

What's Behind These Theraplay Activities: A Window into Attachment  
Dafna Lender, LCSW, Training Director, The Theraplay Institute

Why is Theraplay effective for healing children's attachment issues? The key is not the activities. The activities are just the vehicles that facilitate connection. The key is that we lend the child, and teach the parents to lend their child, our *whole selves* to help them organize into healthier, happier people. How does this happen?

Theraplay changes a child's implicit relational knowing, which is a person's non-conscious expectation of what will come from interacting with another human being. The patterns of interactions between a parent and child are established during infancy when a parent responds in an attuned way (or not) to the baby's signal turn. These patterns turn into schemas that are neurologically "set" in the brain over the first three years. The more they are repeated, the more they are reinforced. These repeated schemas in the brain turn into a child's **internal working model** in relation to attachment figures. Most of the children we work with have insecure attachment patterns. In Theraplay, we are giving the child interpersonal experiences that are non-congruent with their (insecure) internal working model, thereby challenging their brain to develop new, healthier implicit relational knowledge of what it's like to be in a relationship. For example, when a child is struggling in a Theraplay session and pushes you away with his legs, you say "Boy you've got strong legs! I bet you can't push me over with these legs on the count of three!" and then hold his feet two feet in the palm of your hand, count to three, the child pushes and you rock backwards with a big "OOOHHHH" sound. When you come back up, you see the child's face has changed from defensive fear to a moment of proud delight. What just happened? By reframing and organizing his resistance into a moment of reciprocal play, you have given the child an opportunity to experience himself as strong, clever and most importantly still *connected* to the adult rather than bad, rejected and isolated. You have given him new meaning for what it means to be him.

### **Right Brain Development in Early Childhood**

The right brain is dominant in infants starting from the third trimester of pregnancy through the third year of life. A parent's emotional attunement (appropriate levels of touch, rocking, feeding, humming, changes of voice tone, tempo of movement, facial expressions) are the experiential food for the right hemisphere during early development, as well as in adult life. The reality of the right brain's world is derived from information about the emotional states of others. While the left hemisphere is Logical, Linguistic, and Linear and slower in its processing, the right brain's basic forms of conscious representations are: sensations and images. The left brain is inept at reading nonverbal social or emotional cues from others. Facial recognition centers are in the right brain. It is these right brain structures that are underdeveloped, damaged, or distorted in the children with whom we work.

Theraplay accesses these right brain structures by providing high levels of non-verbal, face to face emotional communications involving, rhythm, eye contact, attuned responses of pacing and intensity that lead to developing positive right brain structures.

Think of a parent whose baby is upset and crying: What does that parent do? She will hold the baby close, bounce him up and down in strong, rhythmic motions and hum or say “sh, sh, sh, sh” with the same level of energy as the infant is demonstrating in order to soothe him. The baby can feel the vibration of his mother’s chest as she hums and can *feel her intention* to help him through this experience. It is this type of behavior on the part of the parent that lends the infant’s immature nervous system the experiences it needs to learn to calm, organize, and soothe itself. But what if the parent were to hold the baby loosely, not bounce him, and not verbalize at all? The baby would likely not feel his parent’s presence and not feel soothed. If this happens chronically, he will not learn how to soothe himself and manage intense feelings, and he will also learn that no one can help him when he’s distressed. We see a lot of these children in our clinic when they’re older: they are the type who easily “lose it” (lack of self-regulation skills) and then they desperately try to keep you or their parents from getting close enough to help them.

What we do in Theraplay is to intervene at the appropriate physiologic level to connect with this type of child and capture the “attention” of his right brain. For example: grabbing a child’s hand and making a game of “ring around the rosy” out of a child who was previously running around the room chaotically, and then quickly placing him in your lap, facing out, and making finger prints in play dough or feeding him something chewy, is a common Theraplay sequence. What happened on a regulatory level is that the therapist met the child at his highly aroused level and helped to organize it, and then quickly provided both the structure and the engagement to help him calm down and focus his attention on a more soothing level, being ever mindful that because the child’s whole system is overstimulated and reactive, it is best not to insist on face to face contact but use body contact, which is less intense.

