagonist attempts to share the toy, even if it is unsuccessful, or if the other child (K1) returns the toy to the Protagonist, upon his/her request.

Self-Reliance- This code is used when the Protagonist attempts to take the toy back. Such behaviors may include grabbing, or saying "That's mine, give it back."

Nurturance/Empathy- Another character gets the toy back from the other child (K1) for the Protagonist.

Appendix G

Codes that Comprise the Mental Representations Clusters

(Note: Refer to the Golby, Bretherton, Winn & Page (1995) Code in Appendix H and Modifications to the code in Appendix I for further details and coding criteria)

Avoidance: sum of the frequencies of Avoidant and Disjointed responses

Nurturant: sum of the frequencies of Nurturance/Empathy, Comfort Seeking, Affection, Companionship, Placement Together, Positive Affective Response, and Solicit Comfort codes

Agency: sum of the frequencies of Competence and Self-Reliance codes

Aggressive: sum of the frequencies of Specific/Direct Aggression, General Aggression, Verbal Aggression, Anger, Nonphsycial Punishment, Verbal Reprimands and Commands, Spanking, Disobedience, and Bizarre Negative Events codes

Unavailable: sum of the frequencies of Separation Anxiety, Rejection, Abandonment, and Ineffectual Parent codes, minus the frequency of Calm Response to Separation code

Appendix H

Consent Form

THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF PSYCHOLOGY

THE CITY UNIVERSITY CHILD CENTER FOR PRESCHOOLERS

Clinical Director	Clinical Co-Director	Psychological Center
Anni Bergman, Ph.D.	June Mayes, Psy.D.	City College
		Convent Avenue at
		138 Street
Educational Director & Head Teacher		N.Y., N.Y. 10031
Maura Donnelly, M.S.		(212) 650-6602

The Child Center has my permission to videotape my child. I understand that these tapes will be used for professional purposes only.

_____
Parent or Guardian

_____
Date

Appendix I

Defining Play Episodes (Adapted from McCune-Nicolich, 1980)

A *play episode* is:
1) a single object contact
OR
2) continuous involvement with a group of objects that form a "theme" for the child
OR
3) continuous role play
An episode is a "unit" of play that forms a whole. Watch the play evolve before deciding where the episode begins and ends, to be sure that you are not dividing up a play sequence. For example, a child lays out blocks one by one. After arranging and re-arranging the blocks, the child reaches for and places a doll on the blocks and says "Night, night". This is a whole unit and would be coded at its highest level; it would not be divided into a score for the blocks arrangement and then a score for the doll. Rather, it would be one episode with one score.

An episode **BEGINS** when (record time):
1) the child picks up an object and begins to
a) play from level 2 and higher
OR
b) enact a role
OR
2) the child states an intention to pretend play or enact a role and then begins to play
OR
3) the child's level of play with the same object shifts from a pretense level (from levels 8-21) to levels 1-7 for more than 10 seconds. In other words, if a child is playing at level 8 or greater, and then within the same play (with the same object) shifts to lower level play (levels 1-7), code this as a new episode **IF** this lower level play lasts more than 10 seconds (eg. 11 seconds on). If the shift to lower level play lasts for 10 seconds or less, DO **NOT** code this as a new episode. If the child's play shifts from a higher level to a lower level (for more than 10 seconds), and then the child resumes higher level play, there would be three episodes coded (initial higher level, lower level lasting longer than 10 seconds, and higher level).

An episode **CONTINUES** when
1) the original object remains in the child's hand
OR
2) play with the object is elaborated with other objects, that is, the child may add additional objects without terminating the episode
OR
3) play is elaborated with pretense (the highest level of play is coded)
OR

4) the child continues to be involved with a group of objects with a theme related to the original object (if the theme is continued but the objects change, it remains the same episode)

An episode **ENDS** when (record time):
1) the child drops the object (lost hand contact with object or with the objects that together form a theme)
OR
2) the child picks up and plays with a different set of objects **NOT** linked to the previous play sequence. If the child still has the original object in hand and picks up unrelated objects and plays with these new objects for more than 10 seconds, code two separate episodes (the original object= 1st episode, and then the new set of objects=2nd episode). Even if the child later resumes playing with the original object, if the play with the new set of object lasts more than 10 seconds, they are still different episodes. If the play with the new set of object lasts 10 seconds or less, do **NOT** count this as a new episode.
OR
3) the child returns to lower level play (1-7) for more than 10 seconds. An episode ends when the child shifts **to** play coded as levels 1-7 **from** play at levels 8-21, for more than 10 seconds (even if play at that higher level is resumed after 11 seconds). Be wary of the child demonstrating a physical search bridge or narrative bridge (this would not end the episode).
OR
4) the child is not visually involved with the object for more than 10 seconds (his/her eyes have shifted away or to a new object,) even if the child is still holding the original object). If attention has clearly shifted away for more than 10 seconds, the episode is terminated. If attention shifts for 10 seconds or less, the episode is not terminated.

An episode is **UNCODEABLE** when
1) there are problems with the camera (eg. it fades to black)
2) the child is out of view
3) the child's play is out of view
***Record on the coding sheet the beginning time and end time of an uncodeable portion of the session and write "**UNC**".

Note: If the sound disappears you may still be able to code the episode if it is clear that the child is not speaking (watch child's mouth carefully).

Note: If the child is not clearly in sight, you may have "clues" from the child's talking or the therapist's talking and you may discern what the child is doing, therefore you may still be able to code the episode. This is most clear when the child has been playing and continues but falls out of clear view; and you have help from the child/therapist speech. However, be conservative and do not infer if you do not have such "clues".

