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THEORETICAL BACKGROUND OF MINDFULNESS BASED PLAY THERAPY.

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Abstract: Mindfulness-based play therapy, rooted in the understanding of child development theories such as Margaret Mahler's phases of separation and individuation, offers a therapeutic approach that integrates mindfulness principles with play to address emotional, somatic, and behavioural issues in children. By creating a safe environment and nurturing therapeutic relationships, therapists facilitate children's exploration of self-expression and healing through play. Drawing from neuroscience research, mindfulness-based play therapy emphasises the importance of attunement and presence, allowing children to tap into deeper awareness and experience profound healing. This approach holds promise in paediatric settings, offering strategies to minimise anxiety and enhance coping skills during hospitalisation.

Keywords: Mindfulness-based Play Therapy, Child Development, Separation and Individuation, Emotional Healing, Rapprochement

I. INTRODUCTION.

Play, which is a vital part of childhood, has been considered a very important element for meeting the needs of hospitalised children. Play activities enable children to view things from a different perspective, think creatively, understand their emotions, learn social and moral rules, and develop their physique, expression skills, and vocabulary. Landreth (2002) defined play therapy as: "A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe environment and a safe relationship for the child (or a person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviours) through the play, child's natural medium of communication, for optimum growth and development".

II. LITERATURE REVIEW

Mindfulness, deeply rooted in traditional Buddhist practices, has gained significant traction in modern psychological research, largely due to its comprehensive definition by Kabat-Zinn in 1994 as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally." This concept has inspired extensive research into mindfulness-based interventions (MBIs) and their impact on mental health and cognitive performance. Notably, Teasdale et al. (2000) demonstrated the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in significantly reducing the recurrence of depression, particularly in patients with a history of multiple episodes, by disrupting the cycle of automatic negative thinking. This therapeutic approach has also been applied in educational settings, where, according to a meta-analysis by Zenner et al. (2014), it has been shown to improve cognitive and socio-emotional skills in children and adolescents. Additionally, research by Jha, Krompinger, and Baime (2007) indicates that intensive mindfulness training can enhance attentional control, suggesting its utility in diverse environments from schools to high-performance workplaces. However, the field faces critique, as noted by Grossman et al. (2004), for methodological flaws including small sample sizes and lack of control groups, underscoring the need for more rigorous studies to fully understand and harness the benefits of mindfulness. In a related exploration of the emotional and physiological impacts of mindfulness,

Kestly (2016) integrates neuroscience with play therapy, highlighting the role of the emotional brain system, polyvagal play, and therapeutic relationships in fostering mental health through mindfulness.

III. THEORETICAL FOUNDATION

a) Developmental theory of Margaret Mahler.

The foundation of early child development theory, and the basis for early intervention work, is Margaret Mahler's theoretical framework of separation and individuation. This has been expanded and enriched by Allan Schore's exploration of affect regulation theory and the interpersonal neurobiology of emotional development.

When therapists have an adequate grasp of theory, they sense where, in the child's past, the necessary stages of growth were complicated by neglect, abuse, medical trauma, genetics, ignorance, or untimely family circumstances, resulting in the child's emotional or behavioral problems. The therapist forms a treatment plan based on an understanding of how essential needs that were unmet earlier may be revisited and satisfied well enough to reestab- lish true developmental balance. It is equally important to acknowledge how family members have nurtured healthy development in their children. An additional goal for the therapist is to give parents explicit information that will help them understand the connections between a child's early history, past family pain and traumas, and the present situation.

Over a 20-year period of research, Margaret Mahler and her team invited mothers and children to attend a group that met regularly so they could focus on the emotional growth and development of each child and on his or her relationship with the mother. The mothers came to the groups with newborn babies and stayed until their youngest child was three years old, and thus the research team was able to view children and sometimes siblings with their mothers over an extended period. From this research, Mahler and her team demonstrated that the first three years of life, through a process of separation and individuation, are a gestation period for the psychological birth of the child, which occurs at approximately age three. Margaret Mahler, Fred Pine, and Anni Bergman describe their work with the mothers, babies, and toddlers in their classic text, The Psychological Birth of the Human Infant (1975)

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Mahler's more than 20 years of research and her consequent conceptualization of the psychological birth of the human infant have provided an essential basis for learning about the first three years of life. Until Mahler's work of directly observing infants and toddlers considered the most groundbreaking contribution to psychology since Freud's development of psychoanalysis-knowledge of what happens in a young child's life was based primarily on retrieved memories, dream analysis, and transferential relationships in work with adults. Now, through Mahler's work, one can understand in detail the process of attachment in a child's first relationship

b) Mahler's Phases of Separation and Individuation.

