

## PLAY THERAPY AND OTHERNESS: A GROUP PLAY THERAPY EXPERIENCE IN THE LIGHT OF LÉVINAS

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**ABSTRACT.** Axline's humanistic-oriented Play Therapy assumes that play is a child's natural way of expressing herself. However, this approach seems to present some ethical gaps when thought concerning the relationship with others. Such gaps were discussed based on Emmanuel Lévinas' thoughts, a philosopher who wrote about radical otherness ethics. In this sense, it was necessary to reflect on how Levinasian ethics can be manifested in Play Therapy, including clinical practice. The research was qualitative, with a case study methodology. The therapeutic group took place in 14 sessions and consisted of three children, aged 5 to 7, with a one-hour meeting. The sessions were described narratively, and the Sense's Version of the therapist was written. Anamnesis, feedback, interviews with other health professionals and school visits were also conducted. The sessions were analyzed based on the description and understanding of meanings. It was found that the group process seemed to move towards greater openness and proximity among the participants and that the therapist needed to move towards the children, opening up to their differences. It was concluded that, when entering the play with the child, the psychotherapist cannot apprehend the child's world but only fulfill her ethical duty and meeting herself with the children in therapy was facing the difference through a traumatic via. It is noteworthy that it is difficult to theorize about childhood, and the theory will only make sense while promoting respect to otherness.

**Keywords:** Play Therapy; Emmanuel Lévinas; otherness.

## LUDOTERAPIA E ALTERIDADE: UMA EXPERIÊNCIA DE LUDOTERAPIA GRUPAL À LUZ DE LÉVINAS

**RESUMO.** A ludoterapia de orientação humanista de Axline se baseia no pressuposto de que o jogo é a maneira natural da criança se expressar. Contudo, essa abordagem parece apresentar algumas lacunas éticas no que diz respeito à relação da criança com o Outro. Tais lacunas foram discutidas a partir do pensamento do filósofo Emmanuel Lévinas, que tratou da ética da alteridade radical. Neste sentido, este trabalho reflete como a ética levinasiana pode se manifestar não só na ludoterapia, mas também na prática clínica, por meio de uma pesquisa qualitativa com metodologia de estudo de caso. O grupo terapêutico aconteceu em 14 sessões de aproximadamente uma hora e era formado por três crianças de 5 a 7 anos. As sessões foram descritas de forma narrativa e a terapeuta escreveu, a partir delas, as suas Versões de Sentido. Ademais, foram realizadas anamneses, devolutivas, entrevistas com outros profissionais da saúde e visitas escolares. As sessões foram analisadas a partir da descrição e compreensão dos

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sentidos. Verificou-se que o processo grupal pareceu caminhar para uma maior abertura e proximidade entre os participantes do grupo e que a terapeuta precisou ir em direção à criança, isto é, demonstrar abertura à sua diferença. Concluiu-se que, ao entrar na brincadeira junto à criança, o psicoterapeuta não pôde apreender o mundo infantil, mas apenas cumprir com o seu dever ético e inferir que o encontro com as crianças em terapia significa descobrir a diferença pela via traumática. Ressaltou-se, além disso, a dificuldade em teorizar sobre a criança ou a infância, visto que ambas só têm sentido enquanto for fomentado o respeito à alteridade.

**Palavras-chave:** Ludoterapia; Emmanuel Lévinas; alteridade.

## **TERAPIA DE JUEGO Y ALTERIDAD: UNA EXPERIENCIA DE TERAPIA DE JUEGO DE GRUPO A LA LUZ DE LÉVINAS**

**RESUMEN.** La Terapia de Juego humanista de Axline se basa en la suposición de que jugar es la forma natural del niño de expresarse. Sin embargo, este enfoque parece presentar lagunas éticas con respecto a la relación del niño con los demás. Estas lagunas se discutieron a partir de los pensamientos de Emmanuel Lévinas, un filósofo que escribió sobre la ética de la alteridad radical. En este sentido, se discutió cómo la ética de Lévinas puede verse en la terapia de juegos, incluida la práctica clínica. La investigación fue cualitativa con una metodología de estudio de caso. El grupo se realizó en 14 reuniones terapéuticas de una hora de duración y estuvo formado por tres niños de 5 a 7 años. Las reuniones se describieron en forma narrativa y la terapeuta escribió, a partir de ellas, sus Versiones de Significado. Además, se realizó anamnesis, devolutivos, entrevistas con otros profesionales de la salud y visitas escolares. Las sesiones se analizaron a partir de la descripción y comprensión de los sentidos. Fue posible verificar que el proceso del grupo se dirigió hacia una mayor apertura y proximidad entre los participantes del grupo, y que la terapeuta tuvo que dirigirse hacia los niños, es decir, demostrar apertura a su diferencia. Se concluyó que, al entrar en el juego con el niño, el psicoterapeuta no puede apoderarse del mundo de los niños, sino cumplir el deber ético; y reunirse con los niños en terapia era encontrar la diferencia a través de una forma traumática. Además, se destacó la dificultad para teorizar sobre el niño o la infancia, ya que ambos solo tienen sentido si se fomenta el respeto por la alteridad.