An episode would be coded as Play Preparation (**PREP**):

PREP: would be defined as activity with objects that would not constitute any codeable play (It would not be levels 2-21) but it is clearly activity that is setting up a play episode. For example, taking toys out of bins to set up a pretend sequence; pouring blocks out of a bin to build a house; pushing toys out of the way to make room for a tea party.
Sometimes, such activity will be codeable. For example, the child is pouring water into a bottle to prepare to bathe the doll and the child begins to pour the water in and out of the bottle several times, as though, this has become the focus of the play for a short time; This would be coded as 3 Functional.
Code as PREP:
1) if the play prep time is not "sandwiched" between two acts AND if it lasts more than 10 seconds (eg. 11 seconds or more). Begin timing PREP at the point at which the child lost contact with the original object (either visually or physically). If the preparation for the next play (which is linked to the first play so it would not be a new episode) lasts 10 seconds or less, include the prep time as part of the play episode and do not code PREP separately.
OR
2) if the child demonstrates one pretend act, then searches through toys or prepares for the next pretend act and then performs a second pretend act, code as PREP if the search or preparation lasts longer than 20 seconds. If the search or preparation, in between two pretend acts lasts 20 seconds or less (and more than 10) it would be coded as Play Level #13 or #14 as a bridge.

Appendix J

Coding Manual: Level of Symbolic Play
Modification of Belsky & Most (1981)

NOTE: Level of play refers to play with objects (toys or objects used in play). Objects must be used in the play to obtain a score on this code.

Level of Role play/enactment refers to play that may or may not include objects. It must be clear (according to the criteria of each code level) that there is a definable role enactment or role play. Imaginative statements would not constitute an enactment; it must be more elaborated.

Level of Play (Play with Objects)

Code the highest level of play with objects observed in each play episode. Refer to "Coding Play Episodes".
Reminder: Account for decreases in play levels, from pretend play to non-pretend play (levels 1 through 7) lasting more than 10 seconds. Also code the following, recording the beginning and ending time of the segment:

Uncodeable (UNC): problems with the camera; child is out of view; child's play is out of view. Code the beginning and end of this time period. SEE "Coding Play Episodes" for further details.

Play Preparation (PREP): if child's preparation for play exceeds 10 seconds OR if the preparation is between two pretend acts and exceeds 20 seconds, indicate PREP. Code the beginning and end of this time period. PREP is activity with object(s) that can not be coded according to the level of play code (2-21) and would include activity such as moving toys out of the way to prepare for play, taking toys out of boxes to set up play episode, etc. Sometimes, what appears to be preparation may be codeable and should be. SEE "Coding Play Episodes" for further details.

Clean-Up (CLEAN): if child is cleaning-up materials at end of session and is not explicitly playing with materials/objects; for example, puts dolls in doll house or tosses toys into bins. Code the beginning and end of this time period.
SEE "Coding Play Episodes" for further details.

1. **No play:** If a higher category of play with objects cannot be coded, code no play. The child is not engaged in visually guided exploration. This category would not be explicitly coded, unless the child receives a score for role play and does not evidence play with objects.

Note that 2-6 involve the child exploring the "physical properties" of the object or the appropriate use intended by the manufacturer; there is no evidence of pretending.

2. **Simple Manipulation:** Visually guided manipulation of object(s) ("handling" of the object) that can't be coded in any other category.

Examples: touching and looking at object; showing object to therapist; turning over object; does not include indiscriminate banging and/or shaking.

3. **Functional:** Visually guided manipulation ("handling") of object(s) that is appropriate for that object and involves the intentional extraction of some unique piece of information from that object. Involves "conventional use" of the object. *Examples:* opening and closing doctor bag; rolling car on the floor (without car noises); opening and closing doll's eyes; squeezing the blood pressure pump (without playing doctor); spinning wheels on a car; turning dial on phone (without pretending); squeezing water out of a bottle.

4. **Juxtaposed:** Bringing together and integrating two or more materials in an *inappropriate* manner, in a manner not intended by the manufacturer.

Examples: placing horse on car; laying bristle block on doll; putting toys that do not belong in the doctor kit in the bag. This would not apply to toys that are designed for building, stacking, etc. (eg. cards; Connect-Four, leggos, etc.)

5. **Grouping:** Bringing together and integrating two or more like materials.

Examples: Putting together two or more cars; putting together two or more horses. This would not apply to toys that are designed for grouping or matching, like card games (unless child is putting cards together indiscriminately).

6. **Functional Relational:** Bringing together and integrating two objects in an *appropriate* manner, that is, in a manner intended by the manufacturer.

Examples: Putting bristle blocks (or Leggos) together; putting clothes on the dolls (without any evidence of pretending); taking clothes off doll (without pretense); putting appropriate toys in the doctor kit; putting cup on a saucer; putting peg in the hole of pegboard; playing with playdough appropriately; placing objects in playdough; playing with ball and bat; throwing ball into net; putting checkers into Connect-Four.

Note that #7 involves an "Approximation" of Pretend Play.

7. Enactive Naming: Approximating pretense activity but without confirming evidence of actual pretense behavior. Any activities which are not supported by physical and/or verbal cues by the child which illustrate the child's intention to pretend, will be coded enactive naming. Enactive naming has an automatic quality or an unelaborated quality, that does not reflect concentration or deeper involvement.
Note: If the therapist initiates the pretending, and the child is concentrating on the activities, but not physically helping or verbally commenting on it, it will be scored as enactive naming. If the child is not concentrating at all, the activity the therapist is doing is not scored.

Examples: Touching cup to lips without making drinking sounds or without tilting head, or without tipping cup. Putting blood pressure gauge on therapist's arm (or on self) quickly, without concentrating or commenting on it. Putting the bottle in the doll's mouth without commenting or without tilting or making drinking sounds or without caressing doll (eg. just touching bottle to doll's mouth). Putting brush to doll's hair without brushing motions. Raising phone to proximity of the ear, without talking sounds or motions. Placing towel on doll without washing, bathing cleaning) motions (eg. just touching doll with towel, or placing towel on doll without motions or elaborations and without commenting on it or announcing pretense).

