

Part 1

Introduction: context and stance for the child psychotherapist

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an orientation to the book's approach

Carl Bagnini, Anabella Brostella, David Scharff, and Jill Savege Scharff

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*Carl Bagnini, Anabella Brostella, David Scharff,
and Jill Savege Scharff*

Play in everyday life

Play is fun. Play is learning. Play involves change. Play maintains health and facilitates growth. Play is an activity that creates movement between the inside of the child and others in the outside world. Play produces surprises, and transformative possibilities. Play is the child's ongoing psychological-physical expression of their earliest and continuous experience of the human and nonhuman environment. Play is the physical and emotional means of accomplishing developmental tasks toward mastery, self-cohesion, and learning interpersonal relatedness. Play is how children form their identities, channel aggressive and libidinal drives, determine limits, and find opportunities for self-expression and self-regulation. Used in therapy, play reduces symptomatology, releases the child's voice, and fosters personality integration. We also use play in work with the child's family. We approach the child's family in a nondirective psychoanalytic state of mind based on "evenly suspended attention" invented by Sigmund Freud (1912e, p. 111), modified for child treatment by Melanie Klein (1932b) with her introduction of play as a conveyor of unconscious fantasy, and broadened to group relations by Bion (1959, 1962), all of these adaptations brought to family therapy by Joan Zilbach (1985), David Scharff and Jill Scharff (1987a) and Jill Scharff (1989).

Play in individual assessment

We provide a simply furnished office with nothing so valuable as to create anxiety about a child's actions, but with enough toys to offer child patients a familiar play environment which relieves anxiety, and objects with which to express their conflicts, wishes, and fears in scenes and games of their own design. We observe, we interact, and we may join in the play when invited to do so, always with the purpose of facilitating the child's exploration of his thoughts and feelings. Our selection of toys includes human figures of various skin colors, vehicles, small animals, blocks and Lego for building, board games, a doll house, fidgets, paper, markers, and clay.

Very young children play on the floor, actively physical with the toys. School age children are less physical, playing less often roughly than preschoolers, and they prefer to sit and use a desk or a pad for drawing. They write, draw, and in general have a more structured way of expressing their conflicts.

During online sessions we see child patients at home, which usually means in their room, surrounded by their toys and mess. We may play together using the whiteboard to draw together or communicate using technology, often playing video games that let us enter the child's fantasy world just as toys and board games do in the office. Children and adolescents online show us more about their external world than is possible in the office, giving us a tour of their rooms and bringing their toys and pets into the scene, so that we get to know more about them and their setting.

Inhibited children may be too afraid to play at all. We observe, wait, invite but do not push. We wait until they are ready to play. Aggressive children on the other hand may be attacking the paper, breaking the pencils, and treating our furniture roughly. We let them express their anger, but we need to set limits to their destroying our property or hurting themselves or us. Anxious children may be running around, unable to settle.

Adolescents think they are too big to play, but we may notice them playing with their clothes and hair. Sometimes they object to playing. A thirteen-year-old Chinese boy, who plays only with the sand tray and the miniatures, says that the play is boring. Does that mean that this

type of play is not suitable for a thirteen-year-old? Is a standard fifty-minute hour too long for him? He is trying to elaborate something. For example, if he buries the miniatures in the sand, he might be trying to bury angry feelings about a family member. We discuss with him his choice of play material, the scenes in his play, how bored he feels about the play, and how he feels about the session and us. Another adolescent may play with paper and markers.

The therapist's four levels of attention to play

Therapists focus and relate to the play in four basic ways, determined by the trust of the child and the stage of development of the therapeutic relationship.

- We may just observe without comment, especially if the child is touchy
- We may ask the child what is happening and to elaborate on the theme of the play
- We link the play with the session content by using a metaphor or making an analogy between the play and the family circumstances
- We observe and make a direct link with the play

Play in family assessment and therapy

Play in family assessment and therapy gives us access to how the parents relate to their children and how the siblings interact. In the family therapy setting, the child plays and behaves freely, and we observe how the family reacts or fails to react. These behaviors show us the child's individual personality and aspects of their family too. Play is a physical activity that corresponds to verbal exchanges among the adults. First, we need to create an environment that invites the family members to play. We want to make available a range of play media so that we can work in the modality best suited to each family. We want them to express their anxieties *about* play, and then to be able to express them *in* play. We can show them how to figure out what the play means and what it can tell them about their family. We see the children in conflict over the play, and in the play, and we understand that this may reflect conflict in the parental couple. When we see their regression to an earlier stage of

development, we know to look for an underlying crisis in the family or at school. For example, a five-year-old who just got a baby sister may come in to session acting in a babyish way. As therapy takes effect, we observe their maturing collaboration in play.

