CHILDREN'S CONTRIBUTIONS TO FAMILY FUNCTIONING THROUGH FAMILY-CENTERED THERAPY: A COLLABORATIVE CASE STUDY APPROACH

By

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ABSTRACT

"Many family therapists have not received basic training in clinical work with children (i.e. child development, child psychopathology, child assessment or child therapy) and do not know how to relate to children as individuals." (Gil, 1994, p. v) Similarly, it has been argued, that child-centered clinicians tend to focus their energies upon providing direct and specific help to the individual child thereby operating in a relatively narrow band. This service may then occur at the expense of applying a wider-angled lens, one in which the family becomes the powerful force for problem reduction and change.

This descriptive case study illuminates how an individual child, and the members of his family, view and interpret the child’s behaviour, within the context of a child-in-family therapy approach. It examines a treatment model that posits the following supposition: that individual issues and concerns influence and are influenced by the family system, yet each one has a separate and distinct existence. Through this qualitative single case research study, the child and his family were viewed as the basic phenomenological unit and a model of inclusion was applied, where the “voice” of the child within the family dynamic was highlighted. Using, as a foundation for this exploration, historical to current theoretical and practice trends, an in-depth description of a multidimensional perspective for working with a young “identified” child and his family of origin, was provided.

To frame the child’s lived experience in therapy, a combined individual and family playtherapy intervention process was employed. This served to inform, guide, and interpret the child’s contributions to his own personal development, and to the growth of his family system as a whole. Within this context, assessment and ongoing treatment strategies were analyzed in order to create a case study portraiture of a troubled child and the members of his family.
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DEDICATION

This thesis is dedicated to Josh, to Josh’s family and to children, whoever they believe themselves to be, at whatever age. Our threads of connection will continue to entangle and my hope is that each of us separately, and together, will find ways to come together to find the joining places. For my part, I will always look hard until I find an end.

It is my sense, though just a speculation not a known fact, that the single voice of a child represents the “voice” of all children, all women, all men, and all their collective experiences. For this reason, it is imperative that we find a way to listen for, and to, even a single one. From my research I have discovered that a child is capable of being both missing and lost in many ways. Astounding numbers of missing, abducted, and lost children accumulate and swell data banks all over the world on a daily basis. Each of us finds our own way of absorbing these horrors and taking them into our conscious and unconscious places. Together we acknowledge this deep and profound tragedy.

But somewhere, and at some point in time in an individual life, from the depths of his (or her) own family system, a young child may also come to know and experience the consequences of being missed, absent and lost. Without a clear voice, one to express an authentic self, these outcomes become the child’s inevitable fate. Josh, thank you for the learning and for providing me with the opportunity to act, and therefore feel less helpless, at least this time. BAZ
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There is a lived experience in writing one's thesis or dissertation. It extends well beyond the borders of the author-researcher's life alone. Along the way, other people are impacted, their lives disrupted. When I embarked upon my own writing adventure many people wished me well, but the most tireless and understanding of these well-wishers was my husband, Gregory Ross. His enforced bachelorhood enabled me to set my sights and do whatever was needed. I cannot sufficiently express my gratitude to him for these gifts: To my daughters- Melissa and Amanda, and to the other members of my own special family system- my mom and my Aunt Al, I extend my gratefulness for their continual votes of confidence and their love.

My dear friends have nourished me both materially and symbolically. Anne, for your wisdom, your patience, your home and your refrigerator; and your children for their tolerance and their humour, I give hearty thanks. To my Coquitlam rescue squad, I will be forever grateful. For those I count among my friends, too many to list here, your words of encouragement continue to resonate in both my ears and my heart.

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JOSH'S ART-
CHAPTER I

INTRODUCTION

"Johnny seems to be drawing the family's problem," (Scharff & Scharff, 1987, p. 29) communicates an interesting perspective on the levels of meaning that may be an intrinsic part of a child's repertoire of expressed behaviours. But paired with this observation is the intriguing and not always clearly resolved question- "but where and who is little Johnny?" It would seem, that when one attempts to do an in-depth examination of family therapy literature, the discussions regarding the presence and the contributions of the young child-family member as an integral part of the therapeutic process, appear to be limited. This discovery raises an interesting paradox.

From a clinical perspective, a young child's art productions for example, can at times provide the observing therapist with significant information about the ways in which the family is functioning. Often the child internalizes a set of beliefs about him/herself, others, and the world by basing these beliefs upon a set of personal perceptions. These tend to serve as the organizing principles for structuring and defining the family unit. As a result, the art expressed frequently reflects the child's experience of the family dynamics on an inter- and intrapsychic level. Furthermore, when the child-artist is then invited to elaborate upon the finished drawing by communicating through his words, gestures, dramatic role-plays and enactments, or the art creation itself, a metaphor for the family's lifestyle often emerges.

In general, when one explores the responses of the different members of a family to their young child-member's behavioural pattern, a type of temperature-taking seems to occur for the entire family. The child conveys through his/her play and art, the narrative of not only their lived experience, but that of the family in which he/she has membership. Wachtel (1994) refers to this process as the child playing out "emotionally engaging information" on behalf of the self and others. (p. 79) It is conceivable that this young person serves as the barometer for the degree to
which the family tends to operate in a functional and effective fashion. When considered in this light, it is possible to view the young child as possessing a crucial role in the family system's ongoing pursuit of wellness as an organic unit.

There are times when the services of counselling professionals are required in order to examine and develop an understanding of the interplay between a young child's expressed behaviours and the issues that appear to have been identified within the family constellation. For these clinicians there is perceived value in the child's active efforts, which in turn frequently results in meaning-making for the family on multiple levels. For the young child, this expressive repertoire translates as an opportunity to give "voice" from the perspective of his/her world. As well, these behaviours house the potential for revealing and providing insights into the ways in which the developing self is viewed within the context of the family's structure. At the same time, child-voice can also serve as a catalyst for the expression of a broader range of perceptions and understandings about individual members within a given system, and additionally, for the members of the full family culture as a collective entity.

In the experience of attempting to resolve identified conflict within a given family system, therapeutic support often provides the necessary linkage. When the problems appear to be focussed upon the difficulties presented by a single family sub-system, this member frequently comes to be regarded as the "symptomatic" family participant. As a result, much of the therapeutic effort becomes aligned with providing intervention specifically to the "identified" person, in this case the young child-member.

Recently, however, there has been some movement towards an increased recognition of the need to include individual perspectives in the framework of family therapy, and to begin to build a bridge between dual perspectives. This would result in a more integrative view in which individual and systemic theoretical orientations and their complementary intervention practices
were melded (Combrinck-Graham, 1989; Chasin & White, 1989; Keith, 1986; Wachtel, 1994; Zilbach, 1986). Underlying this concept of an integrative approach is the hope and the belief that through the establishment of a meaningful counselling connection, a new form of communication may emerge; the difficulties seen and experienced within the family construct will in some way be altered; and the child's emotional distress will, to some degree, be alleviated (Wachtel, 1994, p.18).

Achieving a broader understanding of the context in which the young child functions, and to which the family contributes, suggests a "common ground" principle. It acknowledges developmental variation within the system, but also considers the possibility for active engagement with all the family members. While there are a variety of approaches through which the individual issues of the child are able to be addressed, and numerous models which inform this work, more systematic attention needs to be paid to the process of incorporating other modalities through the application of more inclusive theoretical models. For example, family-centered therapists, who work within a more constructivist model, believe that their goal is to assist families in developing new narratives or explanatory stories which will help to break the system’s rigid patterns of acting and behaving (Wachtel, p.21). By working within this broader context, there is the potential for responding to children and their families in a more interactive and interpersonal manner, thereby empowering each and all of the existing members of the family of origin.

When considering the degree to which one can begin to view clinical practice as founded upon the principles of inclusion and participation, supported by strategies that are geared towards mobilization and reorganization, there are a number of inherent assumptions. Key among these is the notion that the child and the family each require direct and specific help in order to overcome their difficulties. Because, as some theoreticians and practitioners maintain, "the roots of
behaviour symptoms in young children are both intrapsychic and interpersonal" (Safer, 1965, p.320), the perpetuation of a child's symptomatic or deviant behaviours may be linked to parental and sibling response patterns. Thus, over time, a dynamic may be set in motion that proves to be mutually unproductive, anxiety - producing, and alienating.

In this current discussion, what is being posited is a "merged " framework, one that incorporates both "complementary and mutually reinforcing themes" among the individual and collective membership of a given family system (Wachtel, p.12). Taking this notion one step farther, let us consider the possibility that the focus of one's therapeutic direction is upon the exploration and the examination of reciprocal relationships within a single, unique family of origin. The therapeutic goals could then be directed toward achieving multiple levels of understanding- (a) for a specific set of individuals within a given system, (b) the structural whole that they form, and (c) the "identified" client who was instrumental in bringing the family and the available support services together. From this standpoint, it would seem that the contribution of the young child-client to his/her existing family constellation might be construed as being both enduring and highly significant.

STATEMENT OF THE PROBLEM

To what extent is a young child capable of having and maintaining a presence in a family treatment therapy process? Furthermore, how does the application of therapeutic intervention strategies such as play, art and drama, heretofore the domain of child and play therapists, impact both the young child-family member and the other individuals who comprise his/her family unit? In what ways can the clinician and the researcher come to understand the multiple layering of relationships that exist within a single family system; and to what degree does a young child-family member's behaviour contribute to a broader appreciation of this complex set of dynamics? When a long-range perspective is overlayed over the process being explored, what then become
the treatment implications for the child and for the child’s family? More specifically, through which lens shall we look in order to investigate, preserve, and accept the following systemic truths: “(1) One family member may be suffering more than others, (2) one family member may be contributing more to a problem than others, (3) one family member may have more “baggage” from the past than others, (4) some problems of individuals may be more internalized than others and therefore not as responsive to changes in the family’s system of interaction.” (Wachtel, 1994, p.13) Lastly, having engaged in this in-depth examination of the child within the family context, what are the resulting mutual learning outcomes for the child, from his/her participation within his family system, and for the family, from their active engagement with their young child-family member?

Historically, many therapists both family-oriented and child-based have regarded the work of treating a young child through family-centered psychotherapy as beyond the scope of their mandate and/or range of their clinical expertise. "The exclusion of children from meetings seems to reflect discomfort with having children in the sessions at least as much as it does an over-reliance on theoretical perspectives linking children's symptoms to marital dysfunction primarily" (Bloch, 1976; Chasin & White, 1989; Combrinck-Graham, 1986, 1991; Keith, 1986; Korner, 1988; Zilbach, 1986, as cited in Wachtel, 1994, p. 4). The result has been that many practitioners have attempted to downplay the importance of the child's presence, and have managed additionally to avoid making the child's process the focus of their interventions and overall treatment plan.

A central premise in the work of addressing troubled young children's and their families' needs is that individually, and collectively, they represent a rich storehouse of resources. Acknowledging the existence of this potential for growth and cross-fertilization suggests that an integrated position might serve to strengthen the benefits derived from both therapeutic
approaches. Yet there remains a practice tradition in which the young person frequently remains on the periphery of the family’s lived experience, either excluded completely or under-involved at best. Despite formal acknowledgement by certain professionals that understanding family system’s dynamics is the bedrock to achieving a greater understanding and appreciation of the young child, there seems to be a professional reluctance towards connecting clinically with this part of the family. This reluctance is often seen as early on as the initial intake process when exploring and assessing overall family functioning begins.

Another example of practices that tend to marginalize young child-family members can be seen in the interview process that family-based therapists frequently adopt. Often these clinicians will choose to interview the family’s adults, then the family’s adolescents, or a combination of the two subsystems. This information will then be used as a kind of gauge for what is considered to be important verbal and nonverbal information (Gil, 1994, p.34). Regardless of what was intended, the young child family member, through such practices, comes to feel uncertain about his/her presence. The messages received are taken in as both confusing and conflicting. Other examples of this communication confusion might include: arranging for the child to be physically present with the family, but situated at a physical distance during the actual family meeting; giving the young child something to "keep him or her busy" while the adults talk; or speaking about the child in his/her presence without attempting to engage the child directly in any form of communication. When the therapy process is organized in this fashion, it may communicate to the child and the family alike, that the important work of therapy is occurring in and around this young member, and furthermore, that there is no real need for the child’s direct involvement. By utilizing this type of strategic intervention, the tone may then be set for any and all forms of future interactions, and the child’s position within the family structure will likely continue to be diminished throughout the course of the treatment program.
A similar kind of resistance to inclusion can be identified in the patterns of therapists whose theoretical persuasions are more aligned with a child and play therapy orientation. Citing the child's natural predisposition towards spontaneity, many child-centered clinicians will suggest that the presence of other family members will restrict the child from expressing him/herself as fully as possible, thereby compromising the therapeutic relationship. Frequently child therapists have argued that children, particularly young children, require individual therapeutic experiences in order to "protect them from information or actions that might harm them" (Chasin and White, 1989, as cited in Gil, 1994, p. 23). This suggests that the negative impact of the presence of other family members might far outweigh any gains that could be derived. From this philosophical stance an interesting juxtaposition is inferred. On the one hand, the child is viewed, by child-centered therapists, as being a unique and individualistic communicator. On the other hand, from a developmental perspective, children are also seen as having more limited cognitive and verbal capabilities, and this sometimes places them at a serious disadvantage when efforts are made to engage them in family-oriented work.

There has been a tendency, as well, for child-centered professionals to voice the following additional concerns: that a greater comfort level is achieved for the troubled child by the use of an individual therapy format; that there is a greater likelihood that the adult world will be imposed upon the young child in the presence of a full family system; and that the young child will grow disinterested quickly in the process of family work. Consequently, the child and play therapist characteristically tends to address the identified child's needs by focussing upon one to one therapeutic engagements. Within this particular model minimal contact occurs between the therapist and older family members, and direct service becomes geared toward the establishment of a trust-building and therapeutic relationship between the child and the therapist alone.

As a result of the polarity created by the communities of child and family therapists, the
validity of the practices of each has, to some extent, been called into question. In practice, as Chasin & White have observed, "children are more frequently excluded than included in family therapy" (Carey and Schaefer, 1994, p. 13). In terms of attunement to the specific aspects of the therapeutic process which may inform and enhance the course of therapy for troubled children, the system in which the child lives and functions has too often been insufficiently explored.

Family therapists, for their part, sometimes become guilty of not fully investigating and drawing upon the information derived from observing a child's unique repertoire of behaviours. This impedes their ability to view and fully appreciate the ways in which the child shapes family interactional patterns. Child-centered clinicians, while cognizant of the potential for expressive possibilities in working with their clients, tend to champion the dynamic direction of the work but view the child's communication system as having limited generalizability. In summary, both in child and family therapy circles, the perception of the young child as a gifted and interesting communicator has been a somewhat compromised theoretical position. In investigating a range of existing practice patterns, the literature revealed a certain propensity towards professional timidity with regard to young child-clients. The net result was that their therapeutic concerns were then not addressed in a child-in-family context, and at times, their issues were not dealt with at all.

The purpose of this investigation has been to explore and describe how a young child, identified for therapeutic support within a public mental health setting, might benefit from working on issues within an inclusive model. A corollary to this proposed question has been the observation and the elaboration of patterns and themes reflected in the child's, the family's and the system's points of intersection, within the child-in-family framework. An intensive examination of the efforts on the part of the symptomatic child to employ behaviour as the primary means of giving "voice" has been central to this exploration. Within this study there were distinct points of emphasis, specifically the ways in which the child's behaviours appeared to be activated by
action-oriented, play-based intervention strategies. The child's play behaviours were linked and perceived as being embedded within both the individual child therapy model, and the family system treatment model as well.

RATIONALE FOR THE STUDY

Over the last few years, a growing body of literature emerged which suggested that despite the absence of a single formula to apply to the process of working with families and symptomatic young children, there was evidence of some movement toward change in the theoretical models being applied. As recently as the early 1970's, up to and including the present time, clinicians concerned with child and family dynamics began to display an interest in applying therapeutic practices that would include the child as part of the process of family work.

In conjunction with this shift in focus, there was an increasing amount of interest in the idea that a more holistic view of the family might result in a more complete view of the system as a whole.

One of the trends to emerge as a direct result of the described thinking was that of a more integrative approach, one that borrowed from, and attempted to modify interventions developed out of a variety of therapeutic orientations. It was further suggested, that in operating from a hypothetical stance that promoted inclusion rather than exclusion, traditional systemic thinking and individual child psychotherapy were both being equally challenged. This was not to imply, however, that all previously held notions regarding causality with respect to troubled individuals within a particular family culture were to be abandoned. Instead there was the possibility of enhancing the clinician's levels of understanding with respect to the notion of causality. This could be accomplished by providing a broader perspective on the complexity of the issue of having an individual family member who manifested problems, in this case, a distressed young child-member. Following this logic a step further, if "children could be engaged as an integral
part of the family therapy, if techniques were specifically developed for working with "children-in-family" situations" (Benson, et al., 1991, p. 363), then individual developmental perspectives could be viewed through the wider lens of how and to what degree these helped to shape family interactions.

As a younger and somewhat greener field of knowledge than the paradigms that had come to be associated with child therapy, the supporters of family systems perspectives had over time, hesitantly and with a considerable degree of professional caution, begun to call for direct observation and strategic work across the entire family structure. This necessitated a change in therapeutic direction to include any type of psychosocial intervention that could be adapted and applied to a family system where a broad range of cognitive and developmental capacities existed. At its root, and the root of any systemic approach, was the underlying notion that there was a need to continually examine, and try to appreciate, the relationship between the parts of a complex whole, and the events within the context that were occurring in an ongoing way (Glick et al., 1987, p.10). In practice, however, there was still the tendency, both in the practice of child therapy and in family work as well, to select interventions that had, as central to their therapeutic deployment, the isolation of individuals and events. These were seen as being independently occurring phenomena.

It appeared then, that both a theoretical and a practice-based imbalance were co-existing. This resulted in a significant amount of influence being exerted at any given moment in time, by one particular sub-system, or the system as whole, with each one having operated at the expense of the other. To correct this inequality, and to be able to appreciate the family in its full embodiment, it seemed necessary to take an ecologically-oriented view. One such position was to state that "the capabilities of the family were as an interlocking system and network of individuals who created together a complete matrix of ongoing transactions and interactions" (Glick et al.,
Theoretically, while the literature gave evidence of increasingly acknowledging the entire family as a functional and integrated system, which was of course the ideal, it was also true that in reality family therapists were not necessarily directing their efforts to the entire family unit. Minuchin suggested (as cited in Glick et al., p.16), that the family system or unit was comprised of systems and subsystems representing a hierarchical organization that was seen to be replicated in nature. Furthermore, he observed, any living system contained a high degree of organization where differentiated levels of control, processes of adaptation, and potential for both the possession of, and the utilization of energy could be expressed. This point of view presented a particularly complicated state of affairs for those who generally advocated for services on behalf of children. It was equally perplexing for those who were both experienced and committed to the development of the field of family therapy.