Levels of pretend play.

Verbal cues added or level of concentration and involvement in play is apparent. Play is more elaborated, more detailed.

8. Pretend Self: Involves only one act and appropriate use of object(s). Pretense behavior directed to self in which pretense is apparent. Pretense is apparent when the child adds verbal cues to support the pretense, or, the child must demonstrate some intent to pretend by a high level of concentration on or involvement in the activity. Child's verbalizations do not need to be articulate and clear in order to be codeable for pretend self.
Note: If the therapist initiates the activity (as with the doctor kit) the child must aid in the activity either physically or verbally.

Examples: Putting Band-Aid on pretend cut on self; feeding self with a spoon (with pretend eating sounds, or pretend chewing or some eating motion); drinking from a cup (with pretend drinking noises, or with tilting cup, or with tilting head back); with the doctor kit, if the child does not say anything but is clearly concentrating on the activity, and there is a clear intention to pretend, it will be scored as pretend play; raising phone to own

ear and vocalizing into it or pretending to talk into phone or nodding as if listening.

9. Pretend External: Pretend play directed toward another (person or object) and it is only one act and involves an appropriate use of object(s). Pretense is apparent when the child adds verbal cues to support the pretense, or, the child must demonstrate some intent to pretend by a high level of concentration on or involvement in the activity. Child's verbalizations do not need to be articulate and clear in order to be codeable for pretend self.
Note: If the therapist initiates the activity (as with the doctor kit) the child must aid in the activity either physically or verbally.

Examples: Feeding doll, or hugging doll, or kissing doll, or caressing doll; driving car with motor noises; concentrating on the doctor kit activity; bathing doll (involved activity, bathing motions or may attend to different parts of doll's body); making doll figures walk; making doll figure pretend to eat; making toy dog bark ("Woof").

10. Substitution Self: One act of giving a "meaningless" object meaning in the context of pretend self (See #8). Creative use of object in a different use than already demonstrated by child before or different than intended use by manufacturer. Involves a "transformation" of an object; the transformation must be clear as to what the object "has become" or is being used as.

Examples: Eating a bristle block; stirring "a drink" or "food" with a stick; drinking from a shell; using a hairbrush to brush own teeth after using it to brush hair.

11. Substitution External: One act of giving a "meaningless" object meaning in the context of pretend external (directed to the therapist or to an object) [See #9].

Examples: Feeding doll (or therapist) with a bristle block; pushing a block on the floor with motor noises; feeding doll with a stick (as if it's a bottle); brushing the therapist's hair with leggo (as if it's a hairbrush); pretending to cook food from playdough (eg. toast; burger; etc.)

12. Sequence No Story: Repeating a single pretend act with a minor variation. There is no story line involved nor is there any object substitution. A theme is continued but is not as elaborated and differentiated as two pretend acts. The act (and its repetition) must be pretend (see criteria for pretend self and pretend external).

Examples: Feeding self with a spoon and feeding doll with a spoon; pouring tea for self and then pouring tea for therapist; pouring pretend liquid into a cup and then pouring into bowl;

undressing doll for bath and then undressing teddy bear for bath (but not giving each a bath); putting doll to sleep and putting self to sleep.

The following represent more than one pretend act.

13. Pretend acts linked by a physical search bridge: Two different pretend acts are performed. Similar to sequence story, however, the length of time linking the two acts is longer than 10 seconds, but not more than 20 seconds, during which time the child is searching through related toys for an object for the next pretend act. The two pretend acts are different, and the search must be through related toys. Or, the physical search bridge involves preparing or setting up for the next pretend act (but the preparation for the play lasts no more than 20 seconds before the second act is performed). There is no object substitution.

Examples: Using stethoscope to check therapist's heartbeat, then searching through doctor kit for another doctor tool, then giving therapist a shot. Undressing the doll after announcing doll will be given a bath, then going to sink and filling up basin with water, then giving the doll a bath.

14. Pretend acts linked by a narrative bridge: Two different pretend acts are performed. Similar to sequence story, however, the length of time linking the two acts is longer than 10 seconds, but not more than 20 seconds, during which time the child is speaking about the pretend acts the child is performing. The two pretend acts are different, and the narrative must reflect the theme of the pretend acts. There is no object substitution.

Examples: Using stethoscope to check therapist's heartbeat, discussing that now the therapist was going to get a shot, then giving the therapist a shot. Preparing the doll to go to sleep, discussing that the doll is ready to go to sleep and likes when she sings a lullaby, then singing a lullaby to the doll.

15. Sequence Story: Linking two different pretend acts. There is no object substitution involved. It can be directed to the self and or to the other (therapist or object). The two acts must be pretend and not linked by a search or a narrative bridge. The two acts represent a story or theme.

Examples: Stirring in cup and then drinking; pouring pretend liquid in cup and then drinking; dialing phone and then vocalizing into the receiver; stirring in bowl and then feeding doll; bathing doll and then feeding doll; bathing doll and then dressing doll.

16. Pretend acts (with one substitution) linked by a physical search: Two different pretend acts are performed, one with an

object substitution. Similar to a sequence substitution, however, the length of the time linking the two acts is longer than 10 seconds, but not more than 20 seconds, during which time the child is searching through related toys for an object for the next pretend act. The two pretend acts are different, there is a single object substitution, and the search must be through related toys. Or, the physical search bridge involves preparing or setting up for the next pretend act (but the preparation for the play lasts no more than 20 seconds before the second act is performed).

Examples: Using a stethoscope to check therapist's heartbeat, then searching through the doctor kit for another doctor toy (for at least 10 seconds but not more than 20), then giving the therapist a shot with a block. Using a hat to cook food (as if it's a bowl), then searching through the bookcase for another toy (for at least 10 seconds, but not more than 20), then pouring the food onto a plate and pretending to eat.