Mahler considers "separation" and "individuation" to be two complementary and interwoven aspects of development. Separation is the baby's intra- psychic achievement of a sense of differentiation from the mother and, through that, from the world at large: a sense of boundaries. Starting from a symbiotic-like body connection with the mother, which peaks at four to five months, the baby gently relaxes toward this sense of difference.
Mahler sees the pri- mary achievement of a major leap in separation of the child from the mother ideally occurring at about the 30th to the 36th month. One might say that a child's third birthday is the celebration of his psychological birth.

Mahler's individuation is concerned with the actual achievements that the child makes toward establishing his own personal characteristics and affective and cognitive skills. It is the felt sense of being a separate self, a little boy or little girl different from his mother, that the child holds inside. Mahler would say that the child gradually gains a conscious awareness "that I am." and this is followed by "who I am".

The Awakening Phase (Birth to Two Months)

Mahler considers the Awakening Phase (formerly called the Normal Autistic Phase) to be the forerunner of the separation and individuation process.

- Although an infant's eyes may wobble in the first month, often enough his first attempts at eye contact may be quite direct. As he is able to gaze more competently into his parents' eyes, he begins to respond

to a smile. First, we see an unspecific, social smile, followed by the preferential smile for the mother. John Bowlby regarded this as an indicator of a special bond developing between infant and mother.

- By the second month, the infant is gradually experiencing a symbiotic- like relationship between himself and his mother, described by Mahler and her colleagues as a boundless, oceanic feeling. They found that symbiosis was optimal when the mother naturally sustained gazing eye contact with her baby, especially while nursing or bottle feeding or talking or singing to him.

Some babies, toddlers, and children who enter the family through adoption may struggle to make eye contact. In many cultures, these little ones benefit greatly when the new family is coached to play games to en- gage eye contact. This early connection to the infant's inner sensations is important as a way of reaching the core of the self, which will give rise to a sense of identity.

What the Mahler team knew, perhaps more intuitively than scientifically, was that the baby's brain is affected by the pleasure that builds up in- side the right brains of both mother and infant, and that the very growth of the baby's brain is dependent on contact with an adult brain, as is the development of his structure of behaviour.

The First Subphase: Differentiation and Development of a Body Image (Two to Seven Months)

From the Awakening Phase, the baby enters the Normal Symbiotic Phase. This begins the process that leads to his differentiation. During symbiosis, the baby's primary psychological achievement is his growing attachment with his mother, peaking at about four to five months. Mahler's use of the word symbiosis fits with recent neurological discoveries; although the baby is now more aware of his mother, his psychological separateness from her is growing. Baby and mother really do need one another in order to flourish, Mahler uses the term hatching to describe the period where the baby becomes more permanently alert, persistent, and goal directed.

Children who are abused and neglected during these early months grow up with challenges in the area of trust. A healthy child learns how the mother plays and coos and delights in him. She is predictable, reliable, and trustworthy. Soon, he starts to more overtly initiate reaching out for this person, as he wants his "appetites" to be engaged. The fulfilment of his desire for maternal presence and empathy gives him a primary sense of relational, unconditional love. able or ambivalent, too restrained or too "smothering," or when the child is the victim of neglect or abuse, there is interference of the bonding process. The child's attachment needs may be compromised, and though this may or may not show up in the present, the body will remember.

There are preventive measures that can help the mother and baby through these difficult times, and when symptoms appear in an older child, there are healing measures that can be built into the play therapy, family therapy, and mindful parenting experience.

The child may feel separation anxiety, have difficulty connecting to adults or making friends with other children, or have low self esteem. Such issues can often be traced back to the early months of his life.