**Palabras clave:** Ludoterapia; Emmanuel Lévinas; alteridad.

### **Introduction**

Emmanuel Lévinas (1906-1995) was a Franco-Lithuanian philosopher who dedicated his studies to issues of Ethics and the Other, criticizing Western philosophy, which, for him, tends to try to reduce all things to an intelligibility condition, in rational, logical and controllable notions. As psychological science is largely heir to the Western philosophical tradition and is inserted in an ethical-political context, understanding Levinasian philosophy as important to rethink psychology is understanding his theory and praxis outside of an individualizing model (Maia, 2013). In this scenario, Lévinas's ethics of otherness emerges as a path to think about human relations and knowledge (Chacon, 2015).

According to Maia's statement (2013), it is possible to find in Lévinas' work direct implications for the theory and practice of psychology, especially regarding the *status* of the Other in relation to the Self. We highlight the importance of this philosophy for psychotherapy in what is affected by the notion that the Other cannot be suppressed or totalized and that there is no understanding capable of encompassing it. In this sense, it was necessary to reflect on how Levinasian ethics can manifest itself in the practice of the meeting between therapist and client.

Considering that the ethical issue assumes a peculiarly complex character for the child in the clinical psychology context, it is essential to reflect on how the clinical approach of humanistic Play Therapy, as proposed by Axline (1972), is ethically positioned. Brito (2012), based on an ethical reinterpretation of play therapy, points to the possibilities of research in clinical practice and asks:

[...] would it be possible, in the psychotherapeutic context, for the child as an Other to have her space to appear, so that we could be available and open, and also enable ourselves to the trauma caused by the child's arrival and call, implications that are verified in genuine clinical care? (Brito, 2012, p. 130).

Thus, we sought to discuss such gaps from a theoretical point of view and into clinical practice.

## **Emmanuel Lévinas**

To reflect the ethics of humanistic Play Therapy based on Lévinas approach, it is necessary, initially, to understand that the philosopher discusses ethics bringing the notion of the Other who is always beyond what can be known and, despite being unreachable, is always present (Lévinas, 1985/2010). Thus, subjectivity is built in the relationship with the Other, in a relation that cannot be synthesized. Some other authors also bring the relational context, specifically the Other as fundamental in the construction of subjectivity, as in the case of Martin Buber (1878-1965) and Jean-Paul Sartre (1905-1980), for example. However, Lévinas builds his theory as ethics of radical otherness by questioning ontology and its concept of the individual, emphasizing the primacy of the Other concerning subjectivity (Vieira & Pinheiro, 2013).

For Lévinas (1985), subjectivity must be described based on ethics, and responsibility is its primordial and fundamental structure. In his terms, the responsibility is for the Other, that is, responsibility for something that is not mine, but for which the only possible answer is "Here I am". The self is not responsible as a simple attribute of subjectivity: responsibility itself already existed, as subjectivity is not for itself but someone else. In this sense, ethics is before ontology.

Humanity arises from recognizing difference, and talking about ethics is to open up to difference, not for identification, but acceptance (Vieira & Pinheiro, 2013). In Lévinas, "every human activity is, in itself, a response to the Other, every action is endowed with responsibility" (Araújo & Freire, 2017, p. 226-227). In this sense, we can affirm that the new humanism proposed by Lévinas is based on discovering the Other and the responsibility for him (Carvalho, 2013). It is a different paradigm, a humanism of the other man, where the self is affirmed before the awareness of existence – an ethical questioning of otherness (Sidekum, 2013). Lévinas' philosophy is about everyday life, the subject with the world and Others, bringing important reflections and indicating new paths in dealing with alterity (Araujo, 2014).