Vignette: play in assessment of a family with young children

The Scharffs reported on a couple who came for assessment of their sexual dysfunction and concerns about their boys' development: The husband had premature ejaculation and the wife simply hated sex (D. Scharff & J. Scharff, 1991). The wife had angry outbursts with their eldest child Eric, age eight. The couple's son Alex, age five, was disruptive at school and was soiling by day and night. In the family assessment session, while the parents discreetly described their symptom as "difficulty with conjugal relations" the children built a firehouse and an engine crashing through it. The older boy Eric was calmly drawing small spaceships which were, however, attacking the mother ship. The building activity and the drawing were symbolic expressions of the children's awareness of the attack on the parents' sexuality.

Vignette: play of two adolescents in family therapy sessions

Two adolescents age fifteen and thirteen, in family therapy because the family was in mourning for the death of one of its members, wrote their names in large letters over and over again, in every session. They were showing their need of reassurance of their identities. Now that one of their brothers is dead, they need to prove that they are large as life, and can move on to rethinking who they are now.

We invite all the family members who live together. We take note of where they come from, how they handle worries and needs based on identifying with or against their experience in earlier generations. The child expresses the conflict of the family. Many families unconsciously select one member to express the pain and worry of the family, a role that Pichón Riviére (1970) calls in Spanish the *porta voz*, the speech bearer. This identified patient speaks the family issues that the family cannot bear and have projected into the child. The family recoils from, or silences, the child to avoid, or suppress, that issue.

It is our job to support the child to express what that child is feeling and to help the family to acknowledge and take back their piece of it. We help the child and the family members become effective in containing anxiety.

Vignette: use of drawing in family therapy

An adolescent girl was referred because of school refusal. In a family assessment, the story of a recent move made sense of this girl's rebellion. When the father's job assignment changed, the father suddenly moved his family from Los Angeles to Panama City with less than one month's warning. He did not take into account the family's input on the decision, and, having to work overtime to effect the move, he did not give his time to them as they faced the big change. His wife had to give up her job with no guarantee that she would find another but she went along with the move. Their children were upset at losing their school and familiar house and American culture. After the move, the adolescent girl became highly rebellious, hated Panama because it rained too much there, and refused to go to school. The latency girl was worried about being drowned or lost in a fire.

In that family therapy session, the family drawing was of a house with three windows and a chimney, and rain pouring on the house. Laughing, the mother said, "There's a window for the girls and me, and the father will have to go out through the chimney." She seemed to team up with the children to exclude the father as an expression of her retaliatory wish to get back at him for not considering his family. The latency age child drew a father who had been stabbed, and for the next image she drew two guns. She was expressing murderous rage, except that one of the guns was not loaded, and so that indicates that she also wished to protect her father.

The couple's conflict was displaced on to the children because the mother was not acknowledging her aggression against the father, and the father was not acknowledging how much his self-interest had hurt his family. The therapist could see that the couple's conflict over the move had been projected into their elder daughter. Play offered this family a safe space where they could express their rage and their wish for retribution.

Stages of development

Children at various stages reveal their inner worlds in ways typical of their stage of development. Knowledge of attachment style and stages of child development is essential for the family therapist. We assess the young person's stage of development to give us a guide as to what to expect, and to know how to help. We learn the capacities for cognition, affect regulation, object permanence, self-cohesion, and social relating characteristic of the child's chronological age, and as we play we look to see where the child falls within that range. In family meetings, we assess whether the family functions in ways that are appropriate to the developmental level of each member. We will address the stages of child and adolescent development in the series of chapters on those stages in the section on development. For now we simply want to introduce you to the idea.