17. Pretend acts (with a substitution) linked by a narrative bridge: Two different pretend acts are performed. Similar to a sequence substitution, however, the length of the time linking the two acts is longer than 10 seconds, but not longer than 20 seconds, during which time the child is speaking about the pretend acts he or she is performing. The two pretend acts are different, there is a single object substitution, and the narrative must reflect the theme of the pretend acts.

Examples: Using the stethoscope to check the therapist's heartbeat, then discussing that now the therapist was going to get a shot, then giving the therapist a shot with a block. Stirring in a bowl with a stick, then discussing how she or he is cooking oatmeal, then feeding the doll.

18. Sequence Substitution: Incorporating a substitution into a sequence story. There are two different pretend acts linked with one object substitution.

Examples: Pour into a block and then drink. Stir with a block and then drink out of a cup. Dial the phone, then vocalize into a stick (as the receiver). Stir in a bowl with a stick, the feed the doll. Put the doll in the cradle, cover with a piece of felt (as the blanket).

The following represent at least two object substitutions and more than one pretend act.

19. Pretend acts (with two substitutions) linked by a physical search bridge: Similar to a double substitution, however, the length of time linking the two acts is longer than 10 seconds, but, not longer than 20 seconds, during which time the child is searching through related toys for an object for the next pretend act. The two pretend acts are different, there are 2 object

substitutions, and the search must be through related toys. Or, the physical search bridge involves preparing or setting up for the next pretend act (but the preparation for the play lasts no more than 20 seconds before the second act is performed). There are 2 object substitutions.

Examples: Using a block as "stethoscope" to check therapist's heartbeat, then searching through doctor kit for another doctor instrument, then giving the therapist a shot with a block.

20. Pretend acts (with two substitutions) linked by a narrative bridge: Similar to a double substitution, however, the length of the time linking the two acts is longer than 10 seconds, but not longer than 20 seconds, during which time the child is speaking about the pretend acts that she or he is performing. The two pretend acts are different, there are two object substitutions, and the narrative must reflect the theme of the pretend acts.

Examples: Using a block as a stethoscope to check the therapist's heartbeat, discussing that now the therapist was going to get a shot, then giving the therapist a shot with a block.

21. Double Substitution: Incorporating two distinct substitutions into a sequence story. Two different pretend acts, with two substitutions that form a theme or story line.

Examples: Stirring in a block and then feeding a doll with another block. Treating a peg as a doll and then covering it with a piece of felt (as blanket). Stirring with a stick in a shell and eating.

Appendix K

Level of Role Play/Enactment

Code the highest level of role enactment or role play observed in each play episode. Role play requires the child to clearly state s/he is assuming another's role, while role enactment does not require such an explicit articulation. The child's play must meet the following criteria. If the child is involved in play (such as bathing the doll) but it does not meet the criteria of the code, the play should be coded 1. Refer to "Coding Play Episodes".
NOTE: The child's language may be unclear (poorly articulated or poorly expressed). You may determine that the child is involved in role play or enactment even if the child's words are difficult to discern. Pay close attention to the pitch and changes in tone of the child's dialogue for clues about whether or not the child is speaking or acting another's role.

1. **No role enactment/role play:** if the child does not act as another or assume another person's role, code no role enactment/role play.

2. **Solitary Role Enactment:** the child acts as another (ex. mother, doctor, teacher) but without stating directly that s/he is assuming another role. The child plays alone for this activity, the therapist is not involved. If a toy is used, it is not animated by the child (eg. the child does not speak, cry, motion, for the toy). If a doll is used, the child must either a) perform two acts in sequence to the doll OR b) perform at least one act to the doll AND talk to the doll (thus demonstrating that s/he is playing out some relationship to the doll) OR c) the child must perform one act to the doll AND say what the doll wants or something about the doll's experience from the doll's perspective without acting as though s/he is speaking the doll's voice.

Examples: the child may caress the doll and put her to sleep, but not state that the doll is his/her baby or that s/he is the mother. The child may act like a doctor on the doll, without stating that the doll is his/her patient or that s/he is the doctor. The child bathes the doll and talks to the doll ("I'm gonna wash your hair now, okay?"). The child changes the doll's diaper and says "She feels very tired". The child points to the doll and says, "She wants a bath" and then bathes doll. Child puts doll to bed and says, "He feels very tired".

3. **Solitary Role Play** This level is distinguished from solitary role enactment in that the child verbally states that s/he is assuming another's role. The child may do so by stating what role s/he is assuming "I am the mommy/daddy; I am the doctor; or by stating what role the toy has in relation to them "This is

my baby; This is my student; This is my patient". Again, the therapist is not involved in this play, and the toy is not animated by the child (see next levels, 4 & 5). For role play, the child does not need to do two activities with the doll or refer to the doll's perspective. If the child states the role s/he is playing and performs a single act, it is enough to constitute role play.
Note that these children may have difficulty expressly articulating with words. For instance, a child may tell a therapist to say "Bye Doctor" and may point to his/herself. This would be clear enough indication that the child indicates s/he is assuming another's role.

4. **Role Enactment with toy as active partner:** At this level of play, the child animates the doll or another toy, while acting the part of another. The child does not state directly the roles the toy or s/he is assuming. The key here is that the child animates the doll by speaking for the doll (making the doll talk or cry, for example), giving the toy a voice. The child may perform only one act but is s/he is animating the doll in this way, code at this level. However, the child must also demonstrate that s/he is acting the role of another in his/her actions toward the toy.

Examples: The child may caress or feed the baby doll AND speak or cry for the doll, without ever saying that the toy is his/her baby, or that s/he is the parent. The child may act like a doctor on the doll, and speak for the doll, without stating that the doll is the patient or that s/he is the doctor.

