



Re-Examining Play Therapy — with the Parents

By Heather Forbes, MSW & Sophia F. Dziegielewski, PhD, LCSW

Play therapy has been viewed as a traditional recommendation for therapeutic help, or when a child is in a crisis or a parent is having behavioral difficulties with the child.

Allowing a child to play out stress within a controlled therapeutic play environment with the help of a therapist has been an accepted model of treatment. While play therapy has often been seen as a model of choice, the authors suggest this approach is restrictive and limiting because it does not include parental participation. It is suggested that serious consideration always be given to include the parent's direct participation in a therapeutic play environment, along with the therapist.

From an attachment theory perspective, it is suggested that including the parent as an integral part of play therapy is beneficial to the security and development of the parent/child relationship. Additionally, including the parent in sessions can help facilitate and promote long-term healing for both the child and the parent. The inclusion of the parent in play therapy can also facilitate positive change in the child while linking the parent to all changes.

Play therapy has traditionally been an intervention that allows the therapist to provide a holding environment, analyze defenses, clarify and interpret transference, and develop a therapeutic alliance. Additionally, the action of "play in itself allows the child to bring forward and explore

feelings that are most troublesome and important" (Albon, 1996, p. 545). Since young children are particularly vulnerable to stress because of their immature defenses and lack of life experiences, play therapy allows a child to work through stressful times through his or her natural medium of play (Webb, 1999).

Nancy Boyd Webb defines play therapy as "a helping interaction between a trained adult and a child that seeks to relieve the child's emotional distress through the symbolic communication of play." She states that play therapy has two goals: (a) to relieve symptoms and (b) to remove obstacles hindering the child's growth. Play therapists, however, stress that it is not just "play." They assert that play therapy is also about interventions and the use of play to help a child express frustrations, sufferings, and fears. This use of play can also "...serve as the means for establishing the therapeutic relationship" (Webb, 1999, p. 31).

The animal kingdom provides profound examples of the importance of play. Play is used in the animal kingdom to reinforce the bonding and sense of security between the mother and her offspring. The *National Geographic* article, "Animals at Play" by Dr. Stuart Brown illustrates how animals use play to develop survival skills, to socially integrate the young, to teach reciprocal bonding, and to simply have fun.

Conversely, the article also illustrates the absence of play. Jane

Goodall gave an example of a chimpanzee family in which the mother chimpanzee was timid and became socially avoidant. As opportunities to play decreased for the offspring of the withdrawn mother, the once lively and energetic baby chimpanzee became increasingly lethargic.

Therefore, as exemplified by the animal kingdom, play is a fundamental, intrinsic, and necessary part of a child's development. Play can help the child learn to grow and interact competently and effectively within their environment (Rodger & Ziviani, 1999). It is through play that children learn gender roles and strategies for resolving conflict and coping skills.

Carroll determined that the thera-

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peutic relationship was a significant factor in children's play therapy experiences. The termination of this relationship at the end of therapy was distressing to many of the children. One child commented, "You just get to know someone, and then you have to leave them. You just start talking about things that hurt you, or things that you like, and sharing the secrets, and then you have to leave them." (Carroll, 2002, Findings section). Pain at the end of the child/therapist relationship is inevitable with the traditional model of play therapy.

Including Parents

Filial play therapy, however, involves the parent in the treatment process. Although filial play therapy models may vary, it typically involves the therapist training and then supervising the parent over a period of several weeks. The parent then conducts weekly play sessions at home with the child, without the therapist. The parent and therapist continue to meet for feedback and additional training. The goals of filial therapy are to: engage parents to enhance the parent-child relationship; reduce inappropriate behaviors; teach parents reflective listening skills; and improve overall parenting skills. Bratton, Ray, & Rhine (n.d.) showed filial play therapy as an effective treatment. Additional research also supports this finding (Athanasiou & Gunning, 1999; Johnson et al., 1999).

Integrating Concepts from Attachment Theory

The work of John Bowlby, including the Attachment Trilogy, grew out of psychoanalytic theory and emphasized "the role of the child-parent relationship in the development of the personality and psychopathology." According to Bowlby, protection is the basic nature of the child's ties to his or her mother. A child's attach-

ment behavior is activated in times of "pain, fatigue, and anything frightening, and also by the mother being or appearing to be inaccessible."

This idea led Bowlby to propose that in order for a child to grow in a secure manner, the child and the mother must participate in a reciprocal relationship, with the primary function being that of protection. Therefore, normal development of a mother-child relationship begins at birth.

Bowlby theorized that control systems are placed within the mother-child relationship. He explained that the "simplest form of a control system is a regulator, the purpose of which is to maintain some condition constant." Bowlby gave the example of a thermostat. A thermostat is designed "to switch on heat when temperature falls below the set level and switch it off when temperature rises above that level."

As a result, the attachment system is maintained by a system of reciprocal feedback between mother and child, in which the child uses the mother as a secure base, thus using her as a regulator. Thus, "attachment is not something mothers *do* to their children, but rather something that is created *together* between the mother and the child" (Forbes & Dziegielewski, 2002, p. 151-152).