On the one hand, there was theoretical agreement that changes in the psychological, social, and emotional functioning of children could not be achieved or maintained unless associated with changes occurring within the family system as a whole. In other words, child and play therapists were identifying and experiencing daily in their work, the reciprocal impact of the child and the family one upon the other (Block, 1976, p.168). This concept then paved the way for a more sophisticated set of beliefs based on the principle of equilibrium, which stated that the child and the family were accorded equal positions of status or importance.

On the other hand, a coming full-circle also seemed to be occurring, theoretically speaking. An example of this paradigmatic shift was seen in the position assumed by certain theoreticians and clinicians who had heretofore supported the work of family systems experts like Montalvo and Haley (1973). They maintained that the trend towards the inclusion of additional family member in a session was merely an example of pseudo-family therapy being practiced. It was
their belief that this approach still reflected an individual psychotherapeutic orientation, and was therefore diametrically opposed to the tenets at the core of the interpersonal model in family systems work. More recently, general treatment approaches were being encouraged which employed strategies evolving out of a child psychotherapy model. Their goal was to attempt to integrate individual and family psychotherapy by recognizing the potency of each of these interventions within the overall family dynamic (Early, 1994, p. 119).

Viewed collectively, there appeared to be a shift towards multiple levels of recognition and appreciation for the different forces that were both manifested and internally maintained by an individual within the construct of a family system. To some extent this knowledge contributed further to the perpetuation of the present controversy, regarding how best to serve the troubled and "identified" young child. Under scrutiny then, a gap had been revealed between theoretical positing and practice in the arena of dealing with central issues for children who came into contact with mental health settings.

On the basis of this identified discrepancy, the espoused approach versus the practice approach, my intention was to examine some of the specific influences of a single, symptomatic young child upon and within the context of a family treatment process model. Since, as Wachtel (1994) suggested, the practice of excluding this portion of the family system from the family's therapy process appeared to be fairly widespread, it seemed valuable, from a research perspective, to consider both the rationale for the current practice atmosphere and the acceptance, in principle, of a very different therapeutic commitment to this specific family member. Therefore, the current research was grounded in an exploration of the individual child's status within the family dynamic. I endeavored to explore the impact of a young child's presence within the framework of the family of origin. To this end, I drew upon a range of play-oriented intervention strategies to attempt to bridge the techniques and underlying theories from both individual child psychotherapy and
family systems thinking. My efforts were directed at presenting a more integrated vision for serving children with identified difficulties within a community-based mental health agency.

DEFINITIONS

The conceptual focus of this study was as a piece of process-oriented research. Within the context of the family dynamics, this investigation provided an avenue for examining the experience of family therapy from the viewpoint of the client, specifically a young, “identified” child-client. It was an opportunity to examine brief aspects of the lived experience of this child by using the cognitive, emotional and social lenses that he had acquired through lived experience as a participant in his own family of origin. His “voice”, expressed through the observed play behaviour, the verbal and nonverbal communication, the perceived energy and choice-making that he engaged in, offers the reader a unique perspective, the child’s view as opposed to the therapist/researcher’s. Participation status and the identification of child-based contributions to family functioning have been the pivotal areas of this exploration.

Terms of reference have been employed in order to provide a basis for common understanding. Because hypotheses began to be formulated from the first word set down as text, through to the concluding statement, efforts to incorporate specificity and exactitude were utilized to assist the process. I chose to expand upon the following definitions to enhance the reader’s understanding of both the external framework which housed and contained the experience of therapy, and as well, the internal process that enabled meaning-making to come forward.

Conceptually, each new label served to further integrate the concepts that illumined this research effort. The following definitions were organized so that they would represent an ever-expanding network of shared understanding.

Child Psychotherapy- Gil (1994) draws upon Sours (1980) explanation when differentiating between child, adult and family-centered forms of intervention. She refers to this distinct type of
work as a “relationship between the child and the therapist, aimed primarily at symptom resolution and attaining adaptive stability” (p.3). Furthermore she reports that this form of psychotherapy has an extensive history dating back to the early 1900’s, when Freud documented his casework with Little Hans in 1909. This term is often applied when speaking about “play therapy” but the two theoretical approaches are not synonymous.

**Play-** There are numerous definitions for the concept of play. It has often come to be associated with the “child self” that lives within each of us. According to Diane Frey (as cited in O’Connor and Schaefer, 1994) “Play is an apprenticeship for adult life.” (p.189) While there is considerable variation in the specific terminology employed, experts generally agree that play contains: developmental components, can be observed in early infancy, has a taxonomy of about four major categories, and provides benefits that enhance the physical, cognitive, emotional and social growth of the developing individual. Essentially, the process of play and the tools of play (toys) are the words of children (Kottman, 1994, p.21).

**Play Therapy-** While play was a significant part of the process of working therapeutically with children back in the early 1900’s, the first documented evidence of “play therapy” being attempted was not reported until approximately 1919 (Gil, 1991). Play therapy represents an intervention for working with children in which the following outcomes are honoured: “...children are noticed, listened to, heard, responded to, and allowed to chart their own lives.” (Landreth, 1990, p.407) This approach is seen as a freeing up process in which the child is encouraged to draw upon his/her inner resources for growth and self-direction, and that through these experiences, the change process will occur.

**Adlerian Play Therapy-** Adlerian play therapy is an approach to working with troubled children that is based on the integration of the concepts and strategies of the Individual Psychology model of Alfred Adler. Its’ ultimate goal is “for the therapist to use the relationship
with children to help them enhance their understanding of themselves and their motivation, and use that insight to make far-reaching, permanent changes in their attitudes, thoughts, feelings, and actions" (Kottman, 1994, p.19). This type of intervention contains both nondirective and directive theoretical underpinnings.

Family-centered service- As opposed to the more traditional mental health service delivery model, this approach to working with children and their families is significant in its distinctiveness. The emphasis is placed upon a different way of thinking about individual family members, potentially new roles within the system, and changes in the power dynamics. A leading tenet of this set of practices is the belief that the family is central to all aspects of the services made available through a public mental health agency. It offers an ecological view of an ongoing treatment program (Koroloff and Friesen, 1997, p.131).

Family System- The system is a unit of structure that refers to all the family members who comprise that specific body. It is a concept that represents a collective engagement. The specific members, those who belong to the family of origin itself, organize around the principles of support, regulation, nurturance, and socialization. These functions are to some degree self-regulating over time. The system itself exhibits continuance through the natural application of self-perpetuating properties (Minuchin, 1974, p.47).

Subsystems- The individual members of a system create, through various permutations and combinations, structures known as subsystems. Examples of this organizational arrangement include dyads such as a mother and father, a parent and child, two siblings and so on. It can also include triads and single-family members as well. Subsystems can be formed by generation, sex, interest, or by function ( p.53).

Family Therapy- According to Jay Haley (1971), family systems therapy can be viewed as an orientation to the arena of human problems (as cited in Sager and Kaplan, 1972, p.262). For
the purpose of this study, the term is seen less as a possible adjunct, and more as a distinct
therapeutic approach where the problems of the client are generally redefined in terms of a
systemic rather than individualistic perspective. The focus of this type of intervention is upon
observing, identifying, and interpreting the multiple levels of interaction that occur between
different members of a family system.

**Family Play Therapy**- Because children have more limited verbal facility below the age of
approximately nine years of age, play media are often included in the family interview process.
When the whole family is invited to engage in a play activity the framework for the therapy
experience is inclusive and participatory. Through the active engagement of family members,
learning can occur in the area of problem-solving. This newly acquired understanding can then be
applied to family interactional situations. As an intervention strategy, family play therapy enables
the therapist to interact with each of the members of a family collectively and individually. In this
approach the therapist “serves as a play facilitator, a role model, a participant, and as an educator”
(Landreth, 1991, p.36).

**Filial Therapy**- This is an offshoot of the play therapy model. In this approach, the parent(s)
are trained to function as therapeutic agent(s) for the purpose of utilizing basic play therapy skills
with their children. It is seen increasingly as a viable methodology for intervening on behalf of a
child. The primary goal of this strategy is to enhance the parent-child relationship.

**Family Art Psychotherapy** - This expressive methodology is based upon a combination of
theoretical positions. Its primary function is to assess and treat family units. The basis for this
work is founded upon the principles of both psychodynamically-oriented art therapy practices and
family systems therapy. Core goals in this approach include the resolution of presenting family
problems, and efforts to stabilize the family in order to improve functionality and effectiveness as
a collective unit. Often this strategy is seen as being a longer-term procedural intervention
(Schaefer and Carey, 1994, p. 221). It is included here in order to draw a distinction between the use of art as part of a family play therapy experience, and applying art-based activities as the primary strategic tool throughout the family therapy process.

Young child- In the context of this study, the term "young child" refers specifically to those individual children who fall developmentally within an age range that spans three to nine years of age. The researcher recognizes that this span reflects two significant periods of developmental growth and change for the child, the pre-latency stage which covers ages four to six years, and the early latency stage which generally includes ages six to nine years chronologically.

DELIMITATIONS

This research was concerned with the process of therapeutically tracking a young child's ongoing family transactions over the course of a limited period of child-in-family context therapy. The period of direct intervention was a total of twenty sessions. It represents, according to Griffin (1993), the high end of the standard length of time in which family therapy is generally conducted (p.30). He does, however, note that the range of ten to twenty different sessions, may vary according to the type of model that is being applied, for example, multigenerational models may extend to the one or two-year mark. In terms of the duration of the work of play therapy, there appears to be somewhat more variation and lack of consensus. While Gil (1991) emphasizes the fact that, in the case of children who have been traumatized, it is imperative that the therapy process begin quickly, she has created an arrangement that she terms, "discontinuous therapy". Her belief is that regardless of the length of the therapeutic contact, children and their families need to operate on an "as-needed basis" which may translate into the resumption of therapy in order to work upon emergent issues related to the previous engagement (p.39). Kottman (1994) cautions that the therapist and the client need to take their time to ensure that the therapeutic relationship is secure and that the dynamics of the problem are fully understood. She speaks about
the concept of “therapeutic leverage” which develops over time, and by its presence, allows the therapist to acquire a full appreciation for the child’s difficulties, and as a result, guide the child-client’s process meaningfully. (p. 19)

My rationale for selecting the twenty-session time frame was based upon several factors, all of which I believed could be viewed as both assets and simultaneously, as a series of built-in limitations. For one, my intent was to correspond with the general policies of a public mental health agency, and specifically to follow the guidelines of the Child and Family Team. I wanted to stay within the parameters of what I derived from my reading, and try to provide, at the same time, a reasonable period for supporting both policy and practice. Most importantly, the brief therapy format with which I worked, needed to encourage from the onset, a level of collaborative family involvement between the child and the child’s family, me as the primary therapist, and the child and family clinic. Within this framework, the therapy engagement was designed to accommodate the following:

- Engage in an intake procedure,
- Participate in several family interviews so that I could begin to develop some initial impressions about the possible contributions of the family system to the child’s difficulties,
- Initiate an assessment process so that a file could be activated on my young child-client,
- Identify a course of action for the child and the family’s treatment program,
- Plan for the scheduling of several therapy sessions with participation from different subsystems within the family of origin,
- Alot specific time slots for debriefing and strategy meetings between the parents and myself on behalf of the symptomatic child and the family as a whole,
• Provide sufficient time for myself as researcher to assume the role of therapist in order
to confer with relevant professionals with whom the child-client interacted on a regular
basis,
• Arrange to incorporate opportunities for ongoing clinical supervision as well as peer-
supported supervision throughout the length of the study,
• Accommodate to the child's and the family's commitment with regard to the length of
the academic school year, and whatever vacation arrangements were already in place,

This investigation had, by its very nature, permeable boundaries. In exploring the
phenomenon of a troubled young child-client, the issues that he revealed served to both expand
and constrict my quest for a fuller and deeper understanding of his needs. To be able to support
and assist him in resolving his difficulties, we needed to establish a solid trust relationship
between the family and myself in my dual roles of participant and observer. A comfort level
needed to develop for each of us. From this center, the level of family commitment could be
expressed; and this in turn affected the ongoing therapy process, and the degree to which the
outcome communicated change and growth. All of these factors represented the areas for
speculation and the generation of workable hypotheses, based on my analysis of this single case
phenomenon.

In designing my study so that it seemed confined to an examination and exploration of the
observed behaviours of a young, "identified" early latency-age child, my focus had to suggest a
narrow band of learning. At the same time, it was necessary to emphasize a range of possibilities
in order to be able to conceptualize the broader implications for research theory and practice. This
project endeavored to examine in some depth, the ability of a young child to comprehend and
make sense of the many interactions that composed his world, and to develop a meaningful way of
responding to each and to all of them. The belief that framed the direction of this therapy was that
teaching and learning were both possible in the process of gaining new insights and rediscovering previously known but forgotten levels of understanding. The challenge within the body of this research was in simultaneously identifying and communicating the multiple levels of awareness that were internalized by the young child-client, with his somewhat more limited cognitive and language facility.

LIMITATIONS

As a qualitative approach to doing research, the single-family system, unique case study design, had a number of transparent limitations. For one, it was difficult to generalize the nature and the scope of the potential pieces of knowledge that were gleaned through the observation process, beyond the immediate population being investigated. Yin (1989) alluded to this specific factor, as did Robert Stake (1988) when they each observed that- "case studies...are generalizable to theoretical propositions and not to populations or universes" (p. 21).

While this proposed study acknowledged that an individual family system represented the specific unit of analysis being examined; and it presupposed that this was a valuable and worthwhile endeavor; it was also true that the resulting data, by itself, could be seen as being of limited application. Further to this point, replication of my particular research project might prove difficult if not impossible given the unique nature of the child-in-family context that was investigated. The dynamic being explored through this limited therapeutic engagement model suggested the prospect of trying to examine and re-examine a conceptual slippery slope. As such, while the researcher hoped to anticipate and articulate an awareness of the interplay between a range of variables being expressed throughout the study, the trustworthiness of this research effort may have to be judged on an individual readership basis.

Another limitation of the research was that the client population of a mental health setting can often be restricted by any one of a number of factors. I discovered that among these were: the
nature of the presenting difficulty, the location of the agency itself, the availability of a suitable mental health worker, and the professional support provided in the form of clinical supervision, at any given time in the course of a year. Hence the phenomenon under consideration here may not have fully represented all the commonalities reflective of either the current literature or the proposed family unit on which the study was initially founded.

An additional concern was that one of the data collection procedures—the process of audio recording, had been designed to occur in an alternate session protocol, as part of a naturally occurring sequence. As a result, there was always the potential for the child to be impacted and/or distracted by the tape recorder's presence. The decision to incorporate certain sessional material into the overall findings was based, to some extent, upon the degree to which the young child was able to participate and behave in an interactive fashion during the shared experience of therapy. To the degree to which this proved to be the case, the acquired data tended to rely heavily upon the nature of the existing relationship on any given day, and the technical competence of the recording instrument itself. The combination of both of these variables may or may not have contributed to a true reading of the dynamics being played out. Finally, evidence of spontaneity and creativity might not have been sufficiently recognized and reported by the researcher, in her role as the participant-observer and this, to some extent, had an impact upon the therapeutic acts of reflecting feelings, mirroring, containing, supporting and accepting the child's process. The omission of any one of these counselling contributions could also have resulted in the inability of the child to incorporate the lived experiences of his therapy from a position of confidence and strength.

Likely the single biggest limitation of this study was the design of a dual role perspective, therapist-researcher, for the purpose of studying the phenomenon from a descriptive and exploratory case study orientation. Despite the application of a personal process journal, for both
the researcher and the family, and an interim case study summary, the researcher acknowledges that it was difficult to recall all of the rich detail that emerged from the application of the various forms of individual and family process work. The ongoing challenge as well as concern was that I represent this richness with sufficient thoroughness and some measure of objectivity.
27th Jan 1998

Today I had a bad, bad day.
CHAPTER II: REVIEW OF THE LITERATURE

Brief Overview

The purpose of this literature review was to critically examine current theoretical positions and practices with regard to viewing children's problems and the factors that have contributed to them. To this end, I have explored the different philosophies underlying the treatment orientations that have driven therapeutic interventions for children, as well as their historical evolution. Further, this review has endeavored to focus upon the principles of both individual child therapeutic practices and the more recent perspective being reflected in family systems thinking. Discussion throughout this study, has centered upon the valuable contributions that have been made by each approach, and the strong commitment clinicians and researchers alike have demonstrated toward furthering our understanding of children's difficulties, and the meaning of these difficulties in terms of ongoing interactions between children and their families and between children and the other social milieus that have been part of their respective worlds.

In the discussion of the phenomenon of how “identified” children's needs tend to be addressed therapeutically, the complex relationship between systems models and the work of individually-based child and play therapy was examined. The basis for this investigation was an in-depth look at their respective strengths and limitations. Because the current literature suggested the possibility that there was a renewed interest in incorporating inclusionary principles in the therapeutic work of supporting young children and their family systems, this review has concerned itself with developing a more extensive understanding of each orientation, and explored the potential range of contributions from each approach. As well, the focus was placed upon acquiring a more comprehensive appreciation for the rationale behind integrating the two perspectives into a common framework. This present example of case study research attempted to reflect upon the degree to which there was and was not congruence in terms of both theory and
practice, surrounding the process of serving the needs of young, distressed children, and their families using therapy interventions.

The Historical Roots of Family Therapy

The history of family therapy as well as its process of ongoing development, have been extensively and thoughtfully researched. Nichols and Schwartz (1991); Gurman and Kniskern (1981); Okun and Rappaport (1980), as (cited in Schaefer and Carey, 1994, pp.8-10) have all reviewed the major schools of thought, from the historical perspective of "disturbed" family relationships, through individual and nuclear family-based styles of communication, to the dynamics that operate at the core level of family systems' structures. Included within this investigation have been the following key concepts: the family's drive towards homeostasis, the existence of core power and control issues at different levels within the system, and such notions as structural theory which has its application in conceptualizing larger family systems with their complex intergenerational boundaries.

One of the most interesting aspects of examining the broad focus of the family, has been the narrow and highly specific orientation of the earlier theory development. Originally created through assessment and observation of the interactions of family members where there was at least one subsystem, either child or adult-oriented who had been designated as the IP ("identified" patient), the goals of family therapy were developed to identify a specific methodology for working with the identified client, in this case a schizophrenic adolescent family member (Miller, 1981, as cited in Schaefer and Carey, 1994, p. 21). The intent of this early work was to serve the family of the identified patient by providing educational and emotional support. As a result, a dual function was addressed because a common understanding of the etiology and ongoing effects of this condition were acquired while at the same time, the impact of a condition such as schizophrenia upon the client's family, could also be acknowledged and appreciated from a
therapeutic perspective. Recognition of the existing interplay between individual subsystems’
behaviours, and the larger context of the family unit, led to increasing levels of awareness of the
family as more than the sum total of all of its relational parts.