## Play Therapy

The initial milestone of humanist-oriented play therapy, in turn, occurred with Virginia Mae Axline (1911-1988), in 1947 in the United States, on the occasion of the publication of her book, *Play Therapy - The Inner Dynamics of Childhood*. Play Therapy is based on the assumption that play is the child's natural way of expressing herself (Axline, 1972). Through playfulness, she can find a means of self-expression of her feelings and emotions (Barreto & Rocha, 2015). Thus, therapy with the child is an opportunity for her to have therapeutic experiences through the plaything, as the freedom to play is directly related to the child's problems (Axline, 1972).

The author classifies her therapy as non-directive, that is, the direction of play therapy belongs to the child. Non-directivity allows the individual to be himself, accepting himself. Moreover, it also allows the therapist to recognize and clarify what the client expresses through reflection on what has been demonstrated. In playfulness, the child can release feelings without fear, become aware of them, clarify them, face them, and even learn to control or forget about them.

The importance of play therapy is highlighted when Axline (1972) states that a psychologically free child can grow more constructively and creatively concerning what implies her energies in a struggle to achieve her *status* as a person. Although initially, Axline's discussion of play therapy takes place within the scope of individual treatment, she (1972) emphasizes that the principles discussed also apply to groups. For the author, groups are therapeutic experiences with realistic elements, where simultaneous evaluation and reaction elements are inserted into each other. From the coexistence, children are led to have to recognize the reactions of others, developing respect for the feelings of each. However, play therapy still seems to have some philosophical, perhaps ethical, gaps when it comes to the relation with the Other.

## Play Therapy and Ethics

In many ways, molded to modernity, child psychotherapies end up configuring around tests or assessments that make it difficult to accept the difference (Aguiar, 2004). Psychologists need to rethink their care practices, as they are faced with an ethical dilemma based on the adaptation demands of the child or their families (Mattar, 2015). Not only is childhood reduced to dogmatic concepts, but children also grow up isolated from that what points to lack. According to Souza (2017), children in contemporaneity "need marks that help them to recognize the other person, in his difference: marks of otherness" (p. 128).

Even more forcefully than with adults, meeting a child in care is dealing with absolute radical otherness. After all, her way of arrival is unique, with parameters based on fantasy worlds and playfulness communication, in an asymmetrical requirement that asks being open to the unexpected and the unpredictable. From this point, we find in Play Therapy the urgency of thinking about possible ethical gaps about the concept of person, childhood, relations with society and others, and how all these aspects are presented and influence the Play Therapy theory and practice.

Brito (2012) warns about opening oneself up to otherness in a displacement and emphasizes the relevance of understanding play therapy from Lévinas' ethics since the proposal of this approach goes beyond defining symptoms or diagnoses but attempts to get closer to the person as a being. Therefore, what is central in Play Therapy is the

openness to the child in his otherness, and the therapist must not lose sight that something will always escape in the relationship.

The mentioned author emphasizes that to respond to the child's call, the therapist has to leave his commonplace of adult communication and enter the child's singular discourse in a traumatic reconfiguration process. Looking at the child in care is also to consider that the therapist is an Other for her. In group therapy, this is accentuated as the children are Others to each other. The therapist's responsibility is that the child can experience and develop her ability to respond to Others. Thus, the therapy space also becomes a significant learning space, a learning possibility from her experiences. In this regard, the author exemplifies, if the child hits the therapist - or the peers, in group therapies - the response given to her goes beyond the limits of the service, but it is something from the social order.

Following the child in her play leads the therapist to be open to how the child wants to reveal himself, participate in her fantasies, and listen to the world she wants to show. Thus, "the meeting with the child, more than with the adult, is an encounter with the different [...]. All we can be is availability and vulnerability in this meeting [...]" (Brito, 2012, p. 112).

In the group therapeutic environment, the child discovers her uniqueness in mutual responsibilities. And each responsibility is an open path to the freedom to constitute who they are. In the group, the children learn to look at the Other and, in this way, they also discover who they are and who they want to be, without judgment and haste. In general, Brito structures the main points of play therapy based on Levinasian ethics:

The child who arrives for care is seen from her absolute otherness, the child as the Other. The therapist is summoned to respond to the child's call, in her difference that refers to the Infinite. This response is seen as a responsibility, more significant than an understanding or a comprehension. It is from the displacement order, affectation, being touched by the child's difference. Understanding here is beyond or below rationality (Brito, 2012, p. 128).

