

A new approach to child psychotherapy: Teddy bear therapy

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Suggested Citation:

Evram, G. (2018). A new approach to child psychotherapy: Teddy bear therapy. *Global Journal of Psychology Research: New Trends and Issues*. 8(4), 158–162.

Received from January 21, 2018; revised from July 22, 2018; accepted from October 18, 2018;

Selection and peer review under responsibility of Prof. Dr. Tulay Bozkurt, Istanbul Kultur University, Turkey.

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Abstract

Child psychotherapy involves a therapeutic relation with a child who has had an emotional or behavioural difficulty. Teddy bear has a therapeutic importance and can be perceived as a way to communicate with child. The purpose of this study is to give information about theoretical bases, definition, procedure, indications and importance of teddy bear therapy that is a new approach in the field of child psychotherapy. Teddy bear therapy is a combined or mutual storytelling process between the therapist and the child about a teddy bear encountering difficulties similar to those of the child. A real teddy bear is introduced to the child at the first session and will accompany the child to his/her home and to successive sessions. In the study, we targeted to encourage and increase the use of the teddy bear therapy approach by psychological counsellors, pedagogues, pediatricians and other professionals working in the field of mental health.

Keywords: Child psychotherapy, Gardner's mutual storytelling technique, play therapy, psychoanalytic play therapy, teddy bear, teddy bear therapy.

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1. Introduction

The early experiences in a child's life generally have a formative effect on the later development of the child. When these experiences are characterised by instability and trouble, then that can have a long-term harmful effect on the child (Lahey, 2015). Conversely, early intervention such as child psychotherapy can eliminate emotional and psychological difficulties and thus can help to prevent the emergence of relevant psychopathology in adulthood (Dodge, 2015).

Child psychotherapy involves a therapeutic relation with a child who has had an emotional or behavioural difficulty (Boyd, 2007). Compared with an adult, a child usually has limited verbal skills. For this reason, if a child encounters a problem, he/she may have difficulty in expressing that problem (Shirk, 1988). Consequently, the child may express the difficulty in a variety of ways, for example, through behavioural problems such as disobedience, bullying or enuresis and/or by exhibiting strong emotions such as anger, sadness or anxiety. In these cases, the child can be referred for psychotherapy (Kazdin, 2000), in such case the therapy requires that the child is not threatened and that various creative techniques are used to promote emotional or behavioural change (Shirk, 1988).

One of the new developments in child psychotherapy is an approach called teddy bear therapy. This is a combined or mutual storytelling process between the therapist and the child about a teddy bear encountering difficulties similar to those of the child. A real teddy bear is introduced to the child at the first session and will accompany the child to his/her home and to successive sessions. Throughout the storytelling process helps to make changes the player's and teddy's relationships in the family or in wider system in a therapeutic relationship characterised by understanding, unconditional acceptance and reality, thus to overcome the problem presented by the player (the child). Consequently, teddy bear therapy is a development of family systems therapy. For this reason, teddy bear therapy, which solves the child's problem, requires not only the child but also the child's relationship to the family or to the wider system be investigated (Vorster, 1995 as cited in Beyers, Phipps & Vorster, 2017).

2. Development of child psychotherapy

The development of child psychotherapy was at first considered a modification and adaptation of adult psychotherapy (Kazdin, 2000). However, since differences in the emotional functions of children and adults have been determined over time (Prout & Brown, 2007), psychotherapy with children has turned into a rich and sophisticated field. In comparison with adults, children have limited language abilities (Shirk, 1988) and the basic method of communication is play for them. For this reason, a kind of play is usually used in therapy with children, as opposed to the speech therapy that is used with adults (Prout & Brown, 2007). The play is an easy and safe way in order that for the child to communicate with the therapist and the self-expression. The use of play by the therapist helps to bring a kind of change to the child during the child psychotherapy process (Beyers et al., 2017).

Freud's phenomenon of Little Hans is considered to be the first published case study in modern child psychology (Shirk, 1988). There have been many approaches and developments in the field of child psychotherapy. From these developments, a variation of play therapy called psychoanalytic play therapy and mutual storytelling technique have had an important effect on the development of teddy bear therapy (Beyers et al., 2017).

