

Phyllis Booth and Theraplay[®],

Part 2: Inspiration and Longevity

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CLINICAL

EDITOR'S COMMENTS:

Eliana Gil presents
Phyllis Booth's inspirations
and hopes for the
future of Theraplay®.

This is the second of a two-part interview with Phyllis Booth, the 2017 Association for Play Therapy (APT) Lifetime Achievement Award recipient and co-developer of Theraplay®. In part one, we explored the beginnings of Theraplay® and Phyllis's involvement (e.g., Gil, 2018). In this part, we explore Phyllis's mentors, Theraplay® specifics, Phyllis's hopes and dreams for the future of Theraplay®, and the keys to her longevity.

Phyllis named Ann Jernberg [the founder of Theraplay®] as her "most inspiring mentor." They met in 1949 when Ann was her assistant teacher at the U of Chicago Nursery School. When they reconnected in 1976, their roles were reversed. As Phyllis recounted, "I was no longer 'head teacher' to her 'assistant teacher,' and she became my guide and role model." Phyllis fondly remembered, "She led the way in developing Theraplay® and I was happy to follow." Their working relationship developed and deepened in the following years.

She valued my experience as a nursery school teacher, which I had continued for another 10 years before returning to Chicago, and she welcomed my interest in exploring the theoretical bases for Theraplay®. I was first fired up by the serendipitous experience of being introduced to Bowlby and Winnicott.

As Theraplay® became known, private clients sought treatment. A special Theraplay® room was created with an observation room and a one-way mirror. Ann sat with the parents behind the one-way mirror while I worked with the child until it was time for the parents to join us in the playroom. Then, she and I would talk about what had transpired and devise plans for the next session. This was an amazing opportunity to learn about treatment that included Ann's sensitive work with parents.

Ann provided personal supervision to Phyllis, but she also introduced her to the wider world of psychotherapy in Chicago. As Phyllis recounted, "She was very keyed-in to important people who were doing innovative work. Whenever she saw an opportunity to attend a lecture or a training, she invited me to join her. I was introduced to many important people and

ideas." Ann and Phyllis attended lectures by Selma Fraiberg in Chicago, a months-long training program in neuro-linguistic programming, and different weeks studying with Milton Erickson in California, Habib Davanloo on Cape Cod, and several trips to Washington, D.C. to attend an ongoing supervision seminar in the Davanloo method. They also attended a series of meetings with Michael Trout, who, according to Phyllis, "was then a young protégé of Selma Fraiberg and is now doing wonderful work with children who have experienced trauma." These were but a few of the people Phyllis remembered meeting with Ann.

Although Ann was an important professional mentor, the gift of the personal connection she shared with Phyllis was beautifully illustrated by the following memories: "Most important, even during her husband's long illness and in the years when she was fighting her own cancer, Ann was always there when I needed her. She was totally focused and available, attentive and 'with me.' I miss her."

“*Since those early days, Theraplay® has continued to grow in sensitivity and attunement to the child's needs...*”

The synergy between Ann and Phyllis led to some interesting theoretical and practical contributions to the field of play therapy. I have found the four dimensions of Theraplay® particularly helpful in assessing parent-child dyads. These dimensions provide the foundation for selecting interventions and make a wonderful contribution to family work. Phyllis described how they were conceived.

When Ann and I began teaching about Theraplay® we would start by asking the participants to get a picture in their minds of a mother or father interacting with their 6-9-month-old baby. The activities people mentioned included playing, feeding, rocking, singing, reading, fathers tossing the baby in the air, etc. She put some of these long lists into the

first edition of *Theraplay* (Jernberg, 1979). Then, we separated them into dimensions: structure, engagement, nurture, and challenge.

Theraplay® is often compared to Viola Brody's developmental play therapy. Phyllis shared her perspective on the common threads between the two approaches.

Viola's focus on touch and on responding to the child's "regressive" needs was an important early influence. Ann said, "Theraplay®... resembles the therapies of Des Lauriers and Brody far more than it differs from them. Yet it does differ – in intensity, vigor, and perseverance and in its regressive dimension, Nurturing. It differs also in that, while retaining spontaneity and fun, Theraplay® sessions are carefully preplanned and structured" (Jernberg, 1979, p. 3).

Since those early days, Theraplay® has continued to grow in sensitivity and attunement to the child's needs, but we very much hold on to the important role of the therapist as guide and "caravan leader." This latter term is used by our Danish Theraplay® colleagues who see it as an important metaphor for the role of the caring adult in a child's life.

I have seen a video or two of Viola's later work, but only have a rather vague impression of the difference. I guess my basic impression is that Viola's intuitive and spiritual approach to her work with children led to sessions that seem to me to be very free and unstructured. But I have no doubt that she used her intuition, her ability to be "present" and her clear sense of the importance of touch to provide wonderful healing experiences for children.

I love being able to pass along the knowledge that I have gained over the years from so many wonderful mentors.