Thus, the author points out that, starting from a critical reading of Play Therapy, we can come across the Child's Face, the space for the dislodging arrival of radical alterity, in an ethical position of openness to difference. In this sense, the break with the child's act of totalization is to look at her as Infinite, the absolutely other, transcendent being that moves infinitely away from our ideas. To respond to the child, we need to submit to the trauma of her arrival and call, the exposure of affectation and of being displaced from the place of prior knowledge. We need to make room for whatever aspect the child reveals, understanding that, in the relations with the Infinite that presents itself by the child's Face, something will always escape. As Other, absolute alterity, the child presents herself at a different age group, with varying parameters from adults, living in a malleable and imaginative universe that requires availability for the unpredictable.

Therefore, the purpose of an ethical perspective of Play Therapy is the proposal of radical openness. It is necessary for the play therapist to move away from the sphere of the Same, from his known experience of adult communication, to receive, often through strange and traumatic vias, the speech that comes from the child.

## **Methodological Path**

This research was qualitative and structured in an exploratory observational case study. The case study methodology enables a holistic perspective of the real world, with

contextual aspects contributing to a more detailed understanding of phenomena complexes (Yin, 2015).

The therapy was conducted during the internship of the undergraduate Psychology course, and three children, aged 5 to 7 years, participated. The criteria for the selection of participants was based on the age of the children on the waiting list for assistance at the Psychology Clinic-School of a Federal University, where the therapy took place. The inclusion criteria were: not having more than two years of age difference, concerning an average of 6 years, and the formal authorization (verbal and written) from the legal guardians for the child's participation in the research. As exclusion, these criteria were considered: children who dropped out of therapy in a period before two months; children who did not adapt to group therapy; and children who did not accept to participate, from the explanation of the research and giving the consent form in a playful language, regardless of the consent of their legal guardians.

The Sense's Version (SV) was used as a methodological resource, as defined by AmatuZZi (2008), which is characterized by being

a free account, which does not claim to be an objective record of what happened, but rather to be a living reaction to it, written or spoken immediately after the event, and as a first word. It consists of an expressive speech of the author's immediate experience, facing a recently ended session (p. 76).

It is interesting to note that Vieira, Bezerra, Pinheiro, and Branco (2018) describe SV as an "exercise through which the psychotherapist learns to open up to his own difference – sometimes unacceptable, at first" (p. 72).

To capture the experience, the triangulation of sources was used (Sanches & Santos 2005), that is, the consultation of different information bases, namely: participant observation, with descriptions in the 1st person narrative (referring to group psychotherapeutic care); Sense's Version of the therapist, written immediately after the appointments and/or supervision meetings; Anamnesis with the responsible person(s); Interviews/feedbacks with the responsible person(s); Interviews with the professional staff of the participants' school; Interviews with other health professionals who accompanied the children.

Initially, contact was made by telephone with the legal guardians of the children on the waiting list for assistance at the Psychology Clinic-School, to schedule the anamnesis. The anamnesis, as well as the *a posteriori* care, were all held at the Clinic-School. Group therapy was carried out weekly, lasting approximately one hour each session. Feedback meetings with parents were performed regularly, and school visits and meetings with health professionals – speech therapists and neuropsychiatrists- who accompanied the participating children.

After the therapeutic sessions, the Sense's Versions were written immediately. Free narrative descriptions of the service were also made, records later discussed in a supervision group with the guiding professor and other interns from the phenomenological-humanist psychotherapy group. After these meetings, Sense's Versions were also written.

The data from this study were organized into dissertation descriptions and, later, readings and interpretations were undertaken, individually and in a supervision/research group. These were understood as a manifestation of the experienced (AmatuZZi, 2008) and possible meanings that emerged during group therapy were interpreted and elaborated in light of the theoretical foundation presented.

Resolution No. 510/2016 of the National Health Council was taken as the basis for all procedures. Thus, participants and the legal guardians were duly informed about the

voluntary nature of the research, with the freedom to stop the process at any time without any penalties regarding such a choice. The Free and Informed Consent Form (FICF) was delivered to those responsible for clarifying the objective of the research and guaranteeing the anonymity of the participants. Besides, an Assent Term was given to the children, describing the aspects of the study in a playful and age-appropriate nature. The research and its procedures and instruments were submitted to the Ethics Committee and approved under Opinion No. 3,065,075.

## Case study

The therapeutic group was formed by three children, from 5 to 7 years old, two boys and a girl: Gabriel, Miguel and Débora<sup>4</sup>. The session was held on Mondays from 8:30 to 9:30 am, with attendance by the participating children. The therapy was conducted in 14 sessions in all. In the first contact, the children were informed of the time they would have per session and that, with 10 minutes to go, an alarm clock would go off. At the end of time, the alarm would go off again, and it would be time to go out. The children were explained that they were in therapy because the parents believed they were having some problems and could be helped; and that there, they could do whatever they wanted, whenever they wanted.