Family Systems Psychotherapy in a Postmodern Era

From these narrow, intrapsychically skewed roots, the work of family therapy began to
expand its horizons beyond individual pathology towards a more integrated perspective involving
the entire family. This entailed the inclusion of members of all ages in the treatment process. No
longer viewed as being limited and restrictive, this expansion made room for individual play
therapy, conjoint therapy, filial therapy, client-centered approaches, etc., all in one cohesive mix.
By redefining previously held beliefs regarding inter- and intrapsychic dynamics, “family roles,
causation of symptomatology, and an understanding of environmental impacts” (Miller, 1994, p.
22) psychotherapy was mobilized into a more generalizable, theoretically intertwined treatment
focus. It has been, therefore, within the wider framework of viewing the child and the family
together “as the basic phenomenological unit,” (Ackerman, 1982, p. 242) that my research
investigation was conceived.

The shared belief for those professionals who viewed themselves as family-focussed was the
concept of the operating unit known as the family system. This notion was distinct and separate
from the inner psychological sanctum of the individual, with his/her own symptomatology and
intrapsychic space. Family theorists such as Harry Stack Sullivan, maintained that personal
dysfunction and disturbed family relationships were reciprocal processes and that poor
differentiation of self could affect the person as an individual functioning subsystem, and the
person’s family as the broader system in its entirety, for generations to come. (Bowen theory, as
cited in Schaefer and Carey, 1994, pp. 26-28) It would seem then that in adopting the broader
view, the one that suggested that families were inextricably linked in ways that were both
comprehensible and less clearly ordered, might very well have implications that reached far beyond the conclusions derived from its own theory-driven research, ongoing documentation, and experiential roots.

What can then be said about the practice of family therapy in the current milieu, the postmodern era? How have we characterized the family, its values, its rules, and behaviours in the light of an era in which societal and clinical trends have shifted so dramatically? There has been a rich tradition, albeit a relatively compacted one, in which mental health professionals have banded together to place under their theoretical microscopes, a host of definitions, intervention strategies, beliefs, and perceptions all in the name of an operational paradigm. However, one cannot ethically and in all good conscience discuss the profession of marital and family therapy without acknowledging the transitions in thinking that have indelibly marked the most recent years of this historical period with turmoil and change. In an era in which fixed absolutes have been discarded in favor of an “infinite variety of equally valid ways to view the world” Anderson (1990) informs us that family values have undergone a dramatic turnabout of their own (Sprenkle and Mills, 1995, p. 369). There has been, researchers suggest, a revolution in family therapy perceptions that rivals society’s own changing reflections. This fact has been most evidenced by the increasing number of family arrangements and configurations that have evolved over time and space.

During the last twenty years, divorce and remarriage have, for example, become more and more prevalent, resulting in a significant decrease in the number of children who sustain a stable living arrangement with their biological parents (Furstenberg et al, 1983, p.126). Evidence of family diversity has been systemically documented since the middle to late 1970’s and North American society’s idea of what constitutes a family has become, in the postmodern era, largely open to personal interpretation, and therefore multilayered in its perspective. In the 1980’s, the traditional way of thinking about the role of the family therapist and clientele she or he would
serve, began to run into serious opposition. Maturana, and other concerned thinkers of the day, strongly challenged the idea that anyone regardless of status as a family member or outside observer, could function completely in the role of objective observer of reality (Mills and Sprenkle, 1994, p. 369). Rather, these researchers postulated that the reality one came to define, for the purpose of interpretation, had really become a byproduct of what was processed by each one of us internally. To organize our view of reality in this way, we had to be able to imbue it with our own brand of private logic, and as well, idiosyncratic ways of receiving and storing information.

Based upon this altered view of the philosophy of perception, the therapist within the family systems model, now has to operate from a very different perspective. Within this newer construct, the therapist can no longer function in the role of a neutral observer removed and distant. As the notion of what the family currently is has expanded, and so too the belief in the possibilities of the family unit’s evolution in the future, the focus of the therapeutic support has had to correspondingly shift as well.

From a postmodern orientation, the family therapist now has actually moved inside the treatment system itself. Along with the newly held belief that an absolutely objective family model cannot be possible, has come a version of thought that places the therapist squarely in the middle of the “meaning system” of the family. Furthermore, there has been a notable paradigmatic shift. One that places the emphasis upon trust and the establishment of connection between client(s) and therapist, as well as providing for ongoing participant contributions across roles, age barriers, and experiential ranges, this new model has been conceptualized as enabling. From this stance, it then becomes possible to view all the related subsystems as direct contributors to a changing and equally valid perspective of the system as a whole.

Theoretically, this change in transformative energy potentially places all the family
subsystems—mother, father, offspring, multigenerational members, and the family therapist on an equal-footing basis, with distribution of power being equitably shared. What is assumed here is that “personal meaning” will translate according to multiple outlooks of the various family members, and too, the therapist’s view of the family as a living entity. The core belief underscoring these important changes is that all the perspectives are seen as true. What then becomes constructed is a new version of the family’s reality (Mills and Sprenkle, 1994, p. 373). The literature suggests that therapists who acknowledge these postmodern sensibilities tend to demonstrate a greater transparency overall in their therapeutic endeavors, thereby making the family treatment process more understandable on a number of levels. In speaking to their own operating biases and/or emotional responses to the client’s material in the therapy space, there appears to be a sense of greater momentum toward de-emphasizing pathology within the family system, in favor of normalization of the richness of the interpersonal and intrapersonal histories which, as it has been suggested, represent the core of family-centered thinking (Dakof, 1996, p. 143).

**Perspectives on Play Therapy**

Many clinicians and researchers alike would agree that one of the central functions of the work accomplished with young children within a psychotherapeutic context is to learn how to deal with personal behaviours and concerns in order to cope with an existing environment. Play, as a natural medium for self-expression, enables and facilitates a child’s communication. As a problem-solving and competence-building endeavor, many professionals believe that play allows children to digest levels of experience and situations that might be viewed as unfamiliar and therefore unsafe. It is, according to Erikson, 1963; Piaget, 1969; and Schaefer, 1980 (as cited in Gil, 1994, p. 4), a process of development invested with “curative properties” (Schaefer, 1993, p. 20) incorporating a range of therapeutic factors. As one of the most firmly established and
popular approaches for working meaningfully with children, play therapy has proved to be both multifaceted and exciting as a field of study. Schaefer and his colleagues (1994) as well as Gil (1994) in their summary of possible gains attributable to play therapy, have conceptualized at least ten distinct attributes that characterize this technique as providing significant understanding of the deep and multilayered processes of child-clients. Among the gains to be derived from working with this unique child-centered form of therapy, clinicians identify the following: opportunities for gaining mastery of one’s environment, abreaction, metaphoric teaching, fantasy and role-play possibilities to identify just a few from a far more extensive list. Each of these suggests broad components of processes essential for the overall development of the self.

“Early works proposed a range of theoretical frameworks in which therapeutic play was highlighted as an approach or orientation, and recent works have provided practical and precise descriptions of how play might be used with children of different ages, genders, cultures, and who may be experiencing situational difficulties” (Gil, 1994, p.6). There is, within the literature, considerable support for both the wide usage of, and the equally broad application of this type of therapy for addressing childhood problems (Axline, 1969; Combrinck-Graham, 1989; Gil, 1991; Haworth, 1990 to name but a few). As a benefit of this inventive and client-specific form of intervention, many child specialists maintain that individual play therapy is the most appropriate venue for the encouragement of the troubled child, in his/her process of moving towards growth and change. Furthermore, it has been argued that the distinctive elements that contribute to the uniqueness of the child’s viewpoint and modes of communication, necessitate a separate and distinctive way of working. To address their identified difficulties, some experts feel that the child needs to be isolated from the experiences of the other members of their family system.

Voice of the Child: An Inclusionary Perspective

Within family therapy literature, the basic tenet often unspoken, has been the notion that the
individual child and each of the members within the child’s own family unit who then create the
system as a whole, need to be given voice and inclusion in the process of their therapy
engagement. A number of researchers including Minuchin (1985); Nichols (1987); and Pinsof
(1983), as (cited in Wachtel, 1994) and others, have increasingly demonstrated efforts to bridge
the gap that has emerged between the multiple layers of perception and philosophy that have
evolved as the result of the complexity of interactions occurring within any one given system.
Furthermore, it has been suggested that no one transaction or interaction within a family system is
the direct outcome of a group process alone. It is, therefore, necessary to conceptualize a dual
perspective at the very least, one that suggests “that family processes are shaped by the emergent
properties of the system itself, and also, as originating in the individual needs and actions of
family members” (Nichols, 1987, as cited in Wachtel, 1994, p. 32).

Over time, the research seems to suggest that children are inextricably linked to the culture
of their families. This data, in turn, leads to the belief that the system requires some flexing and
stretching on the part of the family therapist’s theoretical viewpoint so that a more extensive
appreciation for the needs of the child, as an individual, and the family as a whole can be
formulated. Maintaining such a position further suggests that the “classical” systemic view may
require some modification- “for as a theory of therapy, it is best not to assume that motivation
comes from within the individual” (Haley, 1987, as cited in Wachtel, 1994, p. 13). For example,
as a widely held systemic belief, amply supported by the literature (Ackerman, 1966, p. 243), an
organizing principle that might be functioning as a role differentiation aid within a family system,
is the young “identified” child’s label of “difficult”. This differentiated status might mean that the
child is carrying the banner as spokesperson for the family system’s disowned and discarded
aspects of the self.

In the last thirty years or so the field of family therapy has taken considerable strides in the
development of theories and interventions that appear to be both rich in their functionality and clearly articulated for a wide range of family configurations. The numerous techniques and practical guidelines to have emerged, appear to have been designed with the intent of providing guidance and direction to whole families (Chasin and White, 1981, as cited in Combrinck-Graham, 1989, p. 24). However, as the literature also reveals, the field of family systems work has proved to be less effective in its efforts to include young children as part of the family therapy experience.

Regardless of the amount of professional attestation to the importance of trying to understand and give voice to all the individuals who live under one roof, “children are excluded as a matter of course by clinicians whose theoretical persuasions often justify their way of working.” Generally, this means zeroing in on, and working principally or almost entirely with the needs of their adult clients and their own families of origin (Bowen, 1978, as cited in Combrinck-Graham, 1989). The literature further suggests a lengthy list of seemingly sound rationales for excluding young children from family-centered work, despite the numerous contributions attributable to these family members i.e. unique and separate viewpoint, evocative and contributory modes of communication, spontaneity, candor, and immediacy to name a few (Minuchin, 1985; Nichols, 1987; Scharff and Scharff, 1987, as cited in Wachtel, 1994, p. 16).

Within this current study, the interest of the researcher and the design for this investigation were melded into a common quest. The project examined the existence of the common ground theory, which has been postulated throughout this literature examination. Regardless of the existence of varying developmental levels, the work embodied in this exploration attempts to illuminate the paradigmatic shift in therapeutic focus, through an extensive examination of intervention strategies and techniques to encourage active engagement for all the members of a family system, but most specifically for the young “identified” child-family member. The schism
between perception and practice were explored within the light of the experiences provided and described, from the viewpoint of a child-in-family therapy model.
JOSH'S ART
CHAPTER III: THE RESEARCH QUESTIONS, DESIGN AND METHODOLOGY

Overview

The research design presented here was developed for the purpose of examining the role the young child plays in a family systems treatment model. Highlighted for this research direction was the exploration of how the therapeutic change process was activated. This process provided a centerpiece from the first documented contact experience through to the mutually agreed upon termination between the therapist, the child, and the child’s family. As case study research, it recorded and described the effects of both the child’s presence in, and the child’s absence from, the various stages of systemic involvement across the treatment program. Further, it attempted to illumine the question of how the young child does participate in family therapy, and what this participation/status within the body of the therapeutic process looks like.

My study has been concerned with detailing many of the interactions that presented among the different family members within the social context of the therapeutic environment. The complexity of these interactions and the communication and metacommunication system that evolved from the dynamics of these interactions, related strongly to the ongoing process of change that was observed in the family work. Framing the experience of family therapy as “a medium for learning”, this study endeavored to relate this change process to the specific encounters of full family membership, where the inclusion of the young child, added a unique and distinctive dimension to the work. The research attempted to look at the behaviour patterns on the part of the “identified” child emerging from the process of inclusion/non-inclusion in various family meetings, as part of the treatment protocol. Participation status and the child’s contributions to family functioning were the pivotal areas of investigation.

The central question for this study had been, and remains- how and in what ways does the
young child express personal concerns and demonstrate an understanding and appreciation for the family unit through the contribution of uniquely expressed behaviours? But beyond this central issue, that of the position of the “identified” child-member, there was a dynamic perspective that viewed the impact of family members’ positions within the family unit, as being open to change rather than predetermined within the family constellation. In an effort to gain a fuller understanding of the experience of family, through an in-depth exploration of a single family system, this research tried to focus as well, upon potential meaning-making to be derived from inclusion in family-centered therapeutic work, for the child, for the collective system, and for myself as the participant-observer. The following research questions were taken into consideration, as aspects of the therapeutic container and therefore, significant variables in the overall investigation.

Research Questions

(1) How does a child negotiate an active and meaningful presence in family-centered therapy?

(2) In what ways does the young child signal a desire to be participatory within the context of family interactions?

(3) What are the mechanisms by which a family tries to engage their young child family-member for the purpose of participation in systemic therapeutic activities, for example the interview process?

(4a) In what ways do specific patterns or themes reveal the presence of a young child’s sense of self, within the context of family systems treatment interactions?

(b) Collaterally, in what ways is it possible to predict the “identified” child’s behaviours over the course of a treatment-based program?

(5) In what ways does the inclusion of the family, in an “identified” child’s therapy process,
activate interpersonal communication between family members and effect the change process?

(6) Is there a discernible pattern of behaviours on the part of the therapist, in the course of individual and family systems therapy; and in what ways might the concept of a pattern effect ongoing treatment interactions?

A case study investigation strategy does have its place in the field of evaluation research. Such studies can be comprised of any formulated mix of qualitative or quantitative evidence. As such it can explore interventions, describe them in terms of specific frames, illustrate them in descriptive modes, offer detailed discussion against the landscape of specific contexts, and provide possible causal links between the actual interventions and the object(s) of the study itself.

Robert Stake has observed that the data derived from the material studied is relevant specifically in the context that the theoretical propositions emerge. Hence, the anticipated results can be expanded and generalized to theories, and a form of “analytic generalization” is possible. Given this framework, it would then appear to be true, that the case study methodology with which I have worked, can be regarded as an empirical inquiry operating within a very narrow band. In drawing upon the detailed observation and participant-observer data that I gathered, I have, to some degree, operated ethnographically. The true results, however, of engaging in a descriptive or exploratory case study, or any other type of formal case study approach, are that even when the results of the interventions within this investigation have been fully amassed, they will not and do not, communicate generalizability. Despite the richness that can be extracted, and to some degree conveyed, these findings best represent the potential for broad “empathic” applicability, and advocacy for multiple lenses with regard to both theory and practice. For these reasons, as this single unique case study phenomenon has unfolded, it has been helpful for me, as the researcher, to bear in mind that “the methods of qualitative case study are largely the methods
of disciplining and particularizing experience.” (Stake, 1988, pp. 237, 245)

**Overview of the Design and the Methodology**

The purpose of the research study under discussion has been to investigate and explore the ways in which a young child attempts to interact with other family members and give “voice” to the expression of these interactions within the framework of a single family system. I sought to try and understand the phenomenon that this research was attempting to address, the young child in distress within his family of origin, from a broader and more in-depth point of view. My decision to employ a descriptive single-case study methodology was based upon the curiosity, interest, and needs I identified for myself, as the researcher.

Following the principles of naturalistic inquiry and qualitative analysis, the young child’s perspective on position in the family was examined, within the context of the family’s overall functioning style. From the dual perspectives of both therapist and researcher I was interested in a postmodern, present-day research orientation, one that reflected a qualitative paradigm emphasizing social and educational contexts within a systemic framework. The model that I proposed allowed for multiple perspectives, complexity, individual differences, and holism. “Qualitative methods provide an avenue for examining the experience of family therapy from the perspective of the client rather than from the more typical research perspectives of the therapist and/or researcher” (Keuhl et al. study, as cited in Moon et al., 1990, p. 364). Through the application of a research methodology that emphasized pattern discovery, the generative aspects of the process of change became embedded in the design itself.

To reiterate, the conceptual focus of this study was as a piece of process research. Within the context of the family dynamic, the intent was to have examined process change through the lens of examining relationship and interactional variables within a narrowly constructed contextual frame. Utilizing a limited therapeutic engagement process as the context-specific
research environment, I was facilitated through and by my role as a researcher, to study the phenomenon of the family’s lived experience. The framework employed was seen as a complex event with systemic implications, within a time-limited intervention paradigm.

As a potential change event, this study attempted to address and explore an area that appeared to be infrequently investigated, but that had the potential for being examined with a critical eye, closely and comprehensively. To quote Greenberg and Pinsof’s findings (1986), "qualitative research may help answer the process researcher’s call for a context-specific microtheory of change because qualitative research is generative, inductive, and constructive" (as cited in Moon et al., 1990, p. 364). The outcome of this study may, in some ways, be viewed as a supportive ground level entry point into the development stage of creating a “micro” model to guide therapeutic service delivery and treatment for young children with identified difficulties. This process then represents a naturalistic learning environment where there have been benefits and gains for all the principals.