5. **Role Play with toy as active partner:** This level is distinguished from role enactment with toy as active partner in that the child verbally states that s/he is assuming another role. The child may do so by stating what role they are assuming "I am the mommy/daddy; I am the doctor" or by stating what role the toy is in relation to them "This is my baby; This is my patient". The child may have difficulty with the words and may express the roles by, for example, by "telling" the doll, "Don't be afraid of the doctor" (clearly referring to his/herself). The child must also animate the toy (eg. speak or cry for the doll) and the therapist is not involved.

6. **Social Role Enactment:** At this level of play, the child acts the part of another and is involved with the therapist. The child does not state directly the roles that the therapist or the child are assuming. The child may talk to the therapist in mother talk, and treat the therapist as if she were a baby or act like a doctor and treat the therapist as a patient, but without directly saying any of the roles involved. The child may also act like a baby and have the therapist act like a parent; or act like a student and have the therapist act like teacher. The therapist must also be assuming a role, in addition to the child.

7. **Social Role Play:** This level is distinguished from social role enactment in that the child verbally states that s/he is assuming another role. The child may do so by stating what role they are assuming "I am the mommy/daddy; I am the doctor; I am the teacher". or by stating what role the therapist is in relation to them "You be the teacher; You are my baby; You are the patient". The child may have difficulty with the words and may express the roles by, for example, telling the therapist to say Bye to the doctor, and point or wave to his/herself.

8. **Doll Play with Interacting Roles:** The child animates the dolls, without being involved in the action his/herself. The toys must interact in some way. They must act independent of the child, with activities of speech and action. In other words, the child is not narrating the play, but playing it out solely in the voices and/or actions of the dolls themselves.

Examples: The child animates the two dolls, having one act as the mother, dressing or feeding the other. The child animates the two dolls, having one be the doctor and the other the patient. The child acts out a family with the dolls, one putting the other to bed, or two fighting and having a dialogue (even if the language is unclear).

Appendix L

GUIDELINES FOR CODING PLAY ON CODE SHEET

Be sure to write identifying information (eg. child's name, date of session, coder name, page # of coding sheet)

1. Record entire time of **session** on the coding sheet. Timing begins when the child/therapist walk into the room or when the camera starts. Timing ends when the child/therapist walk out of the room or when the taping ends.

2. Record the episode number and corresponding information on the coding sheet.
Record the time the **episode** begins and the time the episode ends. (**You do not need to record the amount of time in seconds, but rather record the actual start and end time of the episode.)
There may be time that is not accounted for on the coding sheet (eg. time child is not in play). You do not need to record this (it will be implied).

3. Describe the play briefly. What is the child doing? What are the objects s/he is using? What are the shifts in play during any one episode? Be brief.

4. Record the play level number and name (1-21). Look very carefully at the code and at the videotape before making a final decision on the codes. (Rewind, rewind, rewind!! in order to discriminate episodes and levels). It is helpful to view a portion of the tape before doing the actual coding.

5. Record the role play level number and name (1-8). Apply same approach as in #4 above.

6. Write any comments you feel would be helpful. Anything you see that is interesting, deviant, or anything that you have questions about.

7. If a segment of the videotape is uncodeable, record the time this section begins and time that it ends and write "UNC" on the coding sheet. See "Coding Play Episodes" sheet.

8. Remember that often times, play is built upon play. Be careful not to divide up play that might be the foundation to higher level play and thus would form one episode. Utilize the 10 second rules to help make decisions.

9. Keep the coding manual, "Coding Play Episodes" sheet, as well as this sheet, in front of you while coding and refer to them "obsessively". Do not code by memory; always refer to the guidelines and manuals. Double-check your coding.

9. If you are really unclear about how to code something, indicate it in the comments section and we can code it by consensus.

10. Enjoy it! And let me know if there's anything you'd like to know more about it (readings, theory, technique, etc...)

LEVEL OF PLAY CODE SHEET

Child_____ Session Date_____ Coder_____

Length of Session_____ Page___ of ____

Episode #	Length in Seconds	Brief Description of Play Activity	Highest Level of Play (Label and #)	Role Play (Label and #)	Comments

Appendix M

Scores that Comprise the Clusters of the Belsky & Most (1981) Play Code:

(Note: Refer to the Code in Appendix C for further details and scoring criteria)

NonSymbolic Play: This cluster is comprised of play in Levels 2-7, Simple Manipulation, Functional, Juxtaposed, Grouping, Functional Relational, and Enactive Naming.

Symbolic Object Play, Level 1, Early Pretense: comprised of Levels 8-9, Pretend Self and Pretend External

Symbolic Object Play, Level 2, Object Substitution: comprised of Levels 10-12, Substitution Self, Substitution External, Sequence No Story

Symbolic Object Play, Level 3, Sequences: comprised of Levels 13-15, Pretend Acts Linked by a Physical Search Bridge, Pretend Acts Linked by a Narrative Bridge, and Sequence Story

Symbolic Object Play, Level 4, Sequence Substitution: comprised of Levels 16-18, Pretend Acts with One Substitution Linked by a Physical Search Bridge, Pretend Acts with One Substitution Linked by a Narrative Bridge, and Sequence Substitution

Symbolic Object Play, Level 5, Double Substitution: comprised of Levels 19-21, Pretend Acts with Two Substitutions Linked by a Physical Search Bridge, Pretend Acts with Two Substitutions Linked by a Narrative Bridge, and Double Substitution

Scores that Comprise the Clusters of the Role Play Code:

(Note: Refer to the Barnard College Toddler Center Code in Appendix D for further details and scoring criteria)

Role Play, Level 1, Solitary Role Play: comprised of Levels 2 and 3, Solitary Role Enactment and Solitary Role Play

Role Play, Level 2, Role Play with Toy as Active Partner: comprised of Levels 4 and 5, Role Enactment with Toy as Active Partner and Role Play with Toy as Active Partner

Role Play, Level 3, Social Role Play: comprised of Levels 6 and 7, Social Role Enactment and Social Role Play

Role Play, Level 4, Multiple Roles: comprised of Level 8, Doll Play with Interacting Roles

References

Ablon, S.L. (1993). Play: Time to Murder and Create. In A.J. Solnit, D.J. Cohen & P.B. Neubauer (Eds.), The Many Meanings of Play: A Psychoanalytic Perspective. New Haven: Yale University Press.