### **Vitality Affects**

Keying in to and responding appropriately to a child’s vitality affects is our job: whether the goal is to down-regulate the child’s affect as illustrated above, or to match it (such as in the cotton ball hockey game, patty cake, etc), or amplify it (a child notices an interesting freckle on her hand and the therapist looks with interest and admires it further), we serve as guides in regulating the rhythm and intensity of the relationship. For example, if you’re doing a check up on the floor quietly, it’s because you are attuned to the basic state of physiologic arousal and have judged that the child is able to sit still and focus long enough for you to capture her attention. If she becomes interested in the freckle you found and stares at it intently, you respond with a quiet, rich, energy filled voice: “Yeah, uh huh, neat freckle.” But if she were to stare off past you and look bored or disconnected, you would vary the activity or change it altogether in order to reestablish the connection.

Another unique attachment opportunity that a Theraplay session provides are the many moments of surprise: these are moments of increased intensity, where there is a sudden dynamic shift. We set up these opportunities for dynamic shift all the time in Theraplay. For example: You are quietly studying a child’s face in Theraplay and he reaches out to touch your nose and you make a resounding “BEEEEEP” sound, the child is suddenly

completely alert and, looking straight into your eyes, the child giggles spontaneously at the surprising, funny shared event between the two of you, and you laugh in turn. The discrepancy between what the child expected and what actually happened is surprising. This element of surprise, so important in Theraplay, is the growing edge for a child to learn that new things can happen, but that these new things can be both fun/exciting *and* safe.

### **Now Moments**

Related to the scenario described above, a *now moment* is when two people are sharing a dyadic state of consciousness. For those few seconds after you made the beep sound, the two of you are in a brand new shared space created by the two of you, and, focused on each other. You each give meaning to the event as pleasant and the giggling both conveys and amplifies the moment. The more “now” moments occur, the more the child learns that it is pleasurable *and* safe to be completely caught up in a moment of shared joy or attention with another person. Once this has happened, there is no going back—a deeper sense of connection has been established between the two of you.

“Now” moments can also be seen as trance-like or hypnotic states where the dyad is not aware of the passing of time, is not self-conscious and is intensely focused on the object of shared attention between the two people. This is a common experience for people when they are doing their favorite activity with another person such as playing music, dancing, etc. It is the common goal for many Theraplay activities that require reciprocity, such as pat-a-cake, peek a boo, beep and honk, cheek pop, etc.

### **Positive Affect**

Finally, in Theraplay, positive affective states of interest/excitement, enjoyment/joy are tuned into and amplified in physical play that helps the child learn to share and expand joyful experiences and also to modulate them so that they do not become overwhelming (throwing a baby in the air the appropriate amount of times, in the right rhythm and height so that she increasingly enjoys the experiences but does not spit up, start to cry or get aggressive from too much stimulation, is what we are trying to achieve). Children crave vigorous, physical playfulness that involves body contact, and these activities not only help children expand and manage their positive feelings but they also help counteract negative emotions. Amplification and modulation of positive affect is one of the cornerstones of Theraplay: Pillow balance and jump, paper punch and throw, seed spitting contest all come to mind.

For all of the activities mentioned above, it is the fact of you and the child, or more importantly the parent and the child, *being together* in a connected way that achieves the goal of improved attachment capacities between parent and child.

Makela, J. (2003). What Makes Theraplay® Effective: Insights from Developmental Sciences. *The Theraplay® Institute Newsletter of Fall/Winter*.

Panksepp, J. (2001). The long-term psychobiological consequences of infant emotions: prescriptions for the twenty-first century. *Infant Mental Health Journal*, Vol. 22(1-2), 132-173

Schore, A.N. (1994) *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillside, NJ; Erlbaum.

Schore, A. (2003) *Affect Regulation and the Repair of the Self*. New York: W.W. Norton.

Schore, A.N. (1997) Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders. *Development and Psychopathology* 9, 595-631.

Siegel, D.J. (1999) *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*. NY; Guilford Press.

Siegel, Daniel A. (1999) *The Developing Mind*. New York: The Guilford Press.

Slade, A. (2005) Parental reflective functioning: An introduction. *Attachment and Human Development*; 7 (3): 269-281