Procedurally, selected sessions specifically designated for the child-in-family process were audiotaped, transcribed, and interpreted. This protocol then allowed for detailed documentation to be obtained and therefore reflected upon across time and multiple levels of participation within the study. Periodically, over the course of the twenty-session therapeutic treatment program, the family was invited to screen the material as part of a collaborative process. To that end, the therapist-researcher and the parental subsystem shared their own observations, understandings, and clarifications with regard to their sense of the various levels the different kinds of interactions revealed. In support of this process, the concept of the therapist as a facilitator, and as a research instrument, were explored. This approach then became therapeutically representational as well, in that the debriefing meetings were also designed to provide mirroring, reflection, elaboration and validation, through the mechanism of guided feedback.
The primary goal of my investigation was to attempt to track the process of change in the dynamics of the child-in-family therapy experience; and through this approach, guide the therapeutic interventions on behalf of the “identified” child, from the point of initial contact throughout the therapeutic engagement. Special attention was paid to the following aspects: (a) the patterns, verbal and nonverbal, by which the young child appeared to relate and engage with other family members; (b) the interactional and developmental behaviours by which the child attempted to engage and interact with the therapist; and (c) the observable effects on the child, and the different family subsystems of the various kinds and qualities of interactions that were observed. These specific areas of exploration, represented by the amount of discourse gathered through multiple sources— the child’s various expressive outlets—drawing, sandplay, role-playing, etc., the audiotaped material, the ongoing progress notes, the family process journal, and my own field journal, all served to anchor and provide evidence of the shifting and dynamic process of change that occurred.
JOSH'S ART-
CHAPTER IV: THE CASE STUDY ANALYSIS

I. Laying the Foundation

My Brief Personal Subtext: Voice of Duality

A discovery, and part of the learning that I experienced for myself along this study's sometimes convoluted journey, was about my own lived experience of "voice", within the framework of this project. In the process of searching for a sense of voice for a young child, I simultaneously and sequentially, using the vehicle of research, both lost and found bits and traces of my own. As a "wannabe" budding researcher I have, over the last few years in graduate school, become increasingly conscious of an emerging personal awareness- that I have become firmly entrenched in and bound to a refined writing style that specifically reflects a field text format. This acquired learning has enabled me to hone skills as both an exacting interpreter of the works of others, and a thorough summarizer/categorizer (a scribe of sorts) for their various expressive efforts. But to make the great transitional leap from creator of field text to original author of research text has proven to be, from my own perspective, a far rawer and more vulnerable process. In many ways, this shift has felt like the waging of a personal war upon the battlefield of my academic and lived experiences. On the field, at any given moment in time, has been the exchange of multiple voices and the volleying back and forth of complex and intricately woven levels of human transaction, all of this peppering and sometimes impeding the task of interpreting and engaging in meaning-making.

In the broadest sense, this process represents my own sometimes flailing efforts to build links between experiential inquiry and life experience itself. It requires that I, as the participant-observer and the reader as well, engage continually in analysis that is reflexive and that involves a cyclical understanding of the theoretical formulations supporting integrative therapeutic work. But an additional expectation, and one that is not always as transparent, is the notion that in
describing personal experience I am simultaneously identifying both the starting point and the end point for this social science inquiry. Like the bottom of the sea from the highest tide to the low, there is a constantly shifting frame of reference in play. This, my study, is about endless possibility, near and far life experience, detours and re-routes- an unpaved uncharted journey. It is a struggle to achieve a research voice that is, by its own parameters, rich and significant while at the same time equally murky and messy. Over time, while traveling this uncharted path together—the child, the family, and I, the sound of a single question has emerged to reverberate off the container of our shared lived experience. Above all other aspects of this inquiry, this specific concern has humbled me the most, and served to guide my discussion of the child’s voice, in and outside of his own and his family’s therapy process. In both its complexity as well as its simplicity it is the continual asking of—“what are we doing here?” (Rose, 1990, as cited in Clandinin and Connelly, 1993, p. 414).

Together, a child and I have had the chance to share each week, for a predetermined period in time and space, a lived experience in which we have been able to mutually receive each other. Through this project, I have been able to put the question—“Is it possible to hear a small, almost silenced voice?” Further, in the process of joining and being-with the child, who tries hard to be both heard and understood, I have also attempted to address the question—Is the “voice” that I hear, solely that of this young child? This living text of one child and his family have, in this unique case phenomenon, provided a research platform for describing and discussing empowerment and child-communication, at least in the narrow context of the therapy relationship.

The Setting and the Meaning of Place

The delineation of a therapeutic “setting” is often, from my perspective, an important step in the process of attempting to understand and appreciate the ongoing dynamics and change process that occurs in the treatment of children and their families. By design, I elected to conduct the
majority of the sessions that were part of the treatment process for this unique case selection project, in a clinical playroom specifically designed for children. In an effort to fully examine this special environment in which our therapy relationship took root and had its shared life, I chose to borrow freely from the language of Clark Moustakas (1997). He observed that this “place” in which the business of play therapy occurs, is largely determined by the presenting problem and the age of the child-client. (p. 13)

Like the child’s family of origin, the importance of place is reflected in what is generated by the setting and the arrangements that exist within that setting. To the degree that the therapy environment communicates a sense of openness and accessibility, the child-client and his/her family experience the sense that they have come in from the cold, and that their presence is welcome. An atmosphere is created which encourages exploration and experimentation. Participants in the process feel invited, honoured and the child-client becomes able to assume a directing role and in turn, take charge of his/her world.

The emotional climate, when it is one of freedom, most often serves to convey to children that they are in control of their environment and operating from a place of power. This in turn, enables each of them to experience him/herself as a person engaging in choice-making and creating a world based upon personal interests, desires, and attraction. Furthermore, through the application of a consistent presence both in terms of the therapist and the therapy tools, in a setting which ensures privacy and trust, an atmosphere of tranquility is established which further enhances this therapeutic environment. An effort was made to incorporate each and all of these dimensions into this study, in order to convey an unwavering sense of caring and well-being for the child and the child’s family.

Therapeutic Use of the Family in the Child’s Play Therapy Process

When we choose to speculate about or develop hypotheses about human experience we
receive, in a sense, guidance for the path of our clinical action. Family therapy provides a specific line of inquiry into the internal as well as the external life of its child-members. It is an ecological view that takes into consideration the broader set of circumstances in which a child grows and develops—economic status, physical and mental health practices, educational opportunities, normal and aberrant stresses to the family system and so on. As an underlying assumption, and the one that cautiously guides the clinical path of this case study, the human experience of being a member of a family, necessitates a re-examination of the fundamental attachments that bind child to family, and family to child.

I believe, that the “meaning” of family is woven into an intrapsychic tapestry that is multigenerational, and extends its influence out, beyond the borders of a child’s parents, in order to influence the family’s lifestyle and as well, its’ self-image. “The complexity and idiosyncrasy of each family and each family connection inspire a reverence that makes it necessary to involve as many family members as possible.” (Keith, 1991, as cited in Combrinck-Graham, 1993, p. 327) It is Keith’s view therefore as well as my own, that the decision to involve a family when working with children, stimulates, informs and increases the power of the psychotherapy process; hence the path to clinical practice is driven by both systematic as well as systemic concerns.

This particular experiential case study was based on the premise that the family is a child’s primary resource system (Combrinck-Graham, 1990, p. ix). Within the boundaries of this system, children come to develop a view of the world that is individual-specific and at the same time, family structure-specific as well. The family’s view of the world, acquired throughout the socialization process of each of its individual members, becomes the perspective by which the developing child also comes to see and understand him/herself, those with whom he/she shares family membership, and society as a whole.

For the young child, it is as if all of his/her perceptions are continuously being stimulated and
interpreted by and through an idiosyncratic filter. This filter represents the unique socializing influence of the family and its significance, in terms of overall development, cannot be overlooked. Therefore, when the child within a family unit begins to signal a need for help, either through the individual expression of specific symptomatology or through the expression of externalized behaviours, it seems reasonable to conclude that the child’s family of origin be considered and called upon to provide some form of assistance. From an ecological perspective, the model might appear as if it were spheres, or as Lee Combrinck-Graham and others have suggested, concentric circles of influence surrounding the child. With the child at the “nuclear” core, the family then forms its own boundary around him/her and this is then enclosed further by other socially embedded structures which over time, come to be put in place during the course of the child’s overall development. For the youngster who signals distress, the outer borders of influence may contain aspects of the mental health system, for example, the powerful arm of the child-advocacy system. Ironically, this body frequently operates within the concentric-circle paradigm, from a position that is often quite removed from the daily life of the troubled or symptomatic child. As a system, the family represents the potential for both competent and responsible health and well-being for each of its individual members. The challenge then, from a “therapeutic” point of view and my own perspective, was, and continues to be- how to build a bridge that will link these key spheres of influence and access the family’s full availability?

I chose to examine one family’s struggle to operate as a helping system for their youngest child-member. Of particular interest to me as a researcher was the idea of confronting a systemic form of reality (Fulweiler, 1957, as cited in Haley and Hofmann, 1967, p. 15) when the therapist has “to get the family to understand that everyone is in therapy, not just the child.” In order to explore in some depth the belief that families are potentially children’s greatest resource, I needed to organize a setting that would reflect and accommodate various combinations and sub-groups
within the larger system. While a room specifically designated for the purpose of conducting individual and family play therapy sessions was not, according to the literature, (Axline, 1947) mandatory in order to do the work, I was able to create a relatively consistent therapeutic workspace on a weekly basis. In my role as an intern on a small Child and Family team of a community-based mental health agency, I had access to both a clinical playroom as well as an adjacent office/meeting room throughout the length of my study. However, it should be noted that while my specific team concentrated upon issues related to children, youth and family-related matters, the branch of the agency to which I was assigned, was mandated to provide an even broader range of outreach mental health services which included adults and seniors as well. Together, as an extensive multidisciplinary team, we all worked to serve an economically diverse urban population, all residing within a distinct geographical catchment area, located inside the boundaries of the City of Vancouver. Within our shared suite of offices, psychological and psychiatric assessment and counselling services, consultation, social work, nursing, case management, rehabilitation and life skills education were provided on a five-days/week basis. Since the demands for service steadily increased, space was often at a premium and a contributing factor to the consideration of the impact of “setting” in general, upon each client’s counselling process.

Child-Centering: Processes in Play Therapy

Theoretically, play therapy represents a unique and specific form of child psychotherapy, in which a climate and structure is created “in and through which children are invited to express themselves fully, in their own way, so that eventually they may achieve feelings of security, adequacy, and worthiness.” (Moustakas, 1997, p. 22) As an intervention strategy, it offers a therapeutic methodology that honours the distinctiveness and integrity of children, including the very young. At its core, it is founded upon the evolution and ongoing development of a
relationship between a therapist and a child-client in which the therapist provides the freedom to self-express, and the child comes to discover and affirm over time, a real self (p.7). By focussing upon the child’s world within the boundaries of the relationship- his/her thoughts, feelings, and wishes, the child comes to value him/herself, to affirm interests, thoughts, feelings and internal directions- all of which serve as guides to identity, self-expression, and self-understanding. In this way, through the vehicle of play, the language or “voice” of the child is both realized and expressed.

I chose to explore and examine, within the broad and protective framework of a limited engagement therapeutic relationship, a single, identified young child’s process in the ongoing act of being, framed in a child-in-family context. In so doing I also decided to look as well at the systemic issues that had the potential to surround and contribute to the difficulties the child was experiencing. Through a detailed description of a series of weekly therapy sessions involving the application of play-based intervention strategies, the lifestyle of a young child was unpacked, analyzed, and conceptualized in terms of psychodynamic, systemic and behavioural orientations. It was my belief and one of the premises underlying the practices discussed in this case study, that an integrated model of service delivery, one that combines child-focussed and family-focussed interventions could prove to be the most effective approach for dealing with troubled children. In addition to their compatibility, it was also possible to argue that drawing upon the different theoretical perspectives, offers complementary effects in terms of strengthening the potential for individual expression of needs, and enhancing the power that each particular model is capable of delivering separately.

Oftentimes the work of play therapy is active, minimally verbal, and unique to it surroundings. As well, it is dependent upon the availability as well as the accessibility of play-related media, which often includes art material. How the child views him/herself, others, and the
world, is at best a subjective process in which interpretations of the actions and reactions of others are continually being filtered through the child’s perceptions of his/her daily experiences. Based on these formulated perceptions the child, in a sense, co-creates with his/her environment, a form of private logic. This in turn, seems to dictate those parts of the self that the child will own and those aspects of the developing self that will, over time, present as conflictual (Adler, 1930; and Kottman, 1995). It is the process of collaboration or co-creation: the child with his/her world, the child in therapeutic connection with his/her play therapist, the parents in relationship with me as both therapist and as researcher, and the family constellation and I in the roles of both participants and co-collaborators- these are the processes that form the stories of the child’s lived experience. How this was accomplished reflects the orientation that I chose to apply in my work as a counsellor and play therapist.

Using an Adlerian View: One Perspective Among Many

There are numerous theoretical perspectives and methodologies in the practice of play therapy. All of them represent efforts on the part of clinicians to enable the child in his/her role as client; and all of them share the common belief that- “when a child’s feelings are expressed, identified, and accepted, the child can accept them and then is free to deal with these feelings.” (Landreth, 1991, as cited in Kottman, 1995, p. 2) Over time as a practicing play therapist I have come to understand my own personality priorities, beliefs and philosophical stance in relationship to my adult as well as my child-clients. I hold as truth the proposition that people, in general, demonstrate an innate striving for self-actualization and wellness (a client-centered view- Axline, 1969; Landreth, 1991; and Rogers, 1980); and that given the creation of a strongly empathic and supportive counselling relationship atmosphere, one is able in many instances, to resolve one’s own problems (existential theory- Moustakas, 1973). Both of these perspectives represent a nondirective therapeutic approach to the process of change. While valuable and powerful
constructs, I also subscribe to the belief that the effectiveness of a therapeutic intervention depends upon the degree to which it reflects and is congruent with one’s own personality, characteristic ways of operating and personal philosophy.

I enjoy working actively with children, youth and families. To this end, I subscribe to the belief that it is sometimes necessary to intervene on behalf of a client; that I can sometimes effect or influence change; and that through the therapeutic relationship it is possible to shift the ways in which the client comes to view him/herself. Based on these beliefs, while still somewhat eclectic in style and execution, I have drawn heavily from an Adlerian perspective and the still evolving theoretical model of Adlerian Play Therapy (Kottman, 1989, 1990, 1992, and 1995) in order to develop many aspects of the play therapy component of this treatment program.

The evidence of one’s theoretical orientation, I have learned, is often discernible when one examines the nature and the scope of the toy collection found in any given clinical playroom, and the arrangement of these various items throughout the play space. Whereas, most play therapists agree that the space used for play-based work should reflect the needs and interests of the children it serves, decisions with regard to the structure or organization of the play materials may vary. As well, the number and kinds of activity centres provided may be different; and the number and types of toys overall within an individual collection could show some variation. Generally however, an effort is made to try and maintain some stability with regard to the set of materials employed, much like the therapeutic relationship itself. The rationale for this practice is that the child, outside of the playroom, tends to live in a changing world where others, not the child, are frequently making and changing the rules of living on a day by day basis.

As a play therapist myself, I discovered that I was interested in offering my child-client and his/her family a safe, protected, and stable therapy space that would function multidimensionally, and would enable the child to be the guide and the decision-maker throughout the course of his
process. Additionally, I felt that the child's counselling environment needed to incorporate and reflect the following belief structure:

- that individuals are generally goal-directed,
- they respond from a sense of social embeddedness,
- their view of the world is essentially subjective,
- within each individual is the potential for creative expression,
- an appreciation for individual lifestyle is key to a fuller understanding of the person regardless of age,
- to conceptualize a whole child requires a holistic perspective,

(Axline, 1969; Kottman, 1995; Landreth, 1991; Oaklander, 1992). My intent was to support the premise that sessions be supported by toys and play media that acted as a means of communication for the child, and for the family in therapy. Guided by a set of criteria developed and described by Landreth (1991) it was necessary, from week to week, to ensure that dress-up clothing, miniatures, puppets, masks, stuffed animals, games and the like, all offered the continuous possibility of:

1. facilitating a broad range of creative and emotional expression,
2. holding the interest of children,
3. allowing for both nonverbal and verbal exploration and expression,
4. enabling the child to feel a measure of success without a rigid set of rules and procedures
5. ensuring durability and flexibility during usage

An additional consideration, and one that by necessity took careful planning and execution was to find a way to achieve a balance between the different categories of play material necessary for the child's full expression of self. While as previously acknowledged, there were many
different ways to practice play therapy, my personal preference was to employ material for self-expression that would lend itself to clearer and more coherent interpersonal communication.

Working from this specific model, five general categories were established and made available, at the request of the child: expressive toys, family/nurturing toys, scary toys, aggressive toys, and pretend/fantasy material. According to Kottman (1995) a wide range of toys allowed children to “use the play media in a variety of different ways.” In order to operate in a way that would be consistent with this Adlerian philosophy, these various categories of toys were displayed openly, wherever and whenever possible. The ongoing goal of my treatment protocol was to ensure that the child-client would be able to find things in easy reach, and in predictable locations.

Examples of each of the categories to which I ascribed were as follows:

a) **expressive**- paint, clay, sand, water (non-differentiated material - what Moustakas refers to as “diffuse” items (p.12),
b) **family/nurturing**- dolls and doll house, stuffed animals, puppets, soft cuddly blankets and pillows, family miniatures, kitchen equipment,
c) **scary toys**- masks, monster replicas, snakes, rodents, and spiders,
d) **aggressive toys**- swords and other fighting gear, knives, other forms of weaponry, police-oriented equipment,
e) **pretend/fantasy toys**- costumes, headgear, wands, stars, glitter, makeup, jewellery,

The Research Process – Organizational Concerns

Between the months of February and early July 1998, for a total of nearly six months, I provided therapy and consultation to a seven-year old, “identified” male child named Josh, and to his family of origin. The primary intervention applied in this single case study design was an elaborated play therapy model developed to incorporate an exploration of child-in-family context
therapeutic work. My interest was in functioning as a case researcher trying to understand the complexities of this unique phenomenon as a “bounded and integrated system” (Stake, 1988, p. 237).

Over the course of a twenty-session therapeutic treatment protocol, I engaged in the process of participation observation, a two-fold function as a researcher. In the role of the child’s and the family’s therapist, I participated directly both in the play and in the experience of observing the child engage with the different members of his family system. As the observer, I was able to situate myself so that I could examine unfolding and developing themes communicated by the child, through the language of his play behaviour. This was accomplished against the backdrop of the shifting contexts created by the various levels of involvement of different family members throughout the study. Sessions were generally 55-75 minutes in length depending upon the environmental context of a session- whether the child was being seen individually, as part of a parent-child dyad, or sibling grouping. Full family meetings, held monthly, were blocked for 90-minute periods, and a ten-minute break time was allotted, in order to deal with a range of personal needs. Following the establishment of a therapy routine, alternate sessions were audiotaped, as well as all family meetings. The goal of this data collection procedure was to obtain samples of the child’s language, as evidence of his lived experience, in the process of interacting with play material on a one to one basis, as well as collaboratively with other family members.

Written documentation took the following forms: weekly case progress notes of sessional content as well as observational process notes, an individual field journal for myself as researcher in order to record personal observations, reflections, insights, cautions and the like, ongoing Adlerian child and parent questionnaires, a family genogram, a family process journal brought to weekly sessions; and an additional set of field notes pertaining specifically to debriefing sessions held with the child’s parents. Other sources for data collection included pertinent school
personnel, for example, the child's classroom teacher and area-counsellor; a collection of serial artwork executed by the child and other family participants; a formal agency-based assessment, and a termination summary that was filed at the completion of the therapeutic engagement. The net result was an overall research process geared towards investigating the particularity of this single case phenomenon, as intrinsically of interest in and of itself. In my role as researcher I have, as suggested by Stake, “temporarily subordinated other curiosities so that the case may reveal its story” (p. 238).

