

Men in Theraplay: Heavy Lifters

David L. Myrow, Ph.D.

Buffalo, NY

www.theraplace.com

When I first thought about what it was like being a male Theraplay therapist in a field led by females, a powerful image immediately came to mind. I flashed back to my Intermediate Theraplay workshop, led by Ann Jernberg, Phyllis Booth, and Chuck West (among others). Chuck made a move I will never forget. In a 20-second interaction, he changed how I thought about myself as a male and invited me to totally expand how I could use Theraplay. The group was talking about physically managing bigger kids who were out of control. I whined a little about how these kids might be too heavy to hang on to. Chuck walked over and picked me up as if I were a toddler, put me over his shoulder, and set me down. I was shocked – and definitely wowed. Essentially, he said, “Cut the whining and have some fun.” A good Theraplay invitation. (Chuck admitted later that I weighed more than it looked like I would. That in no way takes away from the fact that he did this.). Chuck showed me something that men are especially comfortable with: big-motor moves.

At one level, I find it a bit preposterous to talk about “male vs. female Theraplay therapists,” because the core tenets of Theraplay guide us all. But on another level, I think there are trends that may tend to differentiate the guys from the gals. In this article, I will highlight some of the differences I have observed in my 21-plus years as a Theraplay Therapist; talk about how these strengths are utilized in practice; look at areas where men may not be strongest; review issues about touch and comfort with both clients and trainees; look at special opportunities men have in working with single moms; and perhaps, most importantly to me, talk about the need for Theraplay to regain some ground in working with less complicated clients – which I see as an area where men may have some special contribution.

So my first assertion about what differentiates male Theraplay therapists is this: Many of us feel comfortable with BIG physical moves and most of us like gross motor action. It is easy for many of us to have a shy seven-year-old stand as tall as a soldier; fall into our arms; and fly him around the room. Or to heft a depressed first grader on our shoulders for a Motorcycle Ride. Or have a timid little girl practice jumping from a table into our arms, as we gradually move step by step further apart until she starts to feel quite brave, indeed. Or fly a second-grade bully on a pillow up in the air when he makes eye contact. (The child sits on a large pillow which has handles at the corners. When he makes eye contact, the pillow moves. The longer the child looks, the faster the therapist pulls it, until the therapist actually swings the child, on the pillow, up to a foot or more off of the floor. It’s not as hard as it sounds.)

My second assertion is this: kids often EXPECT men to do gross motor moves and it seems natural to them. Some kids wish for this show of physical prowess. It suggests

strength – enough to help them when THEY get out of control. This kind of strength is itself well-regulated, attuned, and in the context of laugh-out-loud fun. Furthermore, children often admire men who are strong enough to pick them up and move them around. It helps younger kids be comfortable with the reality of their relative size. And boys want to become big, strong men. They appreciate it when a man uses strength for structure, protection, and fun, not to bully and demean.

On the topic of Men as Role Models: Our friend Richard Bowlby, who has devoted himself in recent years to getting his father's (John Bowlby) message about attachment out to the world, also has been presenting recent findings about the roles that fathers play in children's development. Among the ideas he has been detailing are that healthy fathers' relationships with their children seem to foster capacity to manage the social give-and-take when children reach the world outside their homes. This might make it seem that male Theraplay therapists could be especially proficient at helping children manage the pragmatics of getting along with peers, for example, in school or on the soccer field. Research suggests that men have some particular sensitivities to the nuances of these relationships.

Third assertion: MOST of what men and women do in Theraplay is identical. For this, I will refer back to my original training with Terry Koller, another man in Theraplay who had great influence on my work. Terry was an expert at coming up with surprises and fun twists which help engage children in a playful way. It is a rare school-aged child who isn't surprised to find out that he/she has 11 fingers via Terry's trick: "Let's see how many fingers you have. Should be 10, right? Let's see....(left hand) 10, 9, 8, 7, 6...(right hand) 1, 2, 3, 4, 5, right? Hmm...5 + 6 equals 11!). Women can use this kind of thing as easily as men. And so it goes for all of the SENC dimensions.