Going beyond the thought of Axline (1972), it was considered extremely important to carry out regular anamnesis, feedbacks, interviews with other professionals and school visits. Brito (2012) highlights the importance of play therapists working in partnership with the family and school to enhance the child's therapeutic process. For a better understanding of the group, some aspects of each child will be first discussed.

### Gabriel

Gabriel, five years old, lived in a house with his mother and six other relatives. The father was in prison on a charge of serious crimes – including murder – at the time of the therapeutic process. For his mother, Gabriel's personality would resemble his father's because he was easily irritated. He had been in contact with his father, but he had been showing some resistance to seeing him, showing aggressiveness during prison visits.

The mother sought the Psychology service due to Gabriel's feeding difficulty, refusing food and frequent vomiting, including when he saw other people eating, except at school. It was her main complaint about him. According to the mother, these symptoms appeared after three months of age. He had been under follow-up for the past three years by a speech therapist but showed slight improvement. Gabriel had been examined by several doctors and showed no biological changes that could explain his feeding difficulties.

During therapy, Gabriel was noticed to have emotional restrictions and, in his familiar environment, was often hamstrung in his expressions. In a meeting with the speech therapist, she reported that Gabriel seemed to perform some behaviors of not eating to challenge.

Gabriel seemed to guide the other children in the initial sessions, but he didn't show much of his feelings. He provoked Miguel with words or actions several times until he became too angry, shouting or hitting. It seemed that Gabriel, in this behavior, already

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<sup>4</sup>fictitiousnames

showed signs of specific retention of his feelings, and his actions seemed to hide his emotions as if he could not show them himself.

### **Miguel**

The anamnesis of Miguel, seven years old, was carried out with his adoptive parents. He was relatively aware of his adoption. Miguel went through three families before being adopted by his parents at four months old, and when he came to them, he had bruises. Several bureaucratic complications marked the adoption process. The parents stated that Miguel played alone and had difficulty in maintaining friendships, as he often fought with other children. Sometimes he asked his mother, "Won't you go away and leave me?" and sometimes, angrily, he would say that he would look for his birth mother. The parents went to the psychology service with the complaint that Miguel was too anxious and didn't want to follow the rules. His behavior took on more significant proportions at school, being referred to a psychologist and a neuropediatrician, who prescribed the psychotropic drug Risperidone.

In the first sessions, Miguel has already demonstrated certain aggressive behaviors. During the visit to the school, several professionals described Miguel as the "problem child," and his school situation reached the threat of expulsion. He had aggressive behavior with colleagues and also with teachers when reprimanded. It is interesting to note that Miguel was not aggressive towards the therapist during therapy – even when he had to be physically restrained.

In moments of anger, Miguel would immediately change his body expression, inflating his chest and frowning. The therapist learned to recognize this movement and intervene in the feeling before it expressed itself in aggression. Souza (2017) points out that the child's language is mainly corporeal. His communication externalizes the body image based on posture, expression, tone and other aspects. However, the intervention was not aimed at blocking but only mediating its expression so that it would not be harmful to him, the other members of the group, and the therapist.

At the meeting with the neuropediatrician, the professional did not recall Miguel's case and stated that the drug should have been prescribed due to behavioral problems. It is noteworthy that Risperidone is a drug that requires necessary clinical monitoring when used *off-label* for behavioral symptoms and that experiences with its use in children under 13 years of age are lacking (Santos Junior, 2015; Pande, Amarante, & Baptista, 2020). Miguel's father reported, after using the medicine, an increase in episodes of insomnia and nocturnal enuresis.

The complaint about Miguel was fundamentally behavioral. His behavior was aggressive, which was also demonstrated during the sessions. The presence of other children brought out feelings and attitudes that, perhaps, would not be brought in individual contact. Miguel had moments of significant irritation, sometimes sudden, which emerged mainly in his relationship with Gabriel. When he became angry, he yelled and hit.

### **Deborah**

Débora, five years old, was an only child from an unexpected pregnancy. According to her mother, she had a slow start in the development process and spoke the first word after one-year-old. The ability to form sentences was only demonstrated after starting treatment with the speech therapist, who referred her to the psychology service. At the time of the anamnesis, Débora continued her speech therapy follow-up and, although better articulated, she still had difficulties in speaking and communicating. Débora was

described as introverted and attached to her parents, preferring to be with them than with other children. When her mother cried, Deborah also cried and showed despair. Besides, she talked about being afraid of different things. When feeling scared, according to her parents, she would panic.