According to attachment theory, change comes in the healing and repair of the relationship between the parent and the child, not through the relationship between the child and a third party. The use of play therapy, under attachment framework, directly involves the parent's interventions and play with the child. The bond that has traditionally been developed between the therapist and child is shifted so this bond is developed solely between parent and child. The therapist serves as a guide and facilitator to the parent, being a "coach" to

the parent. With this approach, it is imperative for the therapist to direct all questions and comments to the child through the parent and not directly to the child.

There are numerous benefits to including parents. The parent and child can experience a mutual exchange of affective signals. The parent learns to identify clues applicable to everyday life. Development of trust between the child and parent is fostered through play interaction, which creates a safe atmosphere for the child to express emotions and feelings. The parent becomes in-tune with the child and learns to identify the child's inner turmoil. With the assistance of the play therapist, the parent can learn to respond to the child's inner self, not react to the child's behavior.

Additionally, the child is validated by the parent's approval of his or her's creative world. As the parent responds and builds upon creative interactions, validation from the parent helps to solidify and build the parent-child relationship. Hence, a feedback system of clues, verbal expression, trust, validation, and physical interaction (hugs, eye contact, etc.) is developed between the parent-child that can be continued outside of therapy. This feedback system helps empower parents in everyday interactions with their children.

It is imperative for a parent to develop a reciprocal relationship in order to meet the child at his or her level in a play module. For example, Chethik reflected how the play session demonstrated the role of the parent as the affect-regulator for the child. The session also showed how intimacy was created by the mother's demonstration of empathy toward the child and how the child's dependency on the mother was enhanced through play.

In a study identifying the stressors

of adoptive mothers with special needs children, a large percentage of the mothers felt isolated in their struggles (Forbes & Dziegielewski, in press). Many times parents seek therapy as a last resort and often feel powerless and isolated. Isolating parents in a waiting area, without *including* them in therapy, has the potential for exasperating this feeling of loneliness. But including them in therapy can help return the parent to a state of being calm, confident, and hopeful.

It is important to recognize that the mental state of the parent is critical in the long-term effectiveness of treatment. Bryan Post, PhD, an internationally recognized family therapist writes, "The child is only as healthy as the parent." Allowing the parent to take an active part in play therapy can create a synergist response to therapy. In order to attain this response, it is important that practitioners be trained in how to best harness the resources of parents to contribute to the child's development.

The limitations in this approach include cases in which the parent abused the child. In such cases, identifying either the other parent or a close relative, such as a grandmother or aunt, would be the next best alternative. The therapist would only serve as the primary figure in the play environment as a last resort. Also, in some cases parents may be unwilling to participate in the therapeutic process and instead have the attitude, "Fix my kid." In these situations, the parent should be educated about the importance of a continuum of care for the child from everyone involved in his or her daily life.

For some parents, this approach to play therapy may be challenging and awkward. If a parent's own parent did not engage with him/her at this level when he/she was a child, the act of play with a child is often unnatural. In such cases, the therapist's main

focus should be on helping the parent overcome the fears surrounding play interaction. Some of the child's problems child may be a result of the parent not being able to interact with the child during play (prior to coming to therapy).

Conclusions and Future Directions

In traditional play therapy, the role of the parent was often not highlighted and many cases, the important role of the parent has not been acknowledged. However, it is clear this view is changing. Kaduson & Schaefer (2001) state that even the more traditional models of play therapy have begun to recognize the important contributions that can be made by including the parents in therapy. When parents are included, the relationship between the child and parent can be promoted, as their relationship becomes the first priority. The relationship between the child and therapist should no longer be considered by itself. The "therapeutic alliance" developed in traditional play therapy between therapist and child should only be a temporary alliance, as it does not directly promote the development of a secure relationship between parent and child.

Therefore, for long-term empowerment, the authors suggest that traditional play therapy be extended to include the parent. In this sense, the parent will be equipped to help the child later in life. The therapeutic alliance between the therapist and child developed in traditional play therapy can be used to facilitate and build the relationship between the child and the parent, but it is the parent who is biologically designed and equipped to be the regulator of the child, not the therapist.

As a result, it is vital to the long-term functioning of parent and child for the parent to be directly included in play therapy sessions and for the

parent to be the primary figure in the play environment. ■

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Re-Examining Play Therapy — with the Parents

1. Decide if the following statement is true or false and briefly explain your answer: While play therapy has often been seen as a model of choice, the authors consider this approach restrictive and limiting when it does not include direct parental participation. ☐ True ☐ False _____
2. From an attachment theory perspective, there are at least three benefits of including the parent in play therapy. List two of them. A _____ B _____
3. Two primary goals of play therapy are suggested in this article. What are they?
A _____ B _____
4. Decide if the following statement is true or false and briefly explain your answer: In this type of play therapy, play is viewed as a fundamental, intrinsic, necessary part of a child's development. ☐ True ☐ False _____
5. What is the name of the form of play therapy that directly involves the parent in treatment? _____
6. This type of therapy has four goals. Name three of them. A _____
B _____ C _____
7. Decide if the following statement is true or false: Attachment is not something mothers do to their children, but rather something that is created together between the mother and child. ☐ True ☐ False
8. Interacting in a play environment can be beneficial to the parent and child. List three benefits.
A _____ B _____ C _____
9. Decide if the following statement is true or false and briefly explain your answer: The therapist should always serve as the primary figure in the play environment. ☐ True ☐ False _____
10. For some parents, interactive play therapy may be difficult. In such cases, what should be the therapist's main focus?

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