3. Psychoanalytic play therapy

Adaptation of psychoanalytic theory to play therapy has begun with use of the play as a tool in analysing the child by Anna Freud and Melanie Klein, after Freud's first work with Little Hans for children. Anna Freud used the play in the analyses in order to establish a relational connection between the child and therapist and ensure a therapeutic adaptation with the child. Klein considered the play as a way to solve concerns, internal defense and fantasies of the child (Zulliger, 2014).

Klein expressed physical conditions for a therapy room in psychoanalytic play therapy as highlighting a washable floor, running water, an ergonomic table for children, several chairs, a small couch, some pillows and commode. As for toys required to be involved in the room, Klein expressed them as wooden male and female figures, cars, trains, planes, animals, trees, wooden blocks, homes, fences, paper, scissor, knife, lead pencils, chalks or dyes, glue, balls and taws, shapeable dough and rope (Klein, 1995 as cited in Teber, 2015).

Winnicott's studies are important in children to the adaption of the psychoanalysis theory to the play therapy. Winnicott defined the play as an indication of being healthy because it is a natural behaviour for children. Also, Winnicott thinks concentrating too much on the contents of the play will prevent the therapist from being able to adequately observe the child. The play is already a therapeutic action for the child (Winnicott, 2014).

Modern analytic theorists expanded the first studies conducted and they often touched on the importance of the play in child therapies through new studies. Psychoanalytic theory with Jungian analytic play therapy, Adlerian play therapy and Levy's release play therapy has made an important contribution to this field. Psychoanalysts have been continuing their research in the present day by still examining the groundbreaking studies conducted by these eminent psychoanalysts (Schaefer, 2013).

4. Richard Gardner's mutual storytelling technique

Psychiatrist and psychoanalyst Richard Gardner developed the mutual storytelling technique in 1971 as against from traditional play therapy (Boyd, 2007). Mutual storytelling technique separates from traditional play therapy in two aspects (Beyers et al., 2017):

1. Therapist guides the process.
2. Storytelling is used as a tool.

The process of mutual storytelling technique is formed by asking the child to create a story and then therapist responds by telling a more 'therapeutic' story similar to the characters used in the story of the child. The therapist will interpret the story in psychodynamic sense and will use the child's language to make mature responses to the child's difficulties and make healthier decisions (Gardner, 1971).

While teddy bear therapy implements some principles of Axline's non-directive play therapy, it has been developed as a result of revising Gardner's mutual storytelling technique (Beyers et al., 2017).

5. Teddy Bear therapy

Teddy bear therapy has been developed from psychoanalytic play therapy and Gardner's mutual storytelling technique. Teddy bear therapy was developed in 1995 by psychotherapist Charl Vorster, who had worked with children and their families for more than 20 years. Teddy bear therapy is composed of combined or mutual storytelling process about a teddy bear between child and therapist. In the story, teddy bear encounters difficulties similar to those of the child; the characters chosen by the therapist and the context where it functions should be identical to the child's situation. For this reason, it is necessary to add things that affect the life of the child in order to provide psychological help at the first stage of the story (Vorster, 2005 as cited in Beyers et al., 2017). This considered important so that the child identifies with the teddy bear, the emerging problem is solved and the intended changes are made (Beyers et al., 2017).

Storytelling should be descriptive and therapist should develop details concerning the details which the child verbalises. While the story unfolds, the child helps the teddy bear about the problem in the story (Vorster, 2005 as cited in Beyers et al., 2017). During the process of teddy bear therapy, therapist evaluates whether the solution offered by the child is effective or not. In most cases,

therapist guides the story in the most suitable direction. In order to help the teddy bear, therapist introduces other characters which will help the teddy bear. At the end of storytelling session, therapist emphasises that the player finds oneself and that child is asked to take the teddy bear home in order to help it (Beyers et al., 2017).