II. The Client and his Background

An Introduction

Through the process of unfolding and providing the narrative of one male child's and his family's case study- an assessment procedure, the specific therapy goals framing both the theory and the work, and the program of intervention strategies applied throughout the project are described within the context of the treatment chronology. First, brief descriptors of the child as client are provided, as well as some general information regarding the family's background in order to provide an overview. This in turn, will serve as a foundation for discussions pertaining to family dynamics and their relationship to the degree and kinds of verbal and nonverbal interactions observed during the course of the play therapy counselling process.

The Child-Client

Josh, age seven, the youngest child in a family comprised of two parents and three male offspring, has a unique family constellation; he has older, identical twin brothers. There exists, as his parents are wont to point out, just fourteen months age difference between Josh and his older brothers. Like his older siblings, Josh attends a mid-sized public school located in a relatively middle-class neighbourhood of a large urban community. His school placement throughout the course of the study, was in the grade one portion of a split grade one/two program; a class run by
an older, experienced, and by all accounts fairly structured teacher, already known to the family.

Josh came to the attention of the Child and Family team where I was counselling, because he was displaying behaviours described as “severely acting-out”. Both within his school and within his neighbourhood he had been identified as being disruptive and labelled increasingly as being resistant to authority and obstructionistic. While not formally seen by the school’s area counsellor, both she and the family’s general physician encouraged Josh’s mother to make a referral to our community mental health agency.

In a telephone and initial intake interview Josh’s parents expressed the following concerns:

- that their son seemed to be displaying increasingly rigid patterns of behaviour in terms of his approach to unfamiliar or new situations,
- he was exhibiting a disrupted sleep pattern coupled with evidence of tearfulness, anxiety, recurring nightmares, and a resistance to staying in his own bed,
- meal times were proving to be more and more stressful due to Josh’s finicky eating patterns,
- an increasing amount of irritability and argumentative behaviour on the part of their son was beginning to take its toll on the family, the school, and friends,
- sibling rivalry seemed excessive,
- the school was reporting that Josh was noticeably aggressive both physically and verbally- engaging in swearing, teasing, and practical joke-playing at the expense of others,
- the family was beginning to worry that the stress they were experiencing was taking a toll on the family system as a whole,
Additionally, both parents worried about how their son was being perceived by both the school and the immediate neighbourhood. They commented on the fact that Josh had very few friends of his own and as a result, often tried to adopt his brothers’ companions. While there were no indications that he exhibited any academic difficulties, Josh’s mother and father reported that they did feel some confusion regarding Josh’s overall struggle and seemingly intractable behaviour. However, having observed that Josh, of all the offspring, seemed to demonstrate the greatest attunement to extended family members and to specific family situations, Josh’s parents indicated that they were open to a process that involved the family collaboratively. If play therapy, and their own active involvement would assist their son in feeling better about himself, and in turn feel better able to manage his behaviour; they were willing to co-operate in whatever way they could.

Family History- One Window into the Family Dynamics

Josh’s parents, Joyce and Donald are currently married and have been for approximately twenty-three years. Both parents grew up in a small Northern Ontario working class community where their own parents, as well as one maternal grandmother still reside. Joyce, four years younger than her husband, met Donald when she was just beginning high school and he was a graduating senior. Josh’s parents each held the position of “firstborn” within their own birth families, and both of them reported feeling a strong sense of duty to their respective households from the standpoint of financial contribution and behavioural expectations. Additionally, both parents indicated that they felt strongly about the importance of being able to make money in order to secure independence and a “better lifestyle”, and that this philosophy has been actively imparted to each of their sons on a regular basis. Donald, in particular, voiced strong opinions on the subject of financial planning, risk-taking, and ensuring that “the boys” would always have some measure of security. Early on during our second interview meeting, he recalled that his own
parents often seemed fearful about money matters and anxious because of the debts they felt that they had incurred. According to Donald, this left a lasting impression upon him, and acted as a driving force for his own as well as Joyce's future endeavors. Joyce in turn, agreed with her husband's assessment of their family situations and the sense that they had to "flee" their pasts and focus on both the present, and their family's future.

In terms of relocating, both of Josh's parents reported that they were glad to have moved out to the west coast, despite the fact that there were some residual feelings associated with each of them having abandoned younger siblings. In time, Joyce revealed that she sent for her brother Bob, who was fourteen years her junior and her only other sibling. This proved to have a significant impact upon the family system because Josh, in particular, appeared to be quite attached to his Uncle Bob. Joyce and Donald, however, also reported that Bob's presence added another dimension of stress to the ongoing operation of their household, because it seemed as though he was constantly requesting loans; and appeared to be unable to identify a stable future direction for himself. Josh's mother went on to explain that because of these ongoing issues, she was frequently quite worried about her brother. This was further identified by each of Josh's parents, as a source of some marital discord between them.

When Josh's family's spoke about their major move from central Canada to the west, they referred to it as having "survived the '80's" since many of their significant life transitions were reported to have occurred during this period of time. This notion of turmoil and change, regardless of what preparatory steps were put in place, seemed to be a recurring theme for this family. Furthermore, this struggle, and the sense that each of them experienced a continual state of flux were revisited by each family member in both individual recollections and family meetings, throughout the course of the family's therapeutic engagement. For example, having arrived in British Columbia expecting their first child, Joyce and Donald were both dismayed and delighted
with the discovery that their new family addition would prove to be additions, as large and healthy male twins arrived on the same day that a massive province-wide nursing strike began.

While the family described themselves as being able to take these and other stressful memories in stride, their need to seek professional assistance for their youngest child-member, suggested that the system as a whole was being severely taxed; and that as a family unit, they were searching for additional strategies with which to cope. According to Josh’s parents, this family was becoming an increasingly active, perhaps even over-subscribed, with multiple personal interests being served, and a complicated daily timetable to maintain.

In my role as therapist, I reflected to Joyce and Donald, on how jarring and unbalancing stressful events could be to the overall functioning of a family system. Additionally, I observed that it was hard work to stabilize a system that contained so many different participants, each of whom demonstrated such different lifestyles on a day to day basis. It did appear, however, that while this family was experiencing some concerns regarding their ability to function effectively, there also appeared to be evidence of mutual caring between the two parents, and between the children and their parents. In summary, the presenting challenge for this family as a collective entity, was to create a strong enough container, with enough safety within their family structure to aid and support themselves and their youngest child-member. There appeared to be as well, a need to heed the “voice” of the child so that he did not become, from an ecological perspective, socially isolated.

III. Through the Lens of Family History

An Introduction to Assessing the Family System

For many therapy participants who choose to examine their family’s past, as well as their present and the possibility for future development, there is healing potential in the process of giving oneself a wider and more extensive frame of reference. Through an examination of a
multigenerational context, it is possible to begin to experience a less pathological and blaming perspective. This “larger” picture can result in a fuller acknowledgement and increased awareness of hidden strengths and positive-oriented capacities within the family, heretofore not revealed. Since therapy is about the process of growth and change, previously blocked family systems begin to develop an understanding about their own individual potential. As well, they begin to acquire a more objective picture of their family of origin. Family practices previously viewed as being stagnant, and in many cases, a toxic emotional field for the system, start to shift. In the lived experience of uncovering previously unknown and “hidden” patterns, family rules, and rituals, an avenue begins to open up, and the family comes to believe that there are new directions in which they can begin to move.

In order to begin to understand the depths of the impact of one’s family system on each of us as emerging individuals, we need to develop an historical perspective for appreciating lifestyle patterns and personality priorities, as they exist within each individual family member, and within the family unit as a whole. “Our personal history has shaped our core beliefs, and we must know that history if we want to change.” (Bradshaw, 1995, p.98) There are numerous avenues for shaping the history of a family’s development whether it is through the use of a “family life chronology” (Satir, 1967, as cited in Goldenberg & Goldenberg, 1996, p.160), family reconstructions, genograms, or family interview checklists, to name but a few.

The specific tools employed in this study have included: ongoing observation and processing, a genogram, an Adlerian Parent Interview Questionnaire, the use of early recollections, a vehicle for ongoing parental self-report regarding known stressors and/or critical incidents perceived as having an influence upon family dynamics, and a variety of play-based activities designed for individual and family play therapy interventions. For the purpose of clarity, each of the interventions listed above, are described in detail within this section, in the order in
which each was applied throughout the therapeutic program. Some of the approaches described here were chosen because of their ability to assist in the initial stage one therapeutic objectives of trust and relationship building. Other tools were used during the middle phase of therapy to enhance the process of generating lifestyle hypotheses and the development of personal insights for the re-education component of the child-client’s therapeutic program. In the final stages, these assessment materials served to aid and support the closing and termination portion of the treatment process. Through analyzing the rich stories to emerge from their application, our collective understanding was both expanded and enhanced; and the complex learning environment the family was able to co-create over time, was both reinforced and validated.

The Genogram- Our Starting Point

One of the first ways that I chose to assess the continuous influences of the family atmosphere on the child’s developing self, was to make use of a visual map of one’s family tree, using an instrument referred to in the literature as a “genogram”. The rationale for inclusion of this tool was twofold: to assist the family and the therapist in obtaining a factual genealogy on one level; and to create a broader appreciation for the nature and scope of the family’s efforts to be in relationship on another level. Through this particular instrument the child, his family and I have had the opportunity to discover some habitual practices across three generations, areas of recurring symptoms/markers of distress, and as well, evidence of indicators of both successful and problematic behaviours within the family constellation.

Because the genogram serves as a useful adjunct to both the assessment stage of the therapeutic process and the ongoing treatment process, I decided to approach this concept of family history together with some of the family members, early on in the therapeutic connection. It was interesting to note that while the literature suggested that many therapists had the tendency to prepare the genogram at a later stage in the process, having previously obtained family
information in earlier sessions, Barker (1998) supported the practice of executing this map at the onset, using a collaborative format between the family and the primary therapist. My focus was to be congruent wherever possible, with the objectives of the framework that I had specified in my Ethical Review, as well as with the research design that provided the infrastructure for this project. These objectives included the goals of examining an “identified” child’s process within the context of family-centred work, and offering the potential for both individual and family system gains. In terms of longer-range benefits resulting from participation in this study, family members had the opportunity—“to be listened to, gain new insights, acquire new learning and observational techniques, receive help with recurring problems, and develop skills to enhance interpersonal communication.” (p. 83)

With this orientation as my backdrop, I suggested to Joyce, Donald and Josh that I was interested in how their family came to be, and that I wanted to try and understand a bit about their background. With their agreement to participate in this exercise, I proceeded to instruct both parents on the diagrammatic format of this tool, the need to plot three family generations for comparison and continuity, and the various symbols that have come to be associated with this assessment device. As a starting point for our discussion the following week, I requested that the family incorporate where possible, the following basic structure: full names, dates of birth, levels of education where known, dates when anniversaries and family-acknowledged events occurred (critical incidents), as well as deaths and their causation, and the circumstances in which any physical and/or emotional difficulties were known and seen as significant information by the system. Additionally, the family was asked to symbolically represent the different relational combinations that had existed, and do currently exist among the various family members, using a specific schema and icons. These symbols were predetermined and followed a model based on the work of Murray Bowen (1978) along with additional modifications later developed by Carter and
McGoldrick (1980, as cited in Barker, 1998, p.84). Some of the discoveries the family began to tease out, while working in this visual arena, included material related to the degree of flexibility each family believed existed between the boundaries of the different marital partners, the parents and their children, their siblings, and the different generations of offspring and their grandparents.

Donald's Example-

Once there was a visual record of the various living arrangements within Donald's own family of origin, it was possible for him to see and to disclose that over the course of a two-session exploration of family history patterns, he had discovered similar lifestyle decision-making among his birth father, grandfather, and closest brother. From Josh's father's perspective, all these men were people for whom Donald felt a sense of ambivalence. On the one hand, great affection and a sense of connectedness were apparent to him. But by the same token, he also experienced, when he recalled a series of interactions with them, the emotional pull of disappointment and a sense of loss. He saw these feelings as stemming from the fact that all three of these men seemed to be unable to sustain enduring and successful marital relationships. Prior to his having participated in the genogram activity, Donald had not drawn the links between himself and his family members in quite this way. Josh's father responded that he now understood why he felt that his "family was everything" and "that no one better mess with any of them." (Progress notes from late February- early March)

The data collected from this instrument as well as a summary of an additional instrument known as the Adler (Life-Style) Parent Interview Questionnaire, which I chose to use in conjunction with the genogram, are elaborated upon in the following section, after a brief overview of the questionnaire itself.

An Introduction: The Adler Parent Interview Questionnaire

Another helpful instrument and one that I decided to use collaterally with the genogram was the Adler Parent Interview Questionnaire. Often through its application, family themes become identified, and these in turn shed some important light upon the ways in which a child comes to perceive him/herself in terms of personal strengths, needs, feelings and beliefs. As a tool for collecting baseline information, the questionnaire is guided by the principle that children's problems and issues are multidetermined. Given that the questionnaire, by design, allows for
input from each parent, as well as the "identified" child, other children within the family, and the family unit as a whole, the study's second premise- "that no single perspective sufficiently addresses all the complexities of the child's difficulties" (Wachtel, 1994, p.233), was also taken into consideration.

In wearing my therapist's hat, I feel the importance of emphasizing that throughout this study a key component of working within the unique Adlerian model, has meant being aware of, and hypothesizing about the nature of the child's presenting lifestyle. There is a continual search throughout the therapeutic process to identify and establish the social living context of the child-family members, so that the child can be conceptualized in terms of his (or her) own unique attitudes towards the self, toward others, and toward the world. The concepts of family constellation and family atmosphere are inextricably woven in this model, into a tapestry of understanding which the child stitches upon, each and every time he/she observes an interaction between any of the members of the family of origin. When the child, as an individual, interprets the meaning of a given situation and its significance in terms of family atmosphere, he/she does so "in the light of his own biased apperception or faulty logic" (Dewey, 1971, as cited in Kottman, 1995, p.123). In other words, the family sets the standards for social living, and the child configures this, based upon a set of personal beliefs accumulated through time and experience.

As a researcher I was particularly interested in the cumulative and habitual pattern that would emerge from a marriage of family atmosphere and family constellation. The Adler Interview form exams such factors as: parental attitudes, discipline policies within the home, parental lifestyles, family values, the marital relationship, parenting skills, and/or any ongoing or current problems that either parent may be experiencing which in any way might impede or compromise his/her ability to fulfill the role of parent. I wanted to see, experience, and get some sense of how these factors constellated. My sense was that the resulting configuration depended
upon the individual personalities of each family member and the family system as a whole. Furthermore, since each family tended to present with its own fresh and unique perspective, there were no standard formulas that could be applied.

What then differentiates the “troubled” child from the one who seems to successfully navigate the dynamics of their particular system, becomes the pivotal issue in this portion of my analysis. In the light of direct therapeutic experience, the factors identified for closer scrutiny do appear to express, in the case of Josh and his family, some familiar and recurring themes. These themes began to reveal themselves in the deconstruction of the data derived from the collateral use of the genogram and the Adler Interview form.

**Mining the Data: A Combined Effort to Inform Systemic Understanding**

For the purpose of anchoring the child, as the focal point for the process of child-in-family context work, I generally placed Josh, the “identified” child’s material first, when an exploration of the family system, as part of the therapeutic process was being illustrated. Throughout the analysis provided, the emphasis of this study has been upon the belief that “therapy proceeds via change in individuals or couples who are capable of affecting other family members.” (Becvar & Becvar, 1996, p.155) To review as well as to highlight the concept of a secure family atmosphere as it constellates within a system, I decided as researcher, to glance both backwards and forwards. This enabled me to reflect once again upon this family and its contextual framework. This time, however, I decided that I would use a life-tasks lens. The observations that I have articulated here are deliberately presented in the present tense. As the researcher, I am mindful that there are layers of multiple voice that I am trying to convey. I want, through my own researcher’s voice, to express a sense of immediacy in Josh and his family’s process. All the discussions, those that represent the family’s history, the summary observations, and the “incidental” observations all describe events that have the potential to resonate with the reader, as they resonate with each of
the study participants. For me, this constitutes an additional means of communicating on each of their behalves, as well as on my own, the vibrancy of this therapeutic lived experience.

1) **Josh (child-client)** - As the youngest member of a five-person family, Josh, age seven years, has had the fewest geographical relocations. His current house represents a primary residence for him, and the only real home he has ever known. Born and raised on the West Coast, Josh like his brothers, was a summer baby, appearing on August 15\textsuperscript{th}, 1990. There are approximately fourteen months age difference between the older twin boys and Josh. In terms of lifestyle, Josh attends the neighbourhood community elementary school, where he has, during the course of his therapy, been completing his grade one year in a split grade one/two program. He attends the same school as his older twin brothers.

**A Personal Reflection:** For a child to experience a sense of a secure base, there must be other factors contributing to the learning environment of the family culture besides the number of moves the child has experienced; the time of the year in which the birth occurred; and the degree to which the parents were both familiar and experienced in their parental roles. Maslow's hierarchy of needs in and of itself, does not appear to be enough.

2) **Donald (Josh’s father)** - In terms of chronology, Donald was born in February, 1953 and was the firstborn child within his family of origin. He is one of three male offspring, all of whom were born in a small, industrial, mining community in central Canada. He, like his brothers, were all born into a two-parent family situation. Ina, Donald's mother and Ray, Donald's father are still alive and have remained in the same town where their children were born. There are approximately fourteen months age difference between Donald and his second-born brother Jay, and there is a nine-year age span between Donald and his youngest brother George. It is interesting to note that Donald's mother, like Donald, was the firstborn of three offspring, whereas Donald’s father is the youngest of five. While all three brothers were born and raised in this
northern Canadian town only George continues to reside there.

Following high school graduation Donald began to travel, work in different communities including the Canadian Prairie Provinces, and gradually moved to the West Coast. Within the last two to three years Jay, Donald’s second brother, and some of his immediate family, took up residence on the West Coast as well. Donald has suggested that his brother Jay, who has had a number of disruptions in his own family system, needed the support and proximity of his older brother. He spoke to me at length about how close he and this second brother were to each other when they were growing up. Donald also indicated that Jay’s presence out on the West Coast was enabling the two men to renew old ties and re-solidify their relationship.

A Personal Reflection: A sense of “the family ties that bind” is not necessarily borne out of the direct experience of a paradigm in which successful coping was actively modelled. Children are powerfully influenced by their parents’ belief systems, but family belief systems are rarely expressed directly (Wachtel, 1994, p.131).