Early abuse and neglect may correlate with difficulties in affect regulation and with more disturbing antisocial, oppositional, or destructive behaviour. Without intervention, the child may display levels of anger, rage, and aggression as he gets older that are out of proportion to his current stage of development. A consequence of neglect can be hopelessness and despair.

The Second Subphase: Practising (7 to 18 months)

The early practising period (7 to 10 months) is the phase of **object constancy,** when the child gradually grows to understand that his mother has a separate identity and is truly a separate individual. When the mother leaves the room, the child has a new found awareness: She didn't just disappear; she exists. Out of sight no longer means out of mind.

The practising subphase proper (10 to 12 months to 16 to 17 months) is primarily characterised by the baby's capacity to walk. Not only can the toddler see the world from a higher vantage point, but he also has access to a whole new range of objects in his environment.

The energy that we see in the toddler in the practising stage can seem hyperactive. Mahler attributes this to the child's defence against his sadness over the loss of the earlier symbiotic union. Not until the end of the practising phase do we begin to see hints of the more subdued rapprochement subphase, where the child develops a new cognitive awareness that he must become a more separate self.

The Third Subphase: Rapprochement (18 to 36 Months)

In this stage of development, the infant once again becomes more dependent on the mother. The child realises that his physical mobility demonstrates psychic separateness from his mother and may become tentative, wanting her to be in sight so that he can read her nonverbal cues as he explores his world. At the same time, he clings and exhibits more neediness than he did during the practising stage. The risk is that the mother will misread his neediness and respond with impatience or unavailability. This can lead to an anxious fear of abandonment in the toddler. In the development of personality, a basic "mood predisposition" may be established. Since we often think of growth as occurring in a linear fashion, the ap- parent regression that parents observe in their toddler as he moves into rapprochement can be quite confusing. However, rapprochement initiates regressive behaviour as part of the course of normal development.

Mahler's team found that "separation reactions occurred with varying intensity in all children during the rapprochement struggle". After a toddler has explored his world for a while, his cognitive development makes a leap forward and, as he begins to grasp the reality of his situation, fear mingles with his excitement. Ambivalence becomes his normal state of being in the world. In the progression of the "refuelling" ritual, there comes a "deliberate search for, or avoidance of, intimate bodily contact". A child in the rapprochement subphase is a challenge as he deals with the inevitable "longings and losses" of his young life. Often the problems of children who arrive for play therapy at an older age can be traced back to a challenging rapprochement period.

The onset of rapprochement represents a transition in areas of the brain where social and emotional development occur. Orbitofrontal growth had been especially active during the dyadic relationship with the mother; now begins the critical period for growth of the dorsolateral system. This development seems to occur parallel to, and be influenced by, a deepening fa- ther-toddler relationship. Whereas until now the baby has bonded primarily with the mother, rapprochement tends to begin a more triadic relationship, drawing the father or secondary parent more actively into the circle. Schore notes that for the child, this relationship to an available father is on par emotionally with the maternal relationship. Interestingly, Schore points out that the orbital prefrontal cortex performs an executive control function in the right hemisphere, while the dorsolateral cortex performs such a role in the left hemisphere. The unique anatomical and functional properties of the two prefrontal systems account for the hemispheric differences in the lateralization of emotions.

Thus, the executive function in the right hemisphere develops parallel to the baby's relationship to the mother, and the left hemisphere develops a similar function parallel to the intensification of the toddler's relationship to the father.

Mahler notes that it is the mother's love of the toddler and her acceptance of his ambivalence and his sometimes sad mood that allow for healthy development to progress. "Predictable emotional involvement on the part of the mother seems to facilitate the rich unfolding of the toddler's thought processes, reality testing, and coping behaviour by the end of the second or the beginning of the third year".

The value of the mother's emotional willingness to let go of the toddler, rather than staying overprotective and enmeshed to give him, as the mother bird does, a gentle push, and encouragement toward independence. This major leap in individuation begins with the toddler's concept of a self that is so separate that, by 20 to 22 months, he starts to understand and even to say "mine." Individuation culminates by age three, after the parents have been patiently available for the intense, often irrational ambivalence of the rapprochement phase.