Ainsworth, M.D.S., Blehar, M.C., Waters, E. & Wall, S. (1978). Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, N.J.: Erlbaum.

Alexander, F. & French, T.M. (1946). Psychoanalytic Therapy. Lincoln: University of Nebraska Press.

Altman, N. (1992). Relational Perspectives on Child Psychoanalytic Psychotherapy. In N.J. Skolnick & S.C. Warshaw (Eds.), Relational Perspectives in Child Psychoanalysis. New Jersey: The Analytic Press.

Belsky, J., Garduque, L. & Hrncir, E. (1984). Assessing Performance, Competence and Executive Capacity for Infant Play: Relations to Home Environment and Security of Attachment. Developmental Psychology, 20, 406-417.

Belsky, J. & Most, R.K. (1981). From Exploration to Play: A Cross-Sectional Study of Infant Free Play Behavior. Developmental Psychology, 17(5), 630-639.

Bergman, A. (1992). Using Insights from Observational Research of Mothers and Babies in the Therapy of Pre-School Children: The City University Child Center. In D. Stern (Ed.), Models and Techniques of Psychotherapeutic Interventions in the First Years of Life.

Bergman, A. & Sackler Lefcourt, I. (1994). A Window into the Representational World of the Infant. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Blatt, S.J., Wiseman, H., Prince-Gibson, E. & Gatt, C. (1991). Object Representations and Change in Clinical Functioning. Psychotherapy, 28(2), 273-283.

Bow, J.N. (1993). Overcoming Resistance. In C.E. Schaefer (Ed.), The Therapeutic Powers of Play. Northvale, New Jersey: Jason Aronson.

Bowlby, J. (1973). Attachment and Loss, Vol. 2, Separation. New York: Basic Books.

Bowlby, J. (1980). Attachment and Loss, Vol. 3, Loss, Sadness and Depression. New York: Basic Books.

Bowlby, J. (1982). Loss. New York: Basic Books.

Bowlby, J. (1988). A Secure Base: Parent Child Attachment and Healthy Human Development. New York: Basic Books.

Brems, C. (1993). A Comprehensive Guide to Child Psychotherapy. Massachusetts: Allyn & Bacon.

Bretherton, I. (1984). Representing the Social World in Symbolic Play: Reality and Fantasy. In I. Bretherton, (Ed.), Symbolic Play. New York: Academic Press.

Bretherton, I. (1990). Communication Patterns, Internal Working Models and the Intergenerational Transmission of Attachment Relationships. Infant Mental Health Journal, 11(3), 237-252.

Bretherton, I., Bates, E., Benigni, L., Camaioni, L. & Volterra, V. (1979). Relationships Between Cognition, Communication and Quality of Attachment. In E. Bates (Ed.), The Emergence of Symbols: Cognition and Communication in Infancy. New York: Academic Press.

Bretherton, I., Prentiss, C., & Ridgeway, D. (1990). Family Relationships as Represented in a Story-Completion Task at Thirty-Seven and Fifty-Four Months of Age. New Directions for Child Development, 48, 85-105.

Bretherton, I., Ridgeway, D. & Cassidy, J. (1990). Assessing Internal Working Models of the Attachment Relationship: An Attachment Story Completion Task for Three Year Olds. In M. Greenberg, D. Cicchetti & M. Cummings (Eds.), Attachment in the Preschool Years. Chicago: University of Chicago Press.

Caspary, A.C. (1993). Aspects of the Therapeutic Action in Child Analytic Treatment. Psychoanalytic Psychology, 10(2), 207-220.

Cassidy, J. & Kobak, R. (1988). Avoidance and its Relation to Other Defensive Processes. In J. Belsky & T. Nezworski (Eds.), Clinical Implications of Attachment. New Jersey: Erlbaum.

Chethik, M. (1989). Techniques of Child Therapy: Psychodynamic Strategies. New York: The Guilford Press.

Coates, S.W. (1998). Having a Mind of One's Own and Holding the Other in Mind. Psychoanalytic Dialogues, 8(1), 115-148.

Cohen, D. (1987). The Development of Play. New York: New York University Press.

Cohen, P.M. & Cohen, M.C. (1993). Conceptual Worlds: Play and Theater in Child Psychoanalysis. In A.J. Solnit & P.B. Neubauer (Eds.), The Many Meanings of Play. New Haven: Yale University Press.

Cohen, P.M. & Solnit, A.J. (1993). Play and Therapeutic Action. The Psychoanalytic Study of the Child, 48, 49-63.

Diamond, D., Kaslow, N., Coonerty, S. & Blatt, S.J. (1990). Changes in Separation-Individuation and Intersubjectivity in Long-term Treatment. Psychoanalytic Psychology, 7(3), 363-397.

Drucker, J. (1994). Constructing Metaphors: The Role of Symbolization in the Treatment of Children. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Erickson, M.F., Sroufe, L.A. & Egeland, B. (1985). The Relationship Between Quality of Attachment and Behavior Problems in Preschool. In I. Bretherton & E. Waters (Eds.), Growing Points of Attachment Theory and Research, Monographs of SRCD, 147-166.

Faust, J. & Burns, W.J. (1991). Coding Therapist and Child Interaction: Progress and Outcome in Play Therapy. In C.E. Schaefer, K. Gitlin & A. Sandgrund (Eds.), Play, Diagnosis and Assessment. New York: Wiley & Sons.