Débora's parents' complaint was centered around her speech and socialization difficulties. Thus, Deborah was one of the children most likely to benefit from group therapy. For Axline (1972), group therapy is particularly effective for "shy" children who seek self-assertion through relationships with other group members. The communication difficulty also permeates an ethical issue; after all, dialogue is where the encounter occurs. Language is always a response to the Other (Sidekum, 2013) and expansion of the experience of perception, not limited to isolated perceptual elements, but showing and interpreting the world (Carvalho, 2013).

Lévinas (1980) points out that absolute difference is established through language. Débora appeared to have little differentiation of herself from her mother. It is possible to affirm that her difficulty in speaking was intrinsically linked to her difficulty in relating to others.

## The group

In Lévinas (1985/2010), a certain distance is established between the self and the Other, and the ethical issue requires work, effort and, consequently, pain. Furthermore, no adaptability is complete in the relationship, as the Other precedes me and always exceeds me. The first session was marked by an experiential affectation, when the children present used the freedom of the therapy hour intensely, with screams, fights and messes. Such affectation was transcribed in a Sense's Version made after supervision:

The children's otherness came like a hurricane. I knew, in theory, that I would be surprised, but I don't think I really believed it. I was indeed vacated. I described in supervision as a trauma. Only now I have realized the relationship between this and the trauma delt by Lévinas. I went into therapy rationally aware but organismically oblivious to the reality I would encounter with every child's face there. But they didn't let it pass. Our first session dislodged me, traumatized me, and pulled me out of my preconceived place as a therapist. I experienced what I read so much about, and it was not at all what I expected. But I understand all the relationships that are made between my experience and theory. The kids definitely overflowed me. I felt lost in something bigger than me. What's that, but the infinite? What was this traumatic encounter, if not with the Other? Why am I afraid, if not for myself? I feel fear because I was removed, absolutely, from my place of comfort. My trauma was re-signified, and I realized that this had been an ethical trauma (Sense's Version after supervision, Session 1).

The therapist needs to be aware of his or her feelings during the course of therapy. During the sessions, the therapist felt frustrated with the aggressions and fights that occurred constantly. She also looked at herself, questioning the group and her abilities as a therapist, as the Sense's Versions demonstrate:

I feel no confidence in the group (Sense's Version, Session 4).

I'm a terrible therapist, and I shouldn't continue with this (Sense's Version, Session 7).

What Vieira (2017) describes as "technical stiffening, anchored in the past, gives [ing] place to the unusual of the encounter, situated in the present" (p. 352). Thus, the author continues, it is up to the therapist to go towards the unknown, the Other, being provoked by him in his incompleteness. The objective of this walk is not the known or to make it known, but the difference and the affectation *per si* – "therapist and client affect each other, albeit in different places" (Vieira, 2017, p. 353).

In Lévinas (2010), suffering disorders and it is the disordering itself. Being with the Other requires displacement, splitting and modification of the self, recognizing and experiencing trauma and excess (Coelho Junior, 2008). The child who arrives for therapy promptly undoes any previously elaborated therapeutic process planning (Brito, 2012). The experience has shown that safety as a person – and as a professional – does not involve knowing everything in advance but by allowing for deconstruction, displacement and reconstruction of himself through the encounter with the unexpected, even though this seems to contradict assumptions about the therapy process (Vieira, 2017).

The playfulness present in the sessions was the means and the scenario in which the children expressed and elaborated their emotional content.

When the alarm went off for the first time, Gabriel yelled, "It means we're short on time! Let's play! [screaming]" (Session 8).

Through the games, Miguel and Gabriel's aggressiveness was shown in several sessions:

Gabriel and Miguel fought for the rest of the session, either verbally or physically. [...] Sometimes, they even physically attacked each other (which I had to intervene), or they screamed, with great force, at each other (Session 7).

When the session was about to end, they exclaimed about being short of time and 'speeded up' the play. The boys took the rugs and started to 'fight' with them. However, Gabriel pushed Miguel harder, who ended up banging his head against the wall. Miguel looked at me and started to cry. [...] I asked how they were, and Gabriel shouted with intensity, "I'm mad! I'm mad!" [...] Gabriel started screaming and repeating things about Miguel. Miguel took off his sandal and said, "this is going to hurt you, you'll see!", Gabriel also took off his sandal and threatened to hit Miguel (Session 10).