5.1. Procedure of teddy bear therapy

The teddy bear therapy procedure begins with the child chooses a teddy bear, and therapist includes the child into a story (Vorster, 1995 as cited in Beyers et al., 2017). The therapist will ask the child the name of the teddy bear and give a response to the name chosen by appreciating and approving it in order to make the child relaxed (Vorster, 2005 as cited in Beyers et al., 2017).

The story typically begins with the context of a teddy bear living with his family in the forest. The teddy bear's situation should reflect the child's situation; in other words, if the child lives with his mother and two brothers and goes to school, then the teddy bear should do the same. A problem similar to the problem that the child faces is then added to the story by the therapist; but in the story it becomes evident that teddy bear is faced with the crisis and the child is not (Baloyi, 2006).

The child's position is transferred from a weak to a strong position when the teddy bear, not the child, is introduced as a person with a problem (Van der Ryst, 2012). The story develops as the child begins to talk about the problem of the teddy bear and tells how to deal with the problem of the teddy bear. The story is recorded on tape and is played back to the child again in order to reinforce the story. After listening to the recorded story with the child, therapist recommends to the child to take the teddy bear to home in order to help the teddy bear with its problem until the next session (Baloyi, 2006). Effectively, it means that the child in fact deals with his/her own problem by helping the teddy bear to solve its problem (Vorster, 2005 as cited in Beyers et al., 2017). The child is given power by the teddy bear that needs help to solve his problems. In the following sessions, the storytelling sequence will be an indication of the child's progress in the therapy process because he/she will share what happens to the teddy bear and how it tries to cope with its problem (Vorster, 1995 as cited in Beyers et al., 2017). The therapist can research and guide the story in a more optimal direction if required (Baloyi, 2006). The child's parents play an inseparable part in the effectiveness of the teddy bear therapy process and therefore the therapist should involve them in order to help the child (Vorster, 2005 as cited in Beyers et al., 2017).

5.2. Indications in teddy bear therapy

Teddy bear therapy can be used for children between the ages of 4 and 12 years (Baloyi, 2006; Vorster, 1995 as cited in Beyers et al., 2017). The indications of teddy bear therapy can include interpersonal difficulties including, but not limited to, the following (Baloyi, 2006; Vorster, 1995 as cited in Beyers et al., 2017):

1. Exposure to traumatic events such as a robbery/accident
2. If the child is dealing with the parents' divorce/break up
3. Exhibiting some phobias and fears result in important disturbance
4. Exposure to bullying or bullying other children
5. Difficulty in making friends
6. Difficulty in leaving mother or father
7. Suffering from the loss/death of an important person
8. Academic problems such as learning disabilities that have an effect on his/her emotional health.

5.3. Importance of teddy bear therapy

Teddy bear therapy provides children with effective problem-solving skills because it concentrates on abilities rather than deficiencies. Problem-solving facilitated by storytelling process. The storytelling process uses fantasy and the story essentially develops around one character. The therapy process occurs as person-centered at the child's level of communication, and empathy, unconditional positive respect and adaptation become easier between the child and therapist. The introduction of the teddy bear is a significant contributor to the potentiating effect of the teddy bear therapy. The teddy bear now needs the help of the child. The interaction with the teddy bear also helps the child to develop coping mechanisms (Vorster, 1995 as cited in Beyers et al., 2017). Baloyi (2006) indicates that the abilities of the child become diversified once these new abilities are added, and hence self-respect is developed.

6. Results and suggestions

Play that reflects the cooperation between psychological counsellor and client can be considered as a way for a psychological counsellor to communicate with a child. While play helps child to make understand of his experiences and gain insight, it also has an effect of accelerating the relationship and communication with the psychological counselor. By means of the play reflecting child's perception on the events, the child can create opportunities for interrogation by observing his or her beliefs about self and self environment. Play helps the child to find him/herself by means of the therapeutic environment created, namely a free and flexible environment.

In brief, play is only a tool for the psychological counsellor. Play can adapt to any kind of theoretical framework. Other conditions and theoretical details required by the psychological counsellor are necessary in order to establish a relation with children and discover their inner world. It is not theoretically possible to talk about a psychological consultation approach based only on using play.

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