Fourth assertion: Most men have to work harder to be attuned to SMALL moves that kids make and the nuances of relating to very young children. Toddlers and babies tend to prefer the higher voices of most women and seem more comfortable with women. It is not unusual for dads to feel somewhat perplexed with their new babies while moms usually know how to "jump right in" with them. In most cultures, moms do the majority of caregiving for babies. In the larger biological world, monkey dads tend to leave the "child care" to the moms – unless the moms are not available. Then the monkey dads move right in to do the work. With people, it seems women tend to feel more often at home with younger children, but dads can usually find the way. And many of us can benefit from special training. I learned some great strategies for interacting playfully with babies from my father-in-law as I watched him play with our kids. Joe's baby sounds and facial expressions are quite powerful, and have worked with about 95% of the babies I have met.

Fifth assertion: In day-to-day practice, most of us use Theraplay in combination with other approaches. With school-aged children and young teens, I often find that Theraplay strategies can be used to quickly build a therapeutic alliance. This can pave the way for use of cognitive work. Young teens, in particular, often come to the office after vowing to their parents that they will "come along but not say anything." If I know a boy likes

football, I'll start right out playing catch with a Nerf football, and then maybe move on to Football Tag, where he has to catch the ball and then run to a designated spot before I tag him. If he is a skateboarder, we might do a Pillow Balance. He has to stand on a pillow in skateboard stance; when he gives eye contact, I pull the pillow and he has to balance himself as we glide across the playroom. These approaches usually lead to a few laughs – and often lead to a lot of talking while we play or as we catch our breath after the game.

Even children who are brought in the midst of a divorce or who need help with managing bullies at school can benefit from some Theraplay activities to build trust and comfort more quickly. Sometimes this paves the way to the use of non-directive approaches (for example, sand tray or puppets). Theraplay can change expectations for a child who expects to come in and be lectured or bored; he finds out that it is totally ok to have some fun, even in the context of dealing with challenges at home or school.

Sixth Assertion: Men and women BOTH need to be attuned to children's and teens' issues around touch. Countertransference issues must always be in the back of any therapist's mind, but for the Theraplay therapist there has to be increased sensitivity due to the physical contact inherent in many Theraplay activities. Nothing brings this out as much as efforts in recent years to blend Theraplay with more traditional methods in working with traumatized children, especially children who have been sexually or physically abused. The problem is largely phenomenological: what counts most is the child's or teen's sense of the meaning and purpose of the physical contact, and knowing this requires a lot of care and sensitivity for any therapist. Not only does the therapist have to be aware of the signals from the child, but the therapist's self-awareness is key to protecting both the client and the therapist. I am not sure it is reasonable to claim that men need to pay more attention to this than women therapists. It is a challenge for all of us.

When working with teens, there has always been a suggestion that special protections be in place (for example, having male and female co-therapists, or having parents be present). In my work, I have found that physical contact with teens of any age is usually uncomfortable to them except for when the contact is very naturally inherent in the activity. Examples would be touching knees when sitting cross-legged for Thumb Wrestling, Arm Wrestling, a pat on the back when "tagging" in Football Tag, or ordinary contact in games of Nerf Soccer (e.g., when trying to get control of the soccer ball).

Are there sex-based differences in sensitivity to feelings? Much has been written and researched about differences between men and women in the past few decades. Perhaps one of the most well-accepted axioms is that men tend to be product-oriented and women process-oriented. Does this suggest that male Theraplay therapists are less sensitive to nuances in their clients' affect and phenomenological experience? Or that male therapists are more apt to feel frustrated when clients do not progress rapidly enough? I am not sure. When learning about new clients and their concerns, what therapist has not missed important subtleties about a client's experience? Nevertheless, in my 25 years of working with married couples, as well as with families, it has rarely been the case that men want to take more time to process a situation and women more eager to "solve the problem."