When asked if she was aware of any misconceptions people may have about Theraplay®, Phyllis's first response was quite humorous, "I'm not sure about this. The people who mistrust Theraplay® don't often come to me to tell me that!" She detailed a couple of concerns that people have raised with Theraplay®'s structure and free use of touch, and how those perceptions are changing.

I think the biggest misperception about Theraplay® is that it is too intrusive, too structured, and too lacking in sensitivity to the child's needs. How can a child work through trauma if the therapist is leading the way toward forming a relationship? Some of this impression comes from Ann's description of Theraplay® in her 1979 book. She used the word "Intrusion" to describe one of the basic dimensions of parent-child interaction. The concept of Intrusion comes directly from Austin Des Lauriers's work, and was an important concept in our work with children with autism. According to Des Lauriers, to

reach an autistic child, or anyone out of touch with reality, intrusion is necessary. Because of the negative implications of the word "Intrusion," I changed the name to "Engagement" in the second edition of the second edition of the *Theraplay* book (Jernberg & Booth, 1998). Engagement better describes the aspect of parenting that is important in creating a meaningful connection with a child.



Another concern for many people has been our free use of touch. I am happy to note that there seems to be a shift in attitudes toward touch: The ethical use of "good touch" is coming to be more widely accepted. Healing a hurt child, creating healthy relationships, both require using good touch with the child and helping parents find their best ways to provide it for their child.

Theraplay® is practiced internationally, and there is a growing body of research to support its efficacy. Theraplay® is one of five play therapies that has been designated as an "evidence based practice" by the Substance Abuse and Mental Health Administration (SAMSHA), along with Adlerian play therapy, child-centered play therapy, child-parent relationship therapy, and filial play therapy. To this designation for Theraplay®, Phyllis responded, "I'm delighted that several enterprising, hardworking and devoted people have taken the time to design and carry out good outcome research that puts Theraplay® on the list." She underscored the importance for this approach and its wider acceptance.

It signals to the world what we have felt all along, that our work is effective. We are eager to set up more research, both to confirm our belief that Theraplay® is effective and to discover more about why it is effective. Since our goal is a lifetime of healthy, happy living for our families, we need to keep refining our method and checking that we are being effective. And, it doesn't hurt that being evidence-based makes it possible for agencies to get funding to use the Theraplay® method.

Phyllis shared her hopes and dreams for Theraplay® in the future, noting the global value of this approach to children and families.

I want to see Theraplay® continue its search for better understanding of the power of interpersonal play, touch and attunement to heal hurt children and families. I see it taking its place all around the world among the rich array of therapeutic approaches designed to help children and families heal. Theraplay® creates strong foundations and secure attachment relationships on which other therapeutic modalities can build.



In March, Phyllis celebrated her 92nd birthday. She still teaches, supervises, and travels to conferences around the country, inspiring the next generation of play therapists. I asked her how she remains motivated after providing so many years of dedicated service to the profession.

I love being able to pass along the knowledge that I have gained over the years from so many wonderful mentors. I love keeping busy. Every time I supervise someone or teach about Theraplay®, I feel enriched by the encounter. I just spent 4 days co-leading an introductory Theraplay® training and feel all fired up to think more about why Theraplay® works, how it can be even more effective, how it connects with and supports other ways of working, and how we can support and nurture each other as therapists. I am fortunate to have good health and to be able to do this. But I think that doing it contributes greatly to my good health.

Personally, I believe that the only way to make the type of substantive contribution Phyllis has made, is to be personally content, to diversify professional and personal activities, and to practice good self-care. Phyllis shared the secrets of her self-care practices, her other interests, and other factors that keep her balanced and motivated.

I start with amazing good health. I sleep well. My mother used to tuck me in and sing me to sleep. I think I still have her influence helping me settle into restful sleep. I exercise regularly, though not as much as I always intend to do. I have been doing yoga for more than 20 years, I have a personal trainer, and I do Pilates once a week.

I am also very fortunate in being able to spend a lot of time playing chamber music with friends. My husband took up the cello in his 30s so he could play music with me. This willingness to share my pleasure meant that music remained a large part of our shared life. This is how I fill the “vacant” hours that are left by no longer seeing clients. There is something quite wonderful about playing together in music.

I have attended to my psychological well-being as well. I had my own psychoanalysis – that was the thing to do in those days. It was a great help to me in getting beyond the death of my son in 1979; that, along with my husband’s amazing support, who, though equally devastated by our son’s death, supported and comforted me through a very rough period. Even now when I hit a rocky place, I go back to get help. I had a very satisfying and happy marriage. But when the going got tough, as it did from time to time, we went to a therapist together.

Nowadays, I depend on one or two close friends who can be trusted to listen and support and help.

May we all take good note! It seems the core dimensions of Theraplay® (structure, engagement, nurture, and challenge) have also been an important part of Phyllis’s longevity and the meaningfulness she has found in life. I respect Phyllis tremendously and feel inspired by her passion and dedication. I am grateful to her for participating in this interview and for sharing her wisdom with us all.

References

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