3) Joyce (Josh’s mother)- Joyce was born in October, 1957 and is the oldest of two offspring by fourteen years. She, like her husband Donald, was born in the same small industrial mining town and resided there throughout her childhood and adolescence. Both she and her brother Bob were both born into a two-parent system, and each one lived a childhood and teenage years in these same circumstances. The dynamics, however, changed dramatically when Joyce’s younger brother Bob was born. (This transition is described in greater detail in the discussion pertaining to potential family impacts/stressors.) In terms of birth order, Joyce’s mother Amy, was the third-born child out of a family of two boys and two girls. Her father Ed, was the only offspring in his family system. Joyce married Donald just before her nineteenth birthday and both of them left central Canada as soon as Donald had become somewhat established with a secure job and a place to live. Joyce was already expecting her first child (children) at the time of this move.
Her second pregnancy followed closely on the heels of the first, with her giving birth to Josh fourteen months later. Several years after taking up residence on the West Coast, Joyce encouraged her brother Bob to join them; and he has lived near his sister and brother-in-law for the last five years. Joyce disclosed that with regard to her brother, she was aware of the existence of conflicting feelings in that while she experienced a combination of maternal protectiveness and love for him, she also had feelings of frustration towards the attitudes he seemed to demonstrate with regard to his finances, his work, and the way he conducted his life on a day to day basis.

A Personal Reflection: It is a challenging and sometimes precarious position to be a firstborn child (Pepper, 1979, as cited in Kottman, 1995, p.136). While this pioneering position within the family has distinct advantages e.g. special privileges, and a deep relationship between the child and his/her parents, the emotional cost may be high. Often firstborn children take on a role in which responsibility, reliability, and high levels of organization are both prized and rewarded. As the firstborn child in a family system where a large age gap exists, in this case fourteen years between the birth of the first and second child, this particular offspring may experience not only a unique bond with the parental dyad, but a distinct sense of entitlement as well.

4) Stu (one of Josh’s older twin brothers)- Stu, a mature looking eight-year old was, according to family lore, generally thought to be the older of Josh’s twin brothers, having officially been born a full two minutes before his fraternal partner, Wes. The twins were born on June 20th, 1989, approximately fourteen years into Joyce and Donald’s marriage. Having been born and raised on the West Coast, Stu appears to be both very settled and comfortable with his living situation and his family’s lifestyle. Bearing a strong resemblance to his father’s side of the family, Stu presents as an attractive, sturdy, and powerfully built boy. He appears to be slightly larger, more
substantial than his twin brother and this sometimes attracts attention in the grade three program he attends. Despite this foundation, Stu, of all the family members, appears to have the most conflicted relationship with his younger brother Josh, the child-client. According to parent reports, the boys frequently disagree and then ensuing arguments can often become quite animated and hostile.

A Personal Reflection: Amy Lou and Betty Lew Bettner write about and describe what they refer to as the “Crucial C’s”- a sense of courage, the ability to connect with another, a sense of feeling capable, and the belief that the individual counts or feels of value to others (Lew and Bettner, 1996, p. 17). The authors believe that as human beings we all strive for a sense of belonging, regardless of the nature of the desired community- family, clubs, neighbourhoods, school and so on. To keep one’s parents interested and involved a child will engage in a specific set of behaviours, some of which might appear to be acceptable, or unacceptable depending upon the child’s needs and wants.

5) Wes (Stu’s twin brother)- Wes, the younger of Josh’s twin brothers, born June 20th 1989, appears to be, despite his size and overall presentation, slightly less dominant than his brother Stu. His parents indicate that of the three brothers, he often appears to be the least visible in terms of his personality profile. Accordingly, Wes tends to respond to situations in a fashion similar to the role that a second-born child might assume. It is his parents’ sense that of the three brothers, Wes seems to demonstrate the most proficient social and peace-making skills. His school behaviour in his grade three program, appears to be consistent with this pattern. While close to his identical twin brother, Wes seems to be equally strongly bonded with his father.

A Personal Reflection: Middle children often become adept at seeing all sides of a situation, which might to some degree explain their peacekeeping functions within a family unit. The downside of being so flexible and accommodating is that children and adults in this situation
can become waffling or indecisive decision-makers. As a result, issues that are concerned with fairness may occupy a considerable amount of their time and energy. Over time, the child may become disenchanted with the role or discouraged by the constant effort required.

Observation – A Primary Assessment Strategy

There is a great deal to be gained from the process of observation. It is likely the therapist’s most potent tool. By employing the genogram, my partners (the family) and I were able to begin to unpack and examine the rich soil that nourished this family’s root system. With the Adlerian questionnaire, we were able to begin to distill, from all the potential pieces of the puzzle (the child-client and his system), the specific sections that would later serve to assist us in reconfiguring a contextual whole. However, it should be noted that the formal method for responding to both of these instruments is predominantly through the verbal modality. This process, while extremely helpful, in my view, for gathering valuable information pieces that the child and his family were and are able to share; it did not, by itself, necessarily represent the preferred mode of expression for a young child. Therefore, as the foundation of the assessment began to take shape, it also became possible to see in each of the actions of the family participants, the emergence of a blueprint symbolizing three generations of families, joined through marriage and birth, bridging lifetimes and life experiences. So much subtle and valuable additional information was gained by watching the ways the child and the family operated together.

According to Wachtel (p.52) however, some of the most useful and pertinent information acquired while engaging in integrative work with children and their families occurs outside of the realm of the formal observation process. She identified a procedure she referred to as “incidental interaction” observation. Her reference point were those interactions that tended to occur spontaneously, without the impetus of any form of direct intervention on the part of the therapist. While still acknowledging the importance of receiving direct feedback from a reporting parent
and/or child and observing how that piece of information impacted the subject and/or the various members of the family, she suggested that additional avenues of inquiry were opened up by being alert to these area as well. For this reason, I believe that to thoroughly appreciate the levels of communication that exist within the context of a family’s lived experience, an additional and necessary part of the overall analysis is to identify and acknowledge those transactions that occur outside the realm of the formally constructed clinical gatherings – the playroom interviews, the family meetings, and the assessment sessions.

In the following section I first compared and contrasted, the different members in Josh’s family, the more formally gathered observation summaries which were acquired during our collaborative efforts on the genogram and Life-Style (Adler) Parent Interview. I organized these statements in point form following the format of the parent questionnaire because it was specifically designed to reflect both the child’s and the parent’s perception of lifestyle. Following these summarized observations, I observed and provided a summary of many of the “incidental” observations that were also gathered over the course of the first four or five sessions of Josh and his family’s treatment program. These offered a range of insights not gleaned from the prescribed categories. This latter list, from my perspective, provided an equally meaningful slant on the ways in which the family’s various interactions unfolded. Viewing Josh and his family-members with this lens conveyed a level of understanding that proved more inclusive. It examined a language that exists beyond words, between people who know each other intimately, on a number of levels. These observations represent the interactive aspects of the multiple levels of meaning-making that occur within a family system- intrapsychic, dynamic, and highly expressive.

Summary Observations

1) Family Constellation and Family Atmosphere- As a Unit

- Everyone in the family seems to have very full weekly schedules, including
sports and personal interest clubs, with the exception of Josh.

- Family roles appear to divide along the line of relatively traditional thinking, with mother providing the homemaking plus volunteer functions, as well as serving as family coordinator, bookkeeper, and primary day to day caregiver.

- Father assumes the role of breadwinner, friend, and family protector.

- Mother, while not officially a major wage earner in the home, is considered the manager and overseer of a ten-unit rental business which the family owns jointly.

- All the boys demonstrate a range of interests that essentially reflect the example their father sets, but all three of the boys appear to exhibit their mother’s agility and sports capabilities.

- It is possible that Josh provides some evidence of having his father’s dramatic flair, but it is too early to identify this with any degree of assurance.

- Of all the children in the family, mother identifies Josh as being the child with whom she feels the greatest sense of attachment.

- While all of the family participates in cultural teachings and social activities related to their Finnish heritage, the parents report that Josh seems to be the child who most demonstrates an interest in his roots and the practices within this culture.

- For this family, food appears to play a significant role, in terms of the overall family dynamics, and the way daily scheduling is organized.

- Josh’s parents acknowledge that their ways of functioning in the world are, from their view, distinctly different; but that they have made their system work for them over the years.
• They feel that their approach to such family matters as discipline and major
decision-making is collegial and that they are able to negotiate.

• Both parents are inclined to be risk-takers in terms of life directions e.g.
pursuing financial opportunities. Stu and Wes in particular, appear to be as
open to new and unexplored terrain as their parents.

• They report that their twin sons appear to be a mixture of their parents’
personality characteristics but that Josh appears to more strongly favour his
mother in this area.

• Like their father, the twins appear to be fairly independent by nature,
expressing interests in many different things that occur outside of the family
system.

• Josh, however, appears to display the greatest degree of interest in events and
situations when they relate to contact with his family, and his family’s friends.
Outside activities seem to hold less interest for him without these connections
in place.

• Both parents communicate a strong belief in financial independence,
demystifying the use and management of money, and drawing upon
professional services to become more enlightened e.g. lawyers for setting up
companies, counsellors for getting help with behavioural problems and so on.

2) The Systemic Perceptions of the “Identified” Child

• Despite his family’s active commitment to many ongoing events each week,
Josh often chooses to either opt out completely or participate as an observer
only.
• Of all the children, Josh appears to be the strongest visual learner which means that he is often the resource for lost and found items in the household.

• All of the male members of this family are hearty eaters with the exception of Josh who appears to be somewhat finicky at mealtimes (though he does share his father’s propensity for sweet foods.)

• Of all the family members, Josh seems to be the only person who demonstrates any form of resistance at mealtimes.

• The majority of the family members appear to be solid and sound sleeper with the exception of Josh who describes having nightmares and “bad monster dreams” nightly.

• In terms of birth patterns, Josh is the child who, like his father’s second brother Uncle Jay, was born fourteen months after his own brothers.

• While Donald, Stu, and Wes are all involved in acting lessons and some work in making professional commercials, Josh does not choose to participate in this hobby.

• Josh is identified as the child who appears to be the most openly affectionate towards his grandparents.

• Josh will generally, when his father is available, choose to spend his recreational time watching his father perform activities in his workshop. Josh has been known to demonstrate some proficiency with tools himself.

• While his brothers appear to have a fair number of friends in the neighbourhood, Josh tends to have one friend of his own at a time. His parents reported that his best friend moved away over the course of this past year, and that Josh has had some difficulty meeting and making friends he can
specifically call his own.

- Josh tends to respond to new events and situations by putting up a struggle. However, according to his mother, Josh does actually “relax once he is at the event.”

- Josh, like his mother, finds it hard to identify activities as simply just being “fun”. In a similar vein to his mother, he appears to place a strong emphasis upon exactness and proficiency of execution.

3) Functioning at Life Tasks- The Identified Child

- Josh, as suggested before, seems to have strong eye-hand coordination and can work successfully with fine-motor tasks such as carpentry and art.

- Josh, according to his father, is “very mechanically” inclined, much like his mother and Uncle Bob.

- Whether it is school-based work or recreational activities, Josh seems to be competent operating in partnerships but seems to struggle in triads.

- When he attempts to put out his voice (for example during intake sessions in the clinical playroom), he demonstrates a strong interest in ensuring that accuracy is provided in furnishing others with details of his and his family’s lived experience.

- Josh seems to be an able student who exhibits particular skill in the math areas.

- In social-oriented activities, Josh tends to experience conflict and a lack of overall success.

- In most of the life-tasks areas: family, love, making friends, school/work, and spirituality, Josh’s general approach is to observe from the sidelines first, and then slowly warm up, and gradually move towards actual participation.
• In social interactions in which he feels unsuccessful, Josh is more inclined to express "that his feelings have been hurt" than are his brothers.

• Josh's parents report that Josh values doing well in the academic components of the school day.

• Josh, while often feeling unacknowledged in the arena of sports participation, appears to be the family's strongest swimmer. He prefers to work on his skills during recreational swims rather than participate in the more competitive events in which his brothers seem to excel.

• It is Josh's perception that he is the "most punished" individual in his family, whether the discipline is directed from home, the school, or in club or neighbourhood situations.

• From a social perception perspective both of Josh's parents have commented on the fact that Josh often expresses that he feels left out, disinvited, and that he lacks sufficient amounts of attention.

• His father observed that Josh, from the time that he was quite small, seemed to find it an ongoing challenge to fit into any one given group, and that he seemed to put out an extreme amount of energy trying to do so. (There was the suggestion as well that Donald, Josh's father, connected with his youngest son's life experience in this area.)

• Josh's mother observed that her youngest son appears to demonstrate a fairly organized approach to play and to work.

• Of the three children, Josh is the one inclined to gravitate towards adults, and will frequently engage them in conversation, for example, his uncle, his grandparents and so on.
• At this juncture, Josh appears to lack peers within his own age bracket, and will often seek out and try to connect with his older brothers’ friends.

• According to his parents, Josh puts out a lot of energy trying to get other children to notice him and/or think that he is both funny and good company.

• It appears to be equally difficult for him to establish a firm contact with his peer group at school. Often he does not choose to socialize with children his age on the playground.

4) Goals of Behaviour

• Josh’s parents identified Josh’s behaviour as being “explosive” at times.

• According to Josh’s parents, the school was concerned because their son seemed to be “highly disruptive” in his actions. This, they reported, appeared to be more in evidence on the playground than in the classroom.

• Each parent reported that Josh often appeared to be stubborn and difficult to manage in terms of family routines, for example, mealtimes.

• Josh self-reported that “no one listened to him” and that kids often “bothered him”.

• The school complained to Josh’s parents that their child swore at adults as well as at other children. He also tended to engage in excessive teasing, particularly of younger children.

• Josh was accused of making prank telephone calls by some of the people in his neighborhood and the school.

• Joyce, Josh’s mother, expressed that she found the whininess that she sometimes heard from Josh, and to some degree from Wes and Stu, a real emotional trigger.
• The parents reported that excessive, screaming fights often broke out between Josh and his brother Stu. The parents indicated as well, that they objected to having to play “referee”.

• Since the parents acknowledge that the disagreements between the boys often accelerate. They also indicate that their youngest son frequently, as the result of the commotion, winds up getting hit by one of his bigger brothers.

• In response to this disclosure, Josh’s father expressed that he “hates the violence.”

• While Josh’s mother tends to encourage the boys to “find a way to work it out” (the source of the conflict). She also observes that her youngest son seemed to struggle the most with this discipline procedure.

• Josh has self-reported that he is not the cause of the difficulties and that he tends to feel hard done by.

• “Time-outs” and discipline techniques that isolate Josh from any group appear to be hard for him; and he has indicated that they make him feel “sad and mad”.

• Josh’s parents have expressed that they are both tired of the constant conflict they have described in the household, and both feel frustrated.

• Josh’s mother and father have reported that the boys, including Josh, tend to act differently for their father than they do for their mother. There is the sense that father represents the sole voice of authority. (Regarding the previous observation, there may be some evidence of disagreement, possibly dissension on this matter.)

5) Trauma/ Stressors within the Family System
• Donald identified that the abandonment of his father when Donald was a fourteen-year old teenager, felt traumatic.

• Despite the fact that his father did eventually return, Donald reported feeling that his family had undergone a significant shift, because the topic of this family disruption did not emerge in later family discussions.

• Joyce reported that her mother went into a very serious postpartum depression following the birth of her younger brother, Bob.

• Joyce expressed that when her own mother had to be hospitalized in order to receive ECT treatments, she became aware of her own role changes within the family’s dynamics. She indicated that she felt, in some way, changed both dramatically and permanently.

• Josh’s mother reported that her husband and her mother had had a long-standing conflicted relationship and that there was a history of arguing frequently and intensely.

• Joyce recalled that when she was fairly young, one of her twin male cousins died quite suddenly. The news of this event seemed to ‘shake up’ the members of Joyce’s family. For a long time they appeared to have trouble accepting this event.

• According to Donald, this same twin had also been his best friend, and that he struggled as well to come to terms with the news. Josh, in part, was named for this well-loved individual.

• An additional stressor, from Joyce’s perspective, was and is her parents’ tendency to abuse alcohol. She describes them both as heavy social drinkers, and reports that Donald and she experience considerable discomfort when the
children are in their grandparents' presence and they are imbibing.

- Both Joyce's and Donald's parents have created lifestyles in which there has been evidence of significant anxiety, extreme cautiousness, and stress. Historically this had been due, according to Josh's parents, to the ways in which their parents managed their finances. They have repeatedly counselled Donald and Joyce to engage in similar practices.

- Donald in particular, expressed some irritation over the absence of any discernible risk-taking behaviour in either of the two sets of grandparents.

- The conflict in his brother Jay's marriage, and the ensuing hostility throughout the separation and divorce process were both identified by Donald as additional sources of stress for the family.

- Donald named his brother's ensuing custody battle and subsequent court order, which prevents his sister-in-law from gaining automatic access to her children, as a significant source of stress within his own household.

- Both parents expressed strong concerns for the welfare of Jay's children in terms of issues of stability, disrupted lifestyles, numerous moves, realistic perception of how the world was supposed to operate and role-models provided. Each one indicated that the time needed to support Donald's brother's family physically and emotionally, was beginning to take a toll on their own family system.

- In general, both parents communicated the suggestion that their individual lifestyle, and perhaps their collective lifestyles as well, were too heavily timetabled, possibly rigid, and fairly frenetic.
“Incidental” Observations of Family Interactions

Wachtel (1994) discussed, in her valuable work on treating troubled children through applying a systemic model, the need for therapists to carefully observe their clients on multiple levels. As much as possible she counseled the professional to attend to the minutiae in addition to the larger and more direct interactions that were likely to occur, as a result of therapist-initiated acts. My sense has been, that in focussing upon the child as he/she interacts with either parent, or both parents simultaneously, a wealth of information about the family’s overall pattern of being together becomes revealed. Similarly, I also believe that it is important to observe and reflect upon the child’s proclivities and intent within the play therapy space. For me to speculate upon these matters and on the “incidental” cues that also served to colour in the image of the child as a unique person, I have to be prepared to ask many questions- Does he/she tend to engage in any specific, idiosyncratic behaviours when entering or leaving the playroom? Are there any specific rituals which the child tends to perform with regularity, for example, coming into the room and checking for the location of the tape recorder? Does he/she try to ensure that the costume hats have remained in the same order they were in when last used, to name but a few areas for possible exploration?