The relationship between Miguel and Gabriel was marked by conflicts that shaped the group dynamics. Souza (2017) highlights that the conflicts that arise in children's plays are sometimes because the child has his thoughts and speeches structured selfishly. The two became very close in conflict and plays. Based on what Lévinas brings, their relationship was marked by ethical conflicts: on the one hand, there was a desire for violence and denying the Other. On the other hand, there was an expressed desire for proximity:

Miguel ran to the rug in the corner of the room, placed pillows as 'walls' and declared, "I will stay in my world. You (pointing to Gabriel) stay in your world and you (pointing to Deborah) stay in your world. I will stay here alone in my world, where no one can enter". Immediately after this statement, Gabriel said, "let me go to your world". Miguel, without hesitation, answered yes and opened space for Gabriel to enter (Session 8).

Miguel first informed that that place was already his kingdom (where he had made his "world" in the last session); Gabriel said it was his now and would live there alone. Miguel said, "but I can live there too because we are friends", and Gabriel said yes, opening the pillow-gate (Session 9).

Débora, in turn, presented herself in the initial sessions in a timid way. Miguel and Gabriel's clashes took much of the therapist's attention, and interactions with Débora were few in the first sessions.

Débora continued to play alone with the dolls (Session 1).

Debora continued to play alone, but sometimes she would stop and watch the other children for a while. [...] I told Débora that she seemed to be shy, but she denied it (Session 2).

However, gradually Débora was creating her space and, in her relationship with the Others, she was differentiating herself. She started to play more and more, speaking loudly and assertively, interacting more and taking a stand.

Miguel tried to put a doll inside a cart, and Débora started to observe his frustrated attempts until she said, "put him on his feet", but Miguel paid no attention. I pointed out: "it seems that Débora is suggesting a way to put Hulk in the cart... show us, Débora". At that moment, for the first time, she sat down next to Miguel. She started attacking his animals and summoned him to play fighting. [...] (Session 3).

Debora, speaking loudly, told the group that she had seen a snake in the zoo. She said, "it was enormous, this size here," opening her arms (Session 5).

[...] Deborah replied, "I do"; I misunderstood her speech and asked, "Don't you want to play anymore either?", but she repeated loudly and forcefully "I do!" and added, "now it's my turn, I'm going to be the werewolf", which the boys dictated until then. [...] When it was time to leave, Gabriel and Miguel got into a quick physical dispute over who would leave first. Debora took my hand, stood in front of them and exclaimed, "I'll go first!"; they ended up vying for second place (Session 9).

Although challenging, the pace of therapy should take place without haste to clarify the dark points of the relationship, but taking time to listen to them, making room for their strangeness that can, surprisingly, open up new possibilities (Vieira, 2017). So too was the group experience. Although the conflicts were experiences of suffering, inadequacy and pain, they also allowed for conflict resolution experiences that the children themselves guided:

They talked while they painted [...]. Miguel and Gabriel lent the paints to each other. When one wanted something the other had, they organized themselves on how they could solve it. [...] A conflict between who stayed with which play dough appeared among the boys, but they resolved it very quickly, talking. They divided into their worlds and then returned to sharing (Session 8).

The session's final moments brought the three children into separate plays while interacting, however, without competition or rivalry as had been happening until then. Gabriel played at mixing paints in the sink, claiming it was poison; Débora went back to playing with the house. Miguel walked between the two plays. He took a small cup of 'poison' and maliciously offered it to Deborah and me. I joked, asking if it was safe to take it, and he replied, smiling mischievously, that it was yes. When I took it, I 'died'. Débora refused to take it, and Miguel chased her, saying he would knock her over, but without aggression. Débora finally gave in and 'died' too, returning to play with the little house. Gabriel said he would make coffee (mixing dark paints), and Miguel said it looked like chocolate, so that he would make a cake. He took a pan, "mixed" the ingredients and gave it to Débora to put it in her house's oven to be baked (Session 11).

Finally, the importance of periodic meetings with parents is resumed. The psychologist takes an active role, understanding and helping from the initial interview and providing feedback during the therapeutic process. The meetings with the other adults involved with the child were essential for the therapy to proceed; after all, "in a sense, everyone else is present in the face of another" (Lévinas, 2010, p. 133).

In general, Gabriel did not address his food issue in the sessions and, respecting his time, the subject was not brought up. In the course of therapy, he seemed to demonstrate a greater flow of feelings, such as anger, in addition to having used freedom in a singular way, such as messing up the toys in the room. His greater expression of feelings ended up implying behavioral changes as well. In the first feedback session with his mother, she said he was more "in a bad mood", crying easily. In this sense, Vieira (2017) exemplifies the possibility of a growing feeling of disorganization during the psychotherapeutic process, highlighting the deconstruction regarding the image of the self previously constructed in a relation of less control and more acceptance of the experience.