Seventh assertion: One area where I see both pitfalls and opportunities in being a male Theraplay therapist is in working with single Moms and their children. First, regarding the children, some Moms seek out a male therapist who might offer an alternative male model. This is especially true when the moms had healthy dads themselves. Some boys and girls who have never lived with a dad are eager to get to know an adult male, and some even ask their moms for this. Naturally enough, in cases where there has been mental or physical abuse or abandonment from the husband/dad, the Moms may well be guarded, if not mistrustful of men. In extreme cases, it may make it very difficult to develop a trusting relationship. On the other hand, if the therapist is respectful and sensitive to the mom's and children's concerns, this scenario may present an opportunity for the Mom to allow herself to reconsider what men might have to offer emotionally. Special care needs to be taken if the therapist thinks it might be helpful to role play with the Mom to illustrate how to approach her child, as in preparation for bringing her into the Theraplay sessions. Role playing a Thumb Wrestling game – which offers some great opportunities to illustrate how to provide Structure as well as Engagement – needs to be done only if it is clear the Mom is comfortable. If the therapist pays attention to nonverbal signs – and asks permission to do the role playing – it can be very constructive.

Eighth assertion: Male Theraplay trainers working with female trainees face issues parallel to those working with moms. It is critical to be aware of the students' perceptions and expectations about men. In a group training format, there is often more comfort. In individual supervision, I think that a trusting relationship has to be developed first and that there must be constant sensitivity to the trainee's comfort level. In supervision especially, there is an implied power differential (at least in regard to expertise with Theraplay), so care needs to be taken to be sure the trainee feels respected. In my experience, the capacity for Theraplay to bring out fun and induce laughter helps a great deal to reduce the discomfort with emotional intimacy in working with both parents and trainees.

Whether working with clients or trainees, touch issues can become even more complex when working with people from different cultures and also with socio-economic classes within our own culture. In a culture where one sex (nearly always female) is expected to be deferential, expectations and comfort levels may be quite different from our own. Expectations about what is acceptable physical contact may be quite different. Role playing something as seemingly innocuous as Thumb Wrestling seem natural to a Mom from Buffalo but not to one from the Phillipines. There may also be issues in the parents' interpersonal dynamics, as well as in the therapeutic relationship, that influence what works best. When I work with parents, I watch carefully to attune to the Dad's and Mom's comfort levels for this kind of work. Some more traditional dads and moms find it easier if Thumb Wrestling is demonstrated with Dad and the parents are invited to "practice it together at home" before trying it with their kids. I do think that it is easier for some dads to get into treatment when the therapist is a man. And when the treatment is Theraplay, many men find the work more ego-syntonic than verbal therapy. The issues around touch are similar, I assume, for female therapists. I have to add, however, that, in

my value system, I believe it is good therapy for both moms and dads to see a strong woman therapist in action. (Hats off to Phyllis Booth!).

Speaking of Hats off, here is a toast to Ted Hurst, in my opinion the most important male in the history of Theraplay. None of us would be doing this work had it not been for Ted's foresight, wisdom, and practical commitment to what really helps. Long before I thought about becoming a clinician, Ted hired me to be the Go-For under the first Worthington Hurst and Associates contract to provide Head Start psychological services. This is when Ted hired Ann Jernberg to be Clinical Director and where it all got started. The work wasn't even called Theraplay then. It took someone like Ted to have the chutzpah to challenge the shibboleths of the time and assert that even very difficult, very poor children could benefit from treatment, if it were the right kind of treatment. (At that time in American history, women were rarely in a position with that kind of power.) Furthermore, Ted had a kind of street wisdom that few clinicians shared. For me this was a brilliant light that illuminated the world in a much brighter way than the die-hard Behaviorists ("there is no such thing as mind") who trained me at the University of Illinois. It was Ted who, for many years (and as I remember it, with no financial gain and a lot of altruism) provided the Secure Base for Theraplay to develop.

Finally: I think that in the past decade or more, I feel that we have been overlooking many clients who Theraplay can serve very well – clients who can benefit from the "moves" that men make especially well. As we have struggled to find ways to work with severely traumatized children, and reached out to combine with non-Theraplay approaches to help these very difficult children, attention has been diverted from many other children who can benefit from Theraplay. We need to continue the efforts to help the severely disturbed children, but we also need to continue to develop Theraplay for children without profound trauma – children who are depressed/withdrawn; who are overactive; who exhibit obsessive-compulsive problems; who struggle with autistic Spectrum Disorder issues – and so forth. The special emphases that men can bring to Theraplay appeal to the "healthy child inside" – for all children. The comfort with "big muscle" activities and attraction to games and sports invite children to enter the therapeutic arena in ways that seem familiar to everyday life and offer a view of men and fathers as strong, protective, and affirming.