From my view, the challenge of working deeply with an observation process seems to be both simple and surprisingly complex. Even the smallest of details, in a sense the mundane and the seemingly inconsequential, can become key pieces in the puzzle that represents the child, during the duration of the therapy. Each of these details may represent broad ongoing contributions to the child’s overall development. Important areas of additional investigation might include such issues as parental expectations about the children’s behaviour within a family. Are these expectations evident during the therapy time, or do the parents communicate their rules, requirements, etc. in a more subtle and internal, mutually understood fashion?
A Summary- The First Four Sessions

Throughout this study it was my intent to attempt to bring the family, adults and children alike, into their young child family-member's world. The purpose of this was to enhance and promote as full and deep an understanding as possible of the "identified" child's unique communication system. As a result of this philosophy, and as an important background piece of information, all the sessions, where possible, were conducted in the clinical playroom. It was also important to me that family members have a chance to participate fully and in a relaxed and informal fashion. The physical layout of the playroom seemed to lend itself to a more open and less formally therapeutic atmosphere. The exception to this practice were the full family meetings, where sheer numbers- five family participants, prevented us from being able to take advantage of this space.

- Upon entering the waiting area of our agency for the first time I observed that while Josh seemed to fiddle with a small toy his mother had brought for him, Joyce balanced a coffee mug, and Donald slumped in his chair.

- The family slowly made their way down the hallway the first time they came for our intake interview, Josh, age 7 years and the "identified" client, walked the slowest of all, following along behind his parents.

- It seemed that mother carried a large-sized bag which might have contained a snack for her son, but this was not revealed during the first interview.

- Josh's father was less inclined to respond verbally the first full session. He would sometimes insert a comment or would elaborate upon a statement his wife has made, but would not initiate.

- Both parents tried to encourage their son, in their own ways, to leave his chair and explore the playroom in which our interview was taking place.
• Both parents exhibited signs of anxiety or nervousness, for example, twisting a piece of their clothing, or changing seated positions several times.

• Donald, Josh’s father, made a concerted effort to appear relaxed, as evidenced by his casual sitting posture. However, his eyes actively scanned the room and me for much of the first session as well as at the beginning of the second appointment.

• Josh instantly selected one of the few large swivel chairs that were arranged in a semicircle in the playroom.

• He began, almost immediately to spin slowly in a circle while his mother watched with a measure of concern and his father grinned.

• Neither of them spoke to Josh initially about his behaviour, waiting to see what would happen and who would be in charge.

• Eventually, Joyce asked Josh to stop spinning in his chair, suggesting that he might have to trade chairs or assume one similar to the child-sized chair that I had selected. Her direction was presented in the language of a gentle warning. It was based upon the hope that he would choose to cease his twirling.

• Once Josh’s parent were re-immersed in the parent questionnaire, and in each other’s responses, Josh made a decision. Following his own rhythm and timing, he chose to bring his chair to a halt.

• When Josh was not spinning and twirling the chair, he sat hunkered down in it with his arms tucked tightly across his chest.

• Throughout the first session and approximately halfway through the family’s second session, Josh scanned the room with his eyes, looking actively at all the materials that were visible in the playroom.
- It was my sense that Josh had unasked questions in his eyes but that he glanced at his parents and did not voice them.

- Despite invitations by the therapist and his parents, Josh did not leave his chair at all during the first full session.

- Unless spoken to directly in a short, close-ended question, Josh did not seem willing to volunteer information of any kind at this stage. For example, when I inquired of him if he would tell me all of the names he has, he chose to ignore me.

- Joyce seemed less comfortable with the silences that occurred from time to time in the course of our interviews. When her son did not automatically respond, she frequently tried to answer on his behalf.

- Joyce continued to fiddle with her coffee mug throughout the interview process.

- Without any formal proof, I had the sense that Donald, rather than Joyce, was frequently approached by Josh for the purpose of physically interacting. However, Josh’s mother was more inclined to provide her son with verbal feedback when he sought out his parents’ attention.

- When he found an activity that really stimulated his interest, Josh was completely involved and no longer actively sought out his parents’ responses to validate his existence.

- However when Josh’s parents tried to describe some of their concerns about their son and the ways in which others seemed to perceived him, Josh’s body, his facial expression and his general level of alertness communicated a form of retreat or withdrawal. (I wondered if this were a familiar coping strategy for this child in moments of stress.)
- Eye glances and exchanges of visual signals seemed to be a significant part of the parental dyad's created communication system.

- Joyce, at least in the first stage of the therapy process was more inclined to speak freely about her boys; what they did; how they spent their time, etc. She was less likely to volunteer information about herself unless prompted to do so.

- In contrast, Donald was more likely to respond with anecdotes about his work, his interactions with the boys and his general sense of things. He did not wait to be prompted.

- Donald consistently offered me, in subsequent weeks, information that he had discovered, personal insights as they came to him. Once he was activated, he often let me know that an area of discussion raised during a session had triggered a memory, an idea, or some connecting thought for him.

- Josh's father appeared to be willing to risk being vulnerable in a group.

- Joyce seemed hesitant to voice anything that she believed was too far afield from the direct line of questioning.

- Josh seemed to absorb everything that was going on around him, particularly if it pertained to his family.

- He was less inclined to question aloud what he did observe.

- By the fourth session, Josh seemed ready to race down to the clinical playroom as soon as he spotted me.

- As opposed to their son's energy, Joyce and Donald appeared to grow slower and somewhat more measured in their steps as they made their way down the long winding corridor to the playroom.
• Power issues were fairly quickly extinguished due to the efforts of both parents to try and maintain a calm and reasonable atmosphere in the playroom.

My rationale for drawing upon both the summary observations and the "incidental" ones has consistently been for the purpose of exploring and gathering information as if it were scattered all over a very large field. For the field to be usable again, the loose material had to be collected and put in one place. The same could be said for the child-client. In a sense, the troubled child was a scattered and strewn field, too, and help is needed to gather up all the loose pieces, the ones that did not seem to belong, and in so doing, make a new order, a workable and usable whole again.

Using Recollected Personal Themes- Another Lens

In the early stages of therapeutic relationship building, the foundation for understanding and trust is not as yet established. By using formats in which the family have some stake, for example, descriptors related to each of the family members understanding of their family unit as a whole and as individuating beings moving towards the goal of autonomy, the impetus for discussion regarding relationship is often unique and insightful. The decision to employ aspects of early recollections' work was grounded in the knowledge that this strategy made it possible for the family to establish stronger ties with me as participant-observer, by describing memories that held personal significance for them. As well, this exercise has considerable flexibility and can be utilized at different stages of the therapy process. Through the application of this intervention, the play therapy model that served as the centerpiece of the work with Josh retained, to some degree, an Adlerian orientation, thereby creating some internal consistency. When faced with this task, Josh, his mother and his father responded in the following ways:

Josh- He remembered a variety of events throughout his short life. For the most part they centred upon positive events such as family visits; or real and imagined injustices he believed that he had experienced; as well as fears that he had difficulty describing and believed were with him
in his dreams as well as in his awake state.

Examples:

a) Josh remembered being “picked on” by bigger boys in his neighbourhood and running home crying.

b) He recalled a special visit when his maternal grandparents flew out from Northern Ontario to spend time with the family.

c) Josh recounted the presence of a ghost that he saw frequently in his dreams, who tried to intimidate him; and would not allow him to join with any of the other children in their activities.

d) In a more recent memory, Josh recalled being blamed for causing certain things to break or disappear from either his classroom, a neighbouring classroom, or the playground.

e) Josh remembers when his best friend moved away; and how they used to have the telephone contact, but lately not so much.

Josh’s father (Donald)- A number of Donald’s recollections focussed upon financial concerns; living up to his perceptions of the family name and image; and situations connected to his perceived role as father.

Examples:

a) Donald recalled that his father left the family when Donald was fourteen years of age and that there was no discussion regarding his absence or his return some time later.

b) He recalled the role he played in his high school as a developing adolescent, the sports he participated in, his motorcycle, the appearance he assumed and so on.

c) Josh’s father described several scenes that he witnessed when his parents were worrying and fearful about money matters including the family’s mortgage on their
Donald recalled instances in which he had to “take charge” with some of the business situations he found himself in, for example, the railroad company for which he had worked for an extensive period of time.

Josh’s father recollected how one of his more recent auditions had gone and how much pleasure it had given him. However, Donald was quick to point out that he was not as involved in the industry now, as it had “stopped being fun!”

Josh’s mother (Joyce)- when asked to try and recall events that had had some meaning for her, responded with recollections that centred upon her relationship with her parents during her childhood and adolescence; the instances in which conflict between Donald and her parents erupted; and the times in which her children’s behaviour seemed unmanageable and/or excessive.

Examples:

a) She remembered her home after her mother returned from the hospital with her new baby brother. She remembered assuming a mothering role with her new brother and her mom not being present.

b) Joyce recalled instances of her attachment to her mother, and the pain of the memories of her mother’s two suicide attempts.

c) Josh’s mother remembered reading to her boys when they were very small.

d) Joyce also recalled situations in which she felt that she was constantly refereeing disagreements between her husband and her parents.

e) On reflection, Joyce was reminded of circumstances in which her children’s voices triggered a generalized negative energy in her.

Point of Clarification

It should be noted at this juncture, that while the Adlerian technique of soliciting early
recollections is a purposeful intervention because it aids in the gathering of information about family constellations; it is a distinct technique, not to be confused with the more general process of eliciting recollections and memories during the first and later stages of child and family play therapy. The various visual maps that can emerge when drawing upon the information derived from these and from genogram exploration attempt to describe the functioning and nature of interpersonal relationships within a single family. The areas of recollection cited above were stimulated and encouraged by our collaborative efforts to examine family boundaries, space and time issues within the framework of three generations, and look for repeating patterns of behaviour that might on an intellectual level, shed some light upon how each individual family member develops and how the system as a whole has come to function.

Personal Perceptions-Functioning at Life Tasks

For the most part life tasks can be seen as encompassing school/work related environments and the social learning worlds of each of the family members. To a large degree the issue of capacity for independence is being highlighted in this discussion. As children grow, they develop their capabilities and move forward in terms of their ability to connect with others, themselves, and the larger society. Their beliefs about belonging and connection are formulated early on in their lived experience and are continually tested throughout childhood, adolescence and adulthood. The following insights and observations were made by family members, particularly Josh, his mother and his father during the course of exploring the homework genogram and through the Adler Parent Interview questionnaire. For the purpose of clarity, the specific person being focussed upon is bracketed along with a sampling of his/her respective comments. Where possible, exact quotes are employed in order to present a valid representation of people’s perspectives.

Examples:
(Josh) - "they are always bothering me",
- "the big boys, they take things away from me",
- "Stu (pseudonym) is always bothering me;"
- "I don’t know..." (when asked a direct question early on in his therapy process)
- "every night is a bad dream..."
- "don’t tell dad..."
- "that’s not the way to do that..." (emphasizing Josh’s specific act)
- "I hate you, I wish you were dead!" (all three boys)

At the initial stages of data collection, using a framework oriented towards Adlerian theory, I explored the meaning of Josh’s spoken language, his nonverbal cues, and the initial efforts on his part to begin to play spontaneously in the clinical playroom. My interest was in identifying a striving or goal for Josh’s expressed behaviours, the ones that were being labelled inappropriate and troubling. Through employing the genogram and the Adler questionnaire, it was possible, in Josh’s case, to begin to speculate on the early emergence of a theme. Behaviours seen as difficult and disruptive are, in the language of Adlerian Play Therapists, labelled “misbehaviours.” According to the work of Dinkmeyer and McKay, 1989, and Dreikurs and Stoltz, 1964 (as cited in Kottman, 1995, 107), there are four primary goals of striving that can be classified as “misbehaviours”. These goals to a certain extent, drive the child’s personality priorities and effect the degree to which the child is able to have a successful fit within his/her family’s lifestyle orientation. From the perspective of the behaviours displayed thus far, Josh was exhibiting evidence of two major behavioural strivings: attention-seeking and power/control issues. Each of these identified goals represented distinctive types of typical behaviours. With time plus additional opportunities to observe the child alone and in family interactions, the determination of which theme or themes actually served as the primary operating set, would become more
straightforward.

Examples of Parental Comments:

(Mother)- “Often it is like a two-way street, both torment each other (referring to Stu and Josh) and then there is a pay-off.”

“when they argue, they have to be separated, and work it out....”

(Father)- “…the school is not always right, Joyce.”

(Objecting and registering his distaste for his sons’ ways of resolving their conflicts.) “I hate the violence that they display.”

“There is screaming at each other and then the older one snaps and hits out; usually it is Josh who gets it.”

Based upon the information that has been gathered in the areas of family history, family atmosphere, family constellation, reflections upon psychological birth order position, early remembrances and observation, a picture of the child-client began to slowly emerge. Putting all of this data together in such a way that a life-style hypothesis (Adlerian Play Therapy terminology) could also be formulated for Josh, provided the additional contextual cues needed to appreciate his personal process during play therapy sessions. The next section will focus upon exploring Josh’s concerns and his most personalized style, materials, techniques, interactions, relationships, and developing understandings. All of these have drawn upon the stories and the play activities that Josh has chosen to express during his weekly sessions- individual, partnered, and group play therapy experiences. I have invited Josh to participate with me, over the course of approximately five and one-half months, in a process where his work has been to be as self-revealing as possible. Through a play therapy process, I have obtained a good deal of information about his intrapsychic and interpersonal life. The themes that have emerged and reoccurred over the length of our engagement have created a landscape upon which his life perceptions and beliefs became
superimposed. Some weeks the landscape did not change significantly, an extra detail was added, the experience took on different sound, different energy, a new feeling tone. On other weeks, dramatic changes or subtle shifts were discernible and a sense of movement propelled the process along. For this reason, I describe the sessions that represent Josh’s treatment program as if they existed in clusters, linked by perspectives that reflect individual, systemic, behavioural or cognitive understandings. Because a therapeutic process unfolds in graduated stages development much like the child-client himself, I have also made an effort to describe Josh’s play-based work according to the evolution of these stages following the Adlerian Play Therapy model.

IV. The Play Therapy Program – The Stages of Josh’s Discovery Process

A Perspective to Guide the Work

Some practitioners believe that the process of play therapy, as an intervention approach, is a fairly slow, subtle and unmethodical approach to working with child-clients. They frequently cite such nondirective “play therapy” experts as Garry Landreth (1991) who speaks about the qualitative changes that appear to take place before, during, and after a child has attempted to reveal a true self- who he/she is, and what he/she believes. The belief from this perspective is that the onus then falls upon the practicing therapist to provide the proof that therapeutic gains have indeed been made. Generally this is accomplished by having the primary therapist describe, within the context of the child’s ongoing treatment program, the nature of each individual session being sure to include: what has occurred, what was verbalized, what was expressed through the child’s nonverbal communication, how and in what ways the atmosphere created by the therapist supported the child’s process, in what ways the child chose to demonstrate his/her levels of awareness as an emergent self, and any other pertinent material. Through the combination of trained observation and, when requested, active participation or “being-with” the child-client, the play therapist then seeks to identify changes in the child’s behaviour which might suggest that the
process had moved in one direction or another. Themes and patterns in the child's play-based work are then continuously described and speculated upon, while the learning is enabled through the container of the therapeutic relationship. In this model, the timing for the perception that the therapy has been successful, and that the "identified" child has made gains (process change or therapeutic shift) rests solely with the child's own personal rhythm.

The specific approach that I have used to guide and inform the strategies and the methodologies employed throughout this study, has been drawn from the basic tenets of Individual Psychology, also known as Adlerian psychology. It is a holistic view of the child and his/her family, one that looks to develop a full understanding of the underlying personality of the individual child, created within the social field of the child’s lived experiences within his/her family system. Each and every child in this context, is seen as having a unique personality, comprised of multiple facets, all of equal value, all creating an underlying coherence.

As a clinician applying many aspects of the Adlerian Play Therapy model, I share the belief that “all aspects of human beings are equally important and worthy of investigation in the therapeutic process.” (Kottman, 1990, p. 138) I am interested in, and have worked to demonstrate my appreciation of valuing the total picture of the “identified” child- his thoughts, his actions, his feelings. All of these factors have contributed to the total picture of who this troubled individual is, and therefore all bear an equal weight. In my ongoing assessment and intervention approaches I have had to consider all of these components in my consideration of Josh’s behaviour over the course of his therapeutic process. As well, I have also had to draw upon my own experiences in working with children as well as the lived experience of my own childhood. Both of these have spanned a range of chronological ages, areas of difficulty, and personal challenge. Aware of the fact that the child is often capable of leading in the therapy process, of knowing what he/she needs intuitively, I had this sense of urgency which was driven by the reality of the family’s
commitment, the length of my internship, the length of the child’s school year, and other factors
grounded in reality. Furthermore, it was not fully clear to me that working from a child-centered,
nondirective model exclusively, would necessarily lead this child to a deeper and more thorough
resolution of his problems, despite the active use of play as the child’s “voice”. It was my sense
that for some children, for Josh specifically, it might be necessary to impart new information to
him so that he could shift his perspective about himself, others, for example his family members,
and the world in general. Sometimes, in order to make significant changes in our lives we need to
acquire new skills and then find a medium in which to test these new understandings. The
purposes of a child’s behaviour need to be understood by the child, as well as his family, and his
larger community. Because they have had a major impact upon the child’s personality and
interactional patterns, coming to understand the unique ways in which Josh has attempted to gain
significance and a sense of belonging in the world may be the key to reframing his experience.

Additionally, because the family system is seen as the child’s first social environment, the
child’s relationship with his parents and other family members need, from my point of view, to be
integrated into this study. Constructing Josh’s treatment program to reflect this underlying belief
structure, I immersed myself both in the role of participant (therapist) and observer (the
researcher). This was necessary in order to build with the child and his family our own gradually
unfolding therapeutic relationship involving Josh, his family members and myself. With the
exception of the March break holiday, the Easter weekend, and a training conference that took me
out of the city for a week’s worth of instruction, Josh became a part of my professional universe
and I became a part of his counselling world.

Goal-Setting and the Four-Tiered Adlerian Play Therapy Model

From the standpoint of the therapeutic observer, I have chosen to mark the significant
moments in Josh’s quest for self-actualization; and weave them through his serpentine journey
using Adler's Individual Psychology four-phase model as though it were a painter's canvass. In the process of (a) building the egalitarian relationship (client and therapist), (b) exploring the client's life-style, (c) helping the client gain insight into his or her life-style, and (d) reorienting and re-educating the client" (Kottman, 1996, p.5), all of the raw materials were laid out in anticipation of the young child as a work in progress, a mere brushstroke or two on his way to becoming a new creation, a work of art. The vivid colours that Josh and his family's process in the playroom slowly began to produce, created images that were representative of who the child believed himself to be and how he had experienced the events of his life thus far. With the aid of a collection of lenses, some of them personalized by the intimacy of a family connection and some of them "professionalized" as in my own therapeutic lens, we struggled to see how this child would applied his paints to this canvass of his lived experience. Each passing session enabled new images to emerge, some of them loud, fearsome, and painful but yet alive and rich in their content, texture, and expression. As the development of each new phase in the play therapy process progressed, these images took on a greater clarity, and the increasing effects of the child's exploration bore evidence of movement and change.