Miguel, in turn, could also express himself in his most diverse feelings. His process was marked by the presence of Gabriel, who challenged him: Miguel was much more docile in his absence. The encounter with otherness promoted conflictual affectation, triggered aggressive behavior. However, these meetings brought closer movements.

Gabriel's presence was, albeit conflicting, provocative to Miguel's ever-increasing openness.

As for Debora, in her parents' feedback, the reports were of more remarkable social and linguistic resourcefulness. According to Axline (1972), some of the language and communication problems seem to be solved or improved in Play Therapy since the child's emotional confusion is often reflected in speech difficulties. Débora put herself more and more in the plays, and her socialization issues seemed to develop positively in the encounter with her Others. She also *went towardsthe meeting* and, in an ethical clash, could emerge as a personality.

Valuing the experience of the here-and-now is a possibility for the technique to emerge and face the differences at play in the context of therapy (Vieira, 2017). The group itself is the path to alterity. It transcends the individuality of its members, becoming something that cannot be totalized. Being before the group was an experience of advances and challenges, where we tried to go towards the children, opening up to their difference. Indeed, the conflicts and difficulties experienced in the group pointed to the dynamism of life in its difference, in a learning process that:

Perhaps there is more understanding and beauty in life when the contours of shadows soften the sun's blinding rays. Perhaps there are deeper roots in a friendship that has weathered some storms. An experience that never disappoints or saddens, that never touches on feelings, is a neutral experience, with small challenges and color variations (Axline, 1980, p. 195).

We also point out a primordial aspect of the entire experience: the playtime. Anyone who believes that playfulness means triviality is wrong; in fact, there is nothing more serious than a child at play. The dynamics of life, the difficulties and joys, the pain and pleasure of growing up are exposed. When entering the play with the child, the psychotherapist should not intend to apprehend the child's world but only fulfill his ethical duty to respond to the child's absolute call, which presupposes a much greater exit from himself than in therapies with adults. The child therapist is taken out from a synchronic and enters into a diachrony time, with a past-present, which he cannot encompass, but which, through the child, is allowed to experience. The therapist must also always keep up-to-date concerning the child's universe in general – plays, cartoons, films – to keep a more expontaneous communication with the child.

## **Final considerations**

Here, it makes no sense to demonstrate objective and quantitative results to prove benefits or not from the therapeutic experience. We follow Axline's statements (1980), for whom another individual cannot measure the expansion of a person's interior horizon. However, we can speak of the process as a whole, in which it seemed to move towards greater openness and proximity in the relationships among group participants. Healthy development, authenticity, is not about a single state but about constantly confronting the stranger itself that refers to otherness (Brito, 2012).

The ethical call to responsibility is the point from which all theoretical and practical discussion of psychotherapy should start, as the call to "suffer-with and suffer-for" the client is before any therapeutic intervention, in an ethical act that goes beyond an empathic technique (Gantt, 2000, p. 12). Experientially, it was discovered that "being me is always having an extra responsibility" (Lévinas, 2010, p. 85) and that this is accentuated in the role of the therapist.

Some limitations of this study can be noted. Humanistic play therapy undergoes evolution, and future research can be more comprehensive, integrating and expanding knowledge. The physical environment can also be indicated as limiting, considering the relatively small space of the room used for the group and the limited amount of toys. Even amidst the limitations, the importance of dealing with these aspects is to ensure non-determinism, as Vieira (2017) stated, avoided in *praxis*, a place of freedom and meeting between universal and singular instances.

All theorizing about children or childhood will pass through the eyes of a researcher who is no longer a child. We can find biological or psychological milestones that can be generalized to serve studies or interventions, but what it means to be a child will always be far beyond this, where each has her way of being. We can approach this distant otherness, but we will certainly never be able to describe it exhaustively.

The experience will transcend the investigator's gaze. The best way to apprehend it, perhaps, is when we look at it together along with the children – "the relation with the Infinite is not knowledge, but proximity" (Lévinas, 2010, p. 83). Only when we position ourselves together with the phenomenon of being a child can we have a chance to access something from this universe. Thus, as researchers, we will know that everything we can theorize will be limited and will only have the meaning as long as it promotes respect for the child's otherness and awakens the colors and beauties of childhood among the adult world lived experiences. In this sense, this article did not only seek to discuss the experience with the children presented here but, above all, to learn from them and share from this knowledge.

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