Attachment theory

Knowledge of psychoanalytic theory pertaining to early development is also essential in the preparation of the psychoanalytic child and adolescent therapist (J. Scharff & D. Scharff, 2005). We begin with considering the type of attachment that develops between the baby and each parent. It was Bowlby (1988) who drew attention to the need for a secure attachment base. Following him, the specifics of types of attachment were developed by Ainsworth et al. (1978) and Ainsworth and Solomon (1987); then, attachment and its relation to mentalization and self-reflection was the subject of the research team of Fonagy, Gergely, Jurist, and Target (2002). Researchers showed that attachment may be secure, or insecure in organized ways in which the baby is dismissive of the need for attachment or clinging to the attachment figure, or totally disorganized ways (which usually indicates a trauma history). Attachment forms the context within which the infant self develops.

Cognitive development

The stages of cognitive development are classified by Piaget (Marcin, 2018; Piaget, 1962). Applying Piaget's system, we can say that children are all sensorimotor learners—all playing develops from bodily

experience. What they think and feel is more easily expressed when tied to something physical such as making a swirl either on the paper (before making a circle is possible) or in the room twirling or moving around. Hence the value of play for revealing thought process. At this stage, we see children struggling with separation anxiety since the goal of that stage is object permanence. From two to seven years of age, we can expect children to start using symbols to represent their inner life, giving different meanings to an object or word. Later, from seven to eleven, they play with the interrelationships of things, working on how one affects the other. From adolescence on, they use ideas and manipulate ideas and thoughts to show us how they feel. For example, an adolescent girl uses metaphors to explain her anxiety. She says, "I am so anxious that rapid thoughts fill my mind, and I feel as if I am a fast train."

Freud's stages of psychosexual development shown in play

Turning to Freud (1905d), we look at the psychosexual stages of development, oral, anal, phallic, and oedipal. The lap babies play with their mother's body and gradually move on to cups and stacking rings, moving in swirling motions around the room. From two to six years they are in the phallic stage moving towards the oedipal stage but not yet there. They show romantic power to their parents, boys showing how strong they are and girls displaying their body and wanting to be rescued like a princess. Around five or six they take a bit more distance from the family. They create their own story in a separate space within the family meeting and bring it back to us to show parents and therapist what they did. In latency from seven to eleven, they play games with rules, sports, doll play interactions, and daily rituals. From adolescence on, they don't play in sessions, but they draw and speak more directly of their situations. We always want paper and markers at hand, because they are useful at any age. We do not want too many toys, because too much becomes confusing to the children. We use our internal play space, our imagination, and we tolerate the play, and the anxiety about play, while we also concentrate on doing our work of interpretation.

Object relations theory

We base our psychoanalytic approach to individual children, adolescents, and their families on object relations theory. Fairbairn (1952), Winnicott (1971), Klein (1975), and Bion (1962, 1967) of the British object relations tradition refocused psychoanalysis towards understanding that the drives of the human infant are primarily oriented towards creating relationships. Fairbairn said that an active part of the infant self takes in the experience with the figures in his world (the external object) and keeps them inside to gain control of them and the feelings they generate (the internal objects). This creates an internal object relationship consisting of a part of the self, a part of the object, and the affects that connect them. This organizes the mind as it relates to the outer world. The child re-projects these internal objects onto the mother and other family members looking to confirm or modify their perceptions in the light of new experience. The internal object relationships relate to one another inside the self as well, constantly in dynamic relation, the ego repressing unpleasant objects and projecting them into others, looking for understanding.

It was Klein (1946) who developed Freud's concept of projection in terms of the mother–infant relationship. She noted a cycle of unconscious communication between the minds of infant and mother as the infant deals with annihilation anxiety arising from the force of the threatening death instinct. The mother takes in the infant's projections and identifies with them, and the infant takes in the mother's projections and identifies with them. She called this projective and introjective identification. This unconscious communication happens at the same time as it rides on the back of conscious communication conveyed in physical terms. For instance, when a mother returns from an absence, the infant has missed the mother. Not knowing how to get this across, instead of greeting her warmly, the child turns away to warn her not to leave again. When the mother takes in the child's unconscious meaning, she may retaliate to the infant's sense of rejection, which then confirms it, or she may respond with compassion for the wordless distress.

