

Preface

Working with families with young children is challenging, exciting, and rewarding. Over the years I've become more and more convinced that integrating play in therapy with families is one of the most successful ways of encouraging reflection and positive change. The fields of family therapy and play therapy have a great deal in common: They are both creative ways of working, designed to shake things up, initiate novel solutions, and reorient family members to each other, thereby reestablishing or deepening emotional connections and empathy.

Family play therapy has an experiential component as well as a creative focus. Adults and children alike are invited to participate in whole-brain and body activities that awaken and mobilize inner resources that may be otherwise dormant or inaccessible for whatever reason. Family play therapy has several key ingredients: the potential for physical and emotional movement, the potential for increasing a sense of joy and well-being, and the introduction of novelty for participating adults (novelty is considered one of the factors that can increase plasticity in the brain as well as receptivity to therapeutic gains). Another important feature embedded in family play therapy is the possible emergence of metaphors and metaphoric language that can be amplified with clients in order to help them understand themselves further and explore the underlying issues that might remain hidden from the conscious mind.

Since the first edition of *Play in Family Therapy* was published

more than 20 years ago, my work has evolved as I have continued to focus on helping families in crisis. Many influences have strengthened and supported this work, among them an increased focus on evidence-based models and interventions and a greater acceptance of lessons gleaned from neuroscience and the functioning of the brain.

The second edition reflects an integrative approach by showing practical methods for inviting children and their families to engage and invest more in their own creative changes. In this approach families are presented with different ways to participate, rather than limiting therapy to a single way of talking or being. Integrated work is one of the most relevant and important areas of growth in my professional experience. I have learned that one single model does not help everyone, and that, as clinicians, we need to keep inviting clients to participate in a variety of holistic activities that might touch them in different ways.

Another important development reflected in the second edition is a more collaborative approach in which families co-create their own paths for healing and growth, rather than looking exclusively to the therapist for insight or direction. This is evident in the greater focus on metaphors and in giving clients an opportunity to reflect on the work they have done in a variety of unique ways. The first edition provided a rationale for integrating metaphors in family therapy and featured a number of activities that could be helpful in initiating some productive work. This edition looks beyond simply providing clients with playful activities to carefully eliciting and structuring interventions through listening to personal metaphoric language, making abstract metaphors concrete, and allowing clients to interact freely and expansively with the metaphors they've created.

Twenty years ago, my ideas about what to do after identifying metaphors were not fully developed. I have since come to understand the revolutionary process of "holding up" and amplifying the metaphor so that clients can see and value it in new ways. It is clients' reflection on their own metaphors, and not necessarily our clinical intervention or technique, that creates more and more opportunities for insight and change.

A third important advance in this edition is the emphasis on creative expression on the part of both clients and clinicians. Clinicians often stay away from expressive therapies because they believe that people are either creative or they are not! Therefore, they don't push past whatever hesitations they may have to foster their own creativity, to remain open to creativity in others, and to practice and explore the possibilities that exist in creative freedom. This book advocates for the clinical exploration of personal creativity and shows how this search can open the door to an increased level of comfort with this type of work.

Finally, as alluded to earlier, this edition reflects the recent advances in neuroscientific research, which suggests that the brain is affected differently by different types of interventions. I have been greatly influenced by the work of Dr. Bruce D. Perry, who acknowledges that while all interventions have their own merits, the sequence of delivery is also relevant. Clinicians should first take note of a client's emotional and physical state and begin by stimulating underactive parts of the brain. Thus if family members come into my therapy office and look down, or sit with folded arms, or seem angry and tense, what better intervention to try than some physical activity before asking them to talk? The same result may be achieved by asking clients to talk in different ways, by asking them to exaggerate the feeling they have, by having them use miniatures, or by doing something else that interferes with the shutting-down process. Moreover, inviting families to play or to use alternative language can be quite surprising and disarming to them. It often leads to laughter and joy, which can instill a sense of well-being.

As a result of all these developments, the second edition has been completely rewritten, and the clinical examples in the book are all new. Chapters 1 and 2 document the parallel growth of theories on two forms of therapy—play therapy and family therapy—and make a case for their compatibility and strength through integration. Special attention is paid to metaphors that sometimes go unnoticed or unanalyzed, and several suggestions are made for processing metaphors and making them concrete for exploration. Chapter 3 discusses the use of creativity in conducting family play

therapy and how creativity can be developed with sufficient motivation and practice. I try to dispel the myth that only some people are naturally creative and instead recommend that clinicians consider expanding this aspect of their work. Finally, I acknowledge the fact that many family and play therapists are ambivalent about integrating these two approaches for a variety of reasons that can be addressed. Chapters 4–11 contain brief, yet substantive, case examples of families who have used and benefited from family play therapy. The cases offer detailed guidance about how specific techniques can be easily incorporated into any clinical practice with families.

My hope is that readers find this book useful enough to explore family play therapy further and consider integrating it into their clinical approaches.

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