One of the major emotional tasks for the parent child relationship is resolution of "splitting" behaviours that normally intensify during the rapprochement subphase. The split is between pleasure and pain, or "good" and "bad." Constancy, the resolution of the split, is attained when the child begins to experience emotionally not merely by cognitive awareness-that anger and love can coexist in the parent-child relationship. When splitting is not resolved, optimally by the Fourth Subphase, a child fears that when he gets mad at his mother or father or his parent gets mad at him, then the parent will stop loving him. This unresolved dilemma is at the root of many issues, including attachment and separation problems such as school phobia, that we see later in children coming for play-family therapy. Splitting issues can also be at the root of the problems of teens and even adults, including oppositional or passive-aggressive behaviours and bullying.

Hostile aggression is brought on by experiencing excessive displeasure, pain, or distress. Hostile destructiveness can be seen in "angry. nasty, hurtful behaviours: hate, rage, bullying, torturing, vengefulness, and the like. Although it is also self-protective, it causes many individual and collective problems and suffering for humans"

. It is the parents' job to protect their children from the excessive displeasure that generates hostility and manifests at the root of attachment problems. The low mood that the baby shows in the rapprochement stage may have to do with increased levels of corticoids, which alter mood states, and decreased levels of endogenous endorphins and adrenocorticotropic hormone (ACTH).

The Fourth Subphase: Consolidation of Individuality (36 Months On)

The consolidation subphase in a child's development exhibits a wider range of behaviors than the previous three years, with no "single definite permanent terminal point." During this phase, a child's self-esteem continues to grow, and their ability to internalize their mother's presence becomes evident, making the three-year-old particularly delightful. "The intrapsychic processes are now mediated by verbal and other forms of symbolic expression and must be inferred from them much like in clinical child psychoanalysis." Although the Mahler team used symbolic play sessions to understand the separation and individuation process, this aspect received minimal attention.

Variations among individual children in the consolidation subphase are partly influenced by their progress during the first three years. While many children in Mahler's study experienced transient problems, they were able to resolve the rapprochement crisis and achieve emotional integration. They developed early healthy attachment, allowing them to hold onto their parent's love even in their absence, and resolved the emotional love-anger split. The complexity of this stage arises as the child realizes their dependency on their parents will continue for several years. During the consolidation stage, the child begins to develop a conscience, experiencing guilt for the first time.

Mahler acknowledges the concept of "normal trauma," recognizing that perfect parenting is unattainable. It is inevitable that within the first three years, difficulties will arise that affect the child both directly and indirectly. It appears inherent in the human condition that even the most normally endowed child, with the most optimally available mother, cannot navigate the separation-individuation process without crises, emerge unscathed from the rapprochement struggle, and enter the oedipal phase without developmental difficulties.

IV. IMPLICATIONS

Incorporating the principles of mindfulness into play therapy highlights the power of healing. According to D. Higgins-Klein (2013), the pivotal element of mindfulness-based play-family therapy occurs during the "deeper awareness" stage. At this point, the child is offered a space to engage predominantly in right brain function and relax their "busy mind." When the child's experience reaches a state comparable to mindfulness meditation, profound healing can occur. This growing body of knowledge has provided encouraging preliminary results regarding the acceptability, feasibility, and benefits for paediatric samples. Consequently, there is an urgent need for clinical researchers to develop, implement, and evaluate interventions that can reduce children's anxiety levels and improve their ability to handle the stress of hospitalisation.

V. CONCLUSION

The integration of mindfulness principles into play therapy represents a promising advancement in therapeutic practices for children. By leveraging the developmental insights of Margaret Mahler's separation and individuation theory, mindfulness-based play therapy provides a structured yet flexible approach that addresses the emotional, somatic, and behavioural issues of children. The therapeutic focus on creating a safe and attuned environment allows for profound healing through deeper awareness and self-expression, mirroring the benefits of mindfulness meditation. This method not only supports emotional and cognitive development but also offers practical strategies to alleviate anxiety and enhance coping skills, particularly in paediatric settings. As preliminary research indicates positive outcomes, there is a critical need for further studies to rigorously evaluate the efficacy and broader applicability of this integrative therapeutic approach.

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