Fenson, L. (1984). Developmental Trends for Action and Speech in Pretend Play. In I. Bretherton, (Ed.), Symbolic Play. New York: Academic Press.

Fonagy, P., Moran, G.S., Edgcumbe, R., Kennedy, H. & Target, M. (1993). The Roles of Mental Representations and Mental Processes in Therapeutic Action. The Psychoanalytic Study of the Child, 48, 9-48. New Haven: Yale University Press.

Fonagy, P. & Target, M. (1998). Mentalization and Changing Aims in Child Psychoanalysis. Psychoanalytic Dialogues, 8(1), 87-114.

Fonagy, P. & Target, M. (1996). Playing with Reality: I. Theory of Mind and the Normal Development of Psychic Reality. The International Journal of Psychoanalysis, 77(2), 217-233.

Frankel, J.B. (1998). The Play's the Thing: How the Essential Processes of Therapy are Seen More Clearly in Child Therapy. Psychoanalytic Dialogues, 8(1), 149-182.

Golby, B. Bretherton, I., Winn, L. & Page, T. (1995). Coding Manual for the Attachment Story Completion Task. Unpublished Manual. University of Wisconsin at Madison.

Greenberg, J. & Mitchell, S.A. (1983). Object Relations in Psychoanalytic Theory. Cambridge: Harvard University Press.

Gruen, R.J. & Blatt, S.J. (1990). Changes in Self and Object Representation During Long-term Dynamically Oriented Treatment. Psychoanalytic Psychology, 7(3), 399-422.

Harinck, F. (1986). Research on the Play Therapy Process. In R. van der Kooij & J. Hellendoorn (Eds.), Play Play Therapy Play Research. Berywn: Swets North America, Inc.

Howe, P.A. & Silvern, L.E. (1981). Behavioral Observation of Children During Play Therapy: Preliminary Development of a Research Instrument. Journal of Personality Assessment, 45(2), 168-182.

Kavanagh, G.G. (1985). Changes in Patients' Object Representations During Psychoanalysis and Psychoanalytic Psychotherapy. Bulletin of the Menninger Clinic, 49(6), 546-564.

Kazdin, A.E. (1991). Effectiveness of Psychotherapy with Children and Adolescents. Journal of Consulting and Clinical Psychology, 59(6), 785-798.

Lachmann, F. & Beebe, B. (1996). Three Principles of Salience in the Organization of the Patient-Analyst Interaction. Psychoanalytic Psychology, 13, 1-22.

Lieberman, A.F. & Pawl, J.H. (1988). Clinical Applications of Attachment Theory. In J. Belsky & T. Nezworksi (Eds.), Clinical Implications of Attachment. Hillsdale, N.J.: Erlbaum.

Lyons, L.S. & Sperling, M.B. (1997). Clinical Applications of Attachment Theory: Empirical and Theoretical Perspectives. In J. Masling & R. Bornstein (Eds.), Psychoanalytic Perspectives on Developmental Psychology. Washington, D.C.: American Psychological Association Press.

Mahler, M., Pine, F. & Bergman, A. (1975). The Psychological Birth of the Human Infant. New York: Basic Books.

Main, M., Kaplan, N. & Cassidy, J. (1985). Security in Infancy, Childhood and Adulthood: A Move to the Level of Representation. In I. Bretherton & E. Waters (Eds.), Growing Points of Attachment Theory and Research, Monographs of SRCD, 66-104.

Marans, S. (1989). Psychoanalytic Psychotherapy with Children: Current Research Trends and Challenges. Journal of the American Academy of Child and Adolescent Psychiatry, 28(5), 669-674.

Marans, S., Dahl, E.K., Marans, W. & Cohen, D.J. (1993). Aggressivity in Play: Discussions with Oedipal Children. In A.J. Solnit & P.B. Neubauer (Eds.), The Many Meanings of Play. New Haven: Yale University Press.

Matas, L., Arend, R.A., Sroufe, L.A. (1978). Continuity of Adaptation in the Second Year: The Relationship Between Quality of Attachment and Later Competence. Child Development, 49, 547-556.

McCune-Nicolich, L. (1977). Beyond Sensorimotor Intelligence: Assessment of Symbolic Maturity Through the Analysis of Pretend Play. Merrill-Palmer Quarterly, 23(2), 89-99.

McCune-Nicolich, L. (1980). A Manual for Analyzing Free Play. Unpublished Manuscript.

Meyer, J. & Tuber, S. (1989). Intrapsychic and Behavioral Correlates of the Phenomenon of Imaginary Companions in Young Children. Psychoanalytic Psychology, 6, 151-168

Miller, P. & Garvey, C. (1984). Mother-Baby Role: Its Origins in Social Support. In I. Bretherton, (Ed.), Symbolic Play. New York: Academic Press.

Mook, B. (1982). Analyses of Client Variables in a Series of Psychotherapy Sessions. Journal of Clinical Psychology, 38(2), 263-274.

Moustakas, C.E. & Schalock, H.D. (1955). An Analysis of Therapist-Child Interaction in Play Therapy. Child Development, 26(2), 43-157.

Mueller, E. & Tingley, E. (1990). The Bears' Picnic: Children's Representations of Themselves and Their Families. New Directions for Child Development, 48, 47-65.

Nezworksi, T., Tolan, W.J. & Belsky, J. (1988). Intervention in Insecure Attachment. In J. Belsky & T. Nezworksi (Eds.), Clinical Implications of Attachment. Hillsdale, N.J.: Erlbaum.

O'Connell, B. & Bretherton, I. (1984). Toddlers' Play, Alone and with Mother: The Role of Maternal Guidance. In I. Bretherton, (Ed.), Symbolic Play. New York: Academic Press.

Palmer Wolf, D., Rygh, J. & Altshuler, J. (1984). Actions and States in Play Narratives. In I. Bretherton, (Ed.), Symbolic Play. New York: Academic Press.