This takes us to Bion's concept of *containment* (1962, p. 90), which builds on Klein's ideas. Bion was a Kleinian analyst whose work with

groups sensitized him to the effects of interaction and group dynamics on the development of mind. The infant communicates longing for relationship and distress about bodily experience through all forms of communication. The mother takes in all aspects of experience—having fun, playing peek-a-boo, or feeling raw distress, identifies with it, and uses her identification with the infant's immature experience to understand her infant's mental state and to respond to the needs. This communication is going on all the time, as the mother–infant pair work towards a rhythm of safety and understanding together. As the mother works on understanding her child, interaction has a maturing effect on the child's mind.

Turning now to the ideas of Winnicott (1960), we find a related but different concept. Winnicott refers to the infant's need for *holding*. He is thinking of the environment that the mother provides by holding that infant in her arms so as to keep the baby safe and held together in a physical way, which promotes progressive integration of the personality. Thus, physical holding forms a necessary context in which the mother can then offer containment, as she processes the baby's distress and returns it in a way that calms the infant.

The therapeutic attitude

Like the good parent (but with the advantage of bearing no responsibility for parenting), the child therapist works with an attitude of holding the frame of the treatment, holding open the space for thinking, welcoming emotional expression, and offering containment. The therapist offers holding first—safety, emotional warmth, and nurture. Then, she takes in the child's distress, confusion, and hurt, processes it in her *therapeutic reverie*, and returns it to the infant in a manageable form. Creating a reliable holding environment in our professional office is the safe situation we work to offer first. Managing anxiety and interpreting resistance to therapy as a basic fear of the therapist and what will happen is the way to continue establishing safety. Play is a huge help in creating a familiar environment with choices of toys and games for stress relief and expression of conflict. Then, we take in and make sense of the child's communications consciously and, most important, unconsciously,

through projective and introjective identification, shown to us in interactions based on our play.

The Scharffs' training exercise: "toy journey"

Play is important as part of our personality and our professional identity as child and family therapists. It helps us be in contact with our own internal child and how we feel when we are playing. The Scharffs (D. Scharff & J. Scharff, 1987a; J. Scharff, 2020) designed an exercise for use in training child and family therapists to help them get in touch with that inner child and with the value of play.

Vignette: the toy journey

The training group of therapists assembles, and the leader asks the therapists to take a few minutes to think about being very young and to recall how they felt when playing. The leaders give various prompts.

"Where did you play? Who did you play with? What toys did you use? What was your favorite toy or type of play? Did you play alone or in company? How did it feel? Who was your playmate at school? What comes to mind when you think about that experience? Did you have a special teacher? Or a not-so-special teacher? Now look at a selection of toys. Pick a few of the toys and create a toy family."

Therapists then play together talking about their families. A therapist brought an uncle, someone who is a containing figure from outside the nuclear family, into a family of a father and son. The toy selected for the uncle was a yellow bird, and the toy for the child was a little boy in a yellow sweater. They were connected by the color of their chests. Perhaps this child felt closer to his uncle than to his father. There was no mother. A therapist in the training group added a dinosaur to be a guard for the family. In discussion, someone suggested that this intervention represented the role of a therapist protecting a family during difficult sessions. By her participation in the exercise, this therapist showed us how to integrate our own internal play into our family understanding in the session.

Conclusion

As an accompaniment to verbal interaction, play helps us to know what is going on. But we need to teach the child and her family about its value. We show how a child's individual drawing is a graphic dimension of the young person's dreams and fantasies, and of the family in which they live. In family therapy, we tune in to the unconscious dimension of their play and use it to understand the family and their patterns of behavior, feeling, and interaction. We offer families holding and containment of their chaos. We describe the play that we see and monitor how it makes us feel. Our response helps us connect with the children and the grown-ups. Play becomes the principal medium of communication of internal feelings and relationships in the family therapy session, and this transfers to a more creative, playful atmosphere in the home.

Child therapists need training in cognitive development, psychosexual stages of development, attachment theory, object relations theory, group theory, and the therapeutic use of play in order to prepare them for work with individual children and adolescents and their families. Play is a special tool. It provisions a therapeutic arena in which the family members can learn about their conflicts, wishes, and fears.

This chapter serves as a bird's eye view of the rest of the book, an orientation to what is to come. In later parts, we will expand severally on these topics.