Pearce, J.W. & Pezzot-Pearce, T.D. (1994). Attachment Theory and its Implications for Psychotherapy with Maltreated Children. Child Abuse and Neglect, 18(5), 425-438.

Perry, L. & Landreth, G. (1991). Diagnostic Assessment of Children's Play Therapy Behavior. In C.E. Schaefer, K. Gitlin & A. Sandgrund (Eds.), Play, Diagnosis and Assessment. New York: Wiley & Sons.

Phillips, R.D. (1985). Whistling in the Dark? A Review of Play Therapy Research. Psychotherapy, 22(4), 752-760.

Piaget, J. (1962). Play, Dreams and Imitation in Childhood. New York: W.W. Norton & Co.

Pistole, M.C. (1989). Attachment: Implications for Counselors. Journal of Counseling and Development, 68, 190-193.

Price, A. (1994). Effects of Maternal Deprivation on the Capacity to Play: A Winnicottian Perspective on Work with Inner City Children. Psychoanalytic Psychology, 11(3), 341-355.

Ricks, M.H. (1985). The Social Transmission of Parental Behavior: Attachment Across Generations. In I. Bretherton & E. Waters (Eds.), Growing Points of Attachment Theory and Research, Monographs of SRCD, 66-104.

Russ, S.W. (1995). Play Psychotherapy Research: State of the Science. In T.H. Ollendick & R.J. Prinz (Eds.), Advances in Clinical Child Psychology, Vol. 17. New York: Plenum Press.

Russell, R.L. & van den Broeck, P. (1992). Changing Narrative Schemas in Psychotherapy. Psychotherapy, 29(3), 233-354.

Scarlett, W.G. (1994). Play, Cure and Development: A Developmental Perspective on the Psychoanalytic Treatment of Young Children. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Schaefer, C.E. (1993). The Therapeutic Powers of Play. Northvale, New Jersey: Jason Aronson.

Schmidtchen, S. (1986). Practice and Research in Play Therapy. In R. van der Kooij & J. Hellendoorn (Eds.), Play Play Therapy Play Research. Berywn: Swets North America, Inc.

Shirk, S.R. (1988). Cognitive Development and Child Psychotherapy. New York: Plenum Press.

Siegel, C.L.F. (1972). Changes in Play Therapy Behaviors Over Time as a Function of Differing Levels of Therapist-Offered Conditions. Journal of Clinical Psychology, 28(3), 235-236.

Siegler, A.L. (1994). The Boy with Two Kingdoms: Ontogeny of a Narrative. Psychoanalytic Psychology, 11(3), 309-328.

Slade, A. (1986). Symbolic Play and Separation-Individuation. Bulletin of the Menninger Clinic, 50(6), 541-563.

Slade, A. (1987). The Quality of Attachment and Early Symbolic Play. Developmental Psychology, 23, 78-85.

Slade, A. (1994). Making Meaning and Make Believe: Their Role in the Clinical Process. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Slade, A. (in press). Representation, Symbolization and Affect Regulation in the Concomitant Treatment of a Mother and Child: Attachment Theory and Child Psychotherapy. Psychoanalytic Inquiry: Special Issue (Attachment Theory and Research: Implications for Psychoanalysis).

Slade, A. & Aber, J.L. (1992). Attachments, Drives and Development: Conflicts and Convergences in Theory. In J. Barron, M. Eagle, & D. Wolitzky (Eds.), Interface of Psychoanalysis and Psychology. Washington, D.C.: American Psychological Association Press.

Smith-Acuna, S., Durlak, J.A. & Kaspar, C.J. (1991). Development of Child Psychotherapy Process Measures. Journal of Clinical Child Psychology, 20(2), 126-131.

Sperling, M.B. & Lyons, L.S. (1994). Representations of Attachment and Psychotherapeutic Change. In M.B. Sperling & W.H. Berman (Eds.), Attachment in Adults. New York: The Guilford Press.

Sroufe, L.A. & Waters, E. (1977). Attachment as an Organizational Construct. Child Development, 48, 1184-1199.

Stern, D.N. (1985). The Interpersonal World of the Infant. New York: Basic Books.

Tarullo, L.B. (1994). Windows on Social Words: Gender Differences in Children's Play Narratives. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Tuber, S. (1989a). Assessment of Children's Object Representations with the Rorschach. Bulletin of the Menninger Clinic, 53(5), 432-441.

Tuber, S. (1989b). Children's Rorschach Object Representations: Findings for a Non-Clinical Sample. Psychological Assessment, 1, 146-149.

Tuber, S. & Coates, S. (1989). Indices of Psychopathology in the Rorschach of Boys with Severe Gender Identity Disorder. A Comparison with Normal Control Subjects. Journal of Personality Assessment, 53, 100-112.

Waelder, R. (1933). The Psychoanalytic Theory of Play. Psychoanalytic Quarterly, 2, 208-224.

Watson, M.W. (1994). The Relation Between Anxiety and Pretend Play. In A. Slade & D. Palmer Wolf (Eds.), Children at Play: Clinical and Developmental Approaches to Meaning and Representation. Oxford: Oxford University Press.

Watson, M.W. & Getz, K. (1990). Developmental Shifts in Oedipal Behaviors Related to Family Role Understanding. New Directions for Child Development, 48, 29-45.

Weisz, J.R., Weiss, B. & Donenberg, G.R. (1992). The Lab Versus the Clinic: Effects of Child and Adolescent Psychotherapy. American Psychologist, 47(12), 1578-1585.

Winnicott, D.W. (1971). Playing and Reality. London: Routledge.

Wright, L., Truax, C.B. & Mitchell, K.M. (1972). Reliability of Process Rating of Psychotherapy with Children. Journal of Clinical Psychology, 28, 232-234.