There are, for this particular child and family as well as for children in general who choose to embark upon a play therapy process, as many different goal-setting possibilities as there are individual clients. To add to the complexity there is the realization that the child and his family function with their own special set of internalized goals which are not immediately transparent, but instead unfold over time during the course of therapy. In a somewhat parallel process, the therapist or counsellor, drawing upon observations acquired throughout the first and second phases of the therapeutic connection (building the relationship and investigating life-style) embarks upon the task of identifying appropriate, externalized goals for the client(s) that will attempt to promote some form of healing and transformation and a more effective way of being in
the world. The purpose of this more external and operational set of goals is to inform and guide the therapeutic process throughout its duration. Additionally, this latter set allows the therapist to conceptualize aspects of the child’s emotional life, his feelings, his yearnings, his beliefs, his family’s experience of interacting with him, and so on. In therapeutic terms, in the process of developing this externalized set of goals, the therapist creates a place of safety for the child-client, and in this cradle of safety the child reveals to the therapist these internal strivings, which are seen as the client’s underlying issues. In return there is the experience of a sense of permission-giving which encourages greater exploration of the therapeutic environment. As a result, risk-taking, discovery, and learning about self and others collectively, all become the change process by which the child moves toward becoming more successful in the way he functions in the world. How, when, and in what ways the child achieves these three daunting tasks form the basis of the child’s own unique process.

Children’s Behaviour and Meaning

For Adlerian-oriented play therapists there is the core belief that, in general, children’s behaviour is goal-directed. Furthermore, there is, as suggested by Dinkmeyer and Mckay (1989), Dreikurs and Soltz (1964) as cited in (Kottman, 1995, p.107), a paradigm that operates from a psychological construct known as discouragement. Within this construct four main areas of goal-directed behaviour explicate the pain that the child expresses through his behavioural repertoire. These goals of discouragement include: an internal striving for either power, attention, revenge or proving a sense of inadequacy. These strivings are by no means isolated entities, discrete categories in and of themselves. Frequently children demonstrate a considerable overlap in their patterns of behaviour thereby reflecting more than one goal or striving, and in some instances, a primary and a secondary goal of behaviour.

As the primary therapist for Josh the “identified” child, I had to be vigilant about the layers
of goal-directed behaviour he displayed in his weekly play therapy sessions. I also had to be attuned to the more subtle changes that were likely to occur when there was some shift in the overall dynamics of his world. No two relationships are alike, and each of us is impacted to a greater or lesser degree by the significant people in our lives, and the amount of active involvement they have with us at any given time. To the extent that these people bring some level of meaning to our lives, they shape and alter aspects of the environment in which we operate as well. My research methodology was developed with the idea that, in a complex family system, in this case five family participants with the youngest being the “identified” child-client, qualitative differences might be observable in each interaction, in some instances even dramatically so. Therefore, it was imperative that I continually monitor Josh’s play patterns and themes being mindful of the effect that a brother, a father, a mother could have upon his own perceptions of self-worth. Josh, as a child engaged in a family context form of therapy, presented with strivings that often looked like the goal of attention, where the need to feel at the centre of his personal universe was of paramount importance. Often seen in the interactions he played out with other family members during the initial stages of his therapy process, were active efforts on his part to glean some sense of self-importance, to feel significant in the eyes of his older brothers, his father, the children in his neighbourhood. But by the same token, this young child also displayed a need to engage in acts of power and control in the playroom. By all reports this particular personality preference seemed to surface as well in many other environments outside of the clinical playroom. Within the safety of the therapy space Josh’s role-plays, his art, his choice of toys, and of costumes, all suggested that he was motivated by the personal belief that he was only significant and capable of belonging when he operated out of this particular belief structure.

In my dual roles as both participant and as observer, I was strongly impacted by the misunderstandings that seemed to exist in this child’s applied logic. Conceivably, such thinking
and subsequent coping behaviour were both faulty from the standpoint of adult rational thinking, and painful when conceptualized as the isolated and temporarily “safe” place this child sent himself. It therefore became increasingly clear that in these early stages of Josh’s and his family’s play therapy commitment, there was the possibility of movement in a number of different and challenging directions, guided by numerous areas for speculation.

The Structure for My Analysis

Over the course of twenty separate sessions, I decided to explore my child-client through a number of different family lenses:

- At least half of the total number of sessions allotted were devoted to individual work with Josh in the clinical playroom.

- Four sessions were specifically designed at the outset, to provide contained interactions between Josh and myself, Josh and his parents, and Josh and the environment of the clinical playroom.

- Three sessions were devoted to establishing the nature (feeling tone) of Josh’s core relationship with his mother; and three sessions were set up to focus on Josh’s habitual interaction patterns with his father.

- As the process was beginning to enter its closure phase in the early part of June, one additional session was scheduled for Josh and his father, at Josh’s request. This arrangement reflected my ongoing belief in the concept that we honour and empower children when we provide them with opportunities to engage in individual decision-making and opportunities to experience a sense of being both seen and heard. The filial connections remained an underlying theme throughout the child’s process and were often examined by employing the formal path of observation as well as the guiding light of “incidental” interactions, which were also being observed.
To gain a greater sense of Josh's personality priorities within the learning environment of his sibling interactions, Josh's twin brothers were also invited to participate in three separate play therapy sessions. Josh, as the "identified" child-client, had essentially, through his acting-out behaviours, brought his family into the treatment process in which the family was now engaged. Josh's brothers, almost by default, had come to assume the roles of "uninvolved" nonpathologized, child-family members (Wachtel, 1994, p.44). By being viewed, even on an unconscious level, as the "nontroubled" children within the family unit, the potential for the development of deeply rooted problems was reinforced. A precedent is created for setting up a barrier across multiple layers of family transactions. The seeds of resentment and family tensions are then readily sown, and the therapy almost inadvertently promotes resistance to change of any kind. Structuring Josh's time to include the sibling component enabled him to feel less isolated and marginalized within his family; gave his brothers a sense of inclusion; and supported the project design of working with the family in a collaborative model. In terms of the overall study, invaluable information was contributed which would have had no other outlet for its expression within the system.

Semi-structured family system meetings were held during the months of April, May, June, and early July. They provided a wealth of material for investigating how people appeared to be regarded within the family unit, and additionally what seemed to be of particular importance to individual family members.

To round out the various types of interactions that would serve as pivotal and informative, a total of four debriefing sessions between the parents and me were organized. While several of these meetings were designed to examine activities, events, feelings, and any critical incidents that might have emerged from having participated in family group work;
their purpose was also to continue to build the therapeutic alliance between the parents and the therapist on behalf of the child-client. By applying a range of different session structures, with some directive and some nondirective activities, my aim was to try and help the child and his family shift perspectives through integrating more historical family interactions with the experience of those with greater immediacy and currency. Through reframing people’s belief systems and building upon the strengths of the “identified” family member and all the individual family members as well, the additional intent was to marry the basic tenets of family therapy with those of child psychotherapy, as expressed through the play therapy process.

Evolving Directions for Josh: Baby Steps First

Through the concern and the confusion of his parents, through the multiple voices of concern raised by school professionals, the persistent drone of neighbours, activity directors, and a lone family physician—each adding a different note to this unharmonious chorus, a path needed to be carved out that could be trod upon one step at a time, by very young feet. In the earliest moments of our “building” phase (sessions one and two) Josh began to demonstrate his needs. Barely visible during our initial getting-to-know-you meeting with his parents, slumped down in his chair, eyes darting and body twitching, watchful, Josh actively listened and awaited his first opening, observing and testing the safety of this new environment. General information was being shared, birth history, family moves, extended family gatherings, schedules, preferences and the like, and Josh discerned an error. “No, no daddy, don’t you remember? They (grandma and grandpa) didn’t come then, they came later on.” And so this pattern unfolded for three more sessions, Josh and his parents, in their own unique fashion, establishing with me the groundwork, the foundation for the therapeutic alliance we would need to call upon throughout the treatment program. On the surface, Joyce and Donald were operating on the adult level, performing the
formal, interactive responding to the Parent Interview questions that framed our discussion. Josh, now increasingly more comfortable in the clinical playroom and beginning to play independently, would quietly add his take, his recollection of an experience that he and his family had shared. His delivery was brief, serious and limited to his perception of pertinent factual additions. He appeared to take the content of what his parents were saying very seriously. This theme, the need to respond verbally with his own sense of accuracy, to get the family’s story out, as though he were his family’s own oral archivist, was displayed consistently throughout his therapeutic engagement. It guided much of Josh’s work and became, for me, the efforts of a young child attempting to give “voice” to his issues regarding self-esteem, parental expectations, the family’s frenetic lifestyle, and his position within the family as the last born, youngest member. The net result was-  

Goal #1(a)- To promote, through the play therapy process, safe and effective ways for Josh to find his personal “voice” so that he may express his ideas, needs, and wishes. / (b) To provide opportunities for him to feel seen and heard in these experiences. 

By the third and fourth session of Josh’s play process, his sense of groundedness was more in evidence. He began to move with ease around the playroom donning different masks and costumes as quickly as they drew him near- soldiers and knights, helmets and swords, brandishing his arsenal as he leaped in front of his parents hoping to create a response. But this was his only active acknowledgement of their presence these days, for with the exception of the occasional correction, or verbal addition he threw knowingly in their direction, this child was busy, steadily working his fingers through the soft white sand in the dry sandtray. Despite his parents’ presence, Josh no longer displayed the same need to stay in such close physical proximity to them. Still all the signs pointed to his strong desire to be noticed by them. To be acknowledged by them, to hear his father laugh, to have his mother agree with his accuracy; and to be seen even in the act of being quiet, withdrawing from the energy of the group in favour of his own pursuits. First he drew
a picture of a “house” as I had requested, the first component of a commonly used projective
drawing test. As he drew, I observed his execution of the task, which he did with both care and
attention to details, taking as much time as he needed. Then, following the requisite personal
storytelling I inquired of him- “Josh, is there anything that you want me to know about the house
you have made?” He chose to respond by ceremoniously announcing- “I’m finished!” Then he
revealed that this drawn house was his very own; that the other structure was a garage; that he had
drawn it unattached to be true to how it seemed situated on his family’s property; and that it was
only large enough for one car so it just housed mom’s purple one. He also explained that upstairs
in the house there were two bedrooms and a toy room and that he shared his bedroom with his
older twin brothers. For extra emphasis he pointed to the room that was his shared space. This was
to be his final comment on his first art production in the playroom.

There were many more art pieces throughout Josh’s therapy program, but the pattern was
set, and the degree to which this child would or could share his thoughts and feelings about the
expressive pieces were solidified in his very first formal art endeavor. In this act, this behaviour,
the child was leading me to another level of awareness. From these expanding circles of
connection Josh’s second therapy goal emerged- **Goal #2: To encourage Josh to find ways to
express his range of emotions in order to learn about his sense of self, his strengths and his
limitations.**

In our fifth session together the treatment protocol began to unfold in earnest and it became
increasingly clear why the process of introducing a play therapy intervention strategy made sense
for this seven-year old child. An excerpt from our fifth session and the subsequent progress notes
together lends a sense of realism, and provides some additional insights into the roles that Josh’s
family members have played over time in his young life. The contributions that his mother, Joyce,
has made to his overall life-style are both unmistakable and observable even as the play
experience unfolds:

In our session on March 18th, I am struck by the speed with which Josh has raced to the playroom. I have invited Joyce and Josh to participate in several sessions together using a filial therapy framework. My sense is that the energy is distinctly different when Joyce and Josh alone are asked to interact in the clinical playroom. Though I attempted to provide a number of activities for this filial unit (initially fairly directive in their orientation) in order to encourage the mother to take on the role of teaching a particular skill to her son, the resulting interactions were quite different than anticipated. The overall impression was that both mother and son shared the need to become grounded first and each chose individual activities. These choices appeared to provide solitude and a degree of peacefulness that I, as therapist, had the sense was required by both participants. While initially I observed that Joyce attempted to reach out to her son in order to try and engage him using words and gestures, he did not appear to respond outwardly, and both of them seemed to fall into a pattern of companionably sharing the clinical space performing their own play activities. A very basic form of parallel play was being exhibited, more primitive than socialized play, spontaneously created by both of them, functional and purposeful in the moment. Both mother and son, in the way they appear to position their bodies and their materials, seem to be communicating a strong need for individual space. Josh requested and then proceeded to use much of the session time in order to paint while Joyce elected to work on a building project using the Lego in the room.

At the conclusion of the painting Josh was working on he appeared to release some of the breath that he had, up until then, appeared to be holding. Following this, he began to dialogue with his mother around a recent disappointment he had experienced in terms of toys he had received from his Christmas list. My observation was that Joyce attempted to reflect his feelings and empathize with some of the sadness that he was struggling to communicate. Both mother and son then worked to describe to each other what they had created during their individual time. I saw my role as trying to facilitate a model for safety through guiding the questions about their individual projects in a way that would focus upon connection as opposed to judgement. It was mutually decided that Josh and Joyce would enjoy the opportunity to come together again in the playroom and a new appointment date was set. (Session notes)

In many ways this early dyadic session, from my view, served to produce the building blocks that would support the therapy sessions that followed. I was struck by the image of Joyce choosing to make use of the Lego blocks and the possibility that she was creating a world of both safety and engagement for herself. This choice of Lego also seemed to suggest that Josh’s mother was attempting to nurture her child within the container of the therapy space by building, quite literally, a foundation for what would prove to be the first of many dyadic interactions. My participation in this experience was as witness to each event- Josh joining with his mother, with his father, with each of his brothers and with me. Through the inclusion of the parental
perspective, I was becoming privy to not only the nature of Josh’s actions and attitudes but to the individual contributions of significant others which had constellated into the family atmosphere for Josh, the “identified” child.

Earlier data gathering efforts with Josh and his family using the genogram and the Adler Parent Interview, had established some base information about the context in which this child lived and functioned. He was the youngest member in a family where there was already a fairly high degree of outside commitment, activity, and personal exploration being demonstrated. In order to feel that he achieved significance within his own family system, he had developed his own world view and the corresponding behaviours he believed he needed to demonstrate his feelings and his belief structure. If he was indeed, as Adlerian marriage and family therapists Bettner and Lew (1996) suggested, going to achieve the four “crucial C’s- connection to others, feeling capable of being seen to have a degree of independence, to genuinely count among the members of his family unit, and to find the courage to meet life’s demands and each of its opportunities, he had to apply his own form of private logic even if it were, as Kottman (1995) often suggests when speaking about children, faulty logic at best. It is out of my observations of the interactional processes of the child with his different family members that the third goal emerged, as though it were a naturally occurring phenomenon- **Goal #3- To gain, through the experience of a safe and interactive play therapy process, an increased awareness of the skills needed to participate more successfully with others; and to begin to demonstrate these with a greater sense of personal flexibility and empowerment.**

**Larger and More Solid Footsteps Now**

From the second time that Josh visited the playroom, I was struck by what seemed to be an almost gravitational pull on his part, toward the sandtray(s). As early as the very first session the image of a small child fleetingly stroking and smoothing the hills and depressions that had formed
in this container, crossed my mind’s eye, as his family and he made ready to leave for the day.

With each passing week, Josh had become more focused and engaged with this expressive tool. During the course of sessions five, six, seven, and eight, he created tableau after tableau and, as if the “ante had gone up” he added more and more miniatures and toys to his sandtray-pictures. Cars, trucks, racers and ships, those with sails and those without, appeared in the increasingly elaborated stories Josh sculpted in the tray. For the first time I became aware that the child-client Josh was beginning to find his “voice” in the actions he expressed within the playroom. In the presence of his mother Joyce, who worked away at her own project, and myself who gave witness to each of their experiences, Josh began to vocalize and create sound-pictures to accompany the visual images that appeared with increasing force(energy) and what seemed to be passion.

“Boom, crashhhhhhh,...ahhh, uhhhh,...vroom, vrooommm, enhhhhhhhh” (bursts of engine revs and horns blaring), cascading colours, a cacophony of sounds and images amassing, colliding, all of these seemed to dip and swirl across the palette of Josh’s understanding and lived experience.

There were other discoveries as well in this period of increasing risk-taking and exploration known as phase two in the Adlerian therapeutic model. As though responding on cue to some invisible conductor, Josh along the way, found the energy of his own breath. While I worked to track the clues that would provide me with the insights needed to formulate an accurate conceptualization of my child-client, one that would reflect his basic convictions, coupled with his unique logic, and his presenting lifestyle, Josh began to discover new modes of expression. At certain moments in his sandplay process he began to release deep, resonating exhalations of air. These seemed to cause him to sink his body a bit deeper into the position he had originally assumed to invent his stories in the sandtray. I was struck by the sight of this phenomenon, seeing Josh the “identified” child, engage in an act of his own creation, and through it make a discovery from which he would derive such personal benefit and gain. It has been observed, and my own
work supports the notion that breathing is important for the child (and I would add for the adult-client as well) because it assists each of them in maintaining control over the self and in finding a balance between breathing for energy and breathing that is done for repose (Jennings, 1993, p.116.) For my own part, a new insight into the issues that have stirred this troubled young person began to emerge. In this phase of acquiring deeper understanding, the Axlinian notion (1969) of a child’s intuitive knowing being able to guide the process, resonated with me, and perhaps with Josh’s entire family as well.

Then, one session later, a surprise occurred that would leave no one feeling the Fool, despite the fact that the calendar read-April 1st. Josh made his first verbal request of me. “Could I have a policeman, I need it for the sand?” A few minutes later in this same session number seven, Josh let me know that he would be needing soldiers though perhaps not immediately, but certainly relatively soon. I was intrigued by this latter language example, sensing a certain degree of sophistication embedded in its overall communication function. Josh seemed to be signalling me that he might have a future plan that would include: the materials that were his to create with, the clinical playroom, and me as witness to his ever-unfolding tales in the sand. Then a bit later still, he sought my help in locating a captain that he indicated he needed for one of his sinking ships.

All in all it was a day of firsts. It was the first recorded evidence I had of Josh expressing verbally a need for himself that would require a response on my part. He seemed to be demonstrating the courage to give “voice” to something that mattered to him and that would, upon reflection, serve to extend and enhance the communication of his play.

In previous sessions, his use of oral language seemed characterized more by an occasional pronunciation as in- “I am going to get the trucks Barbara, and work in the sand. Mom you can build with the Legos, you know how.” This seemingly one-sided statement seemed to suggest that Josh had staked out his territory, and was now trying to externalize his needs to see if he could
trust me(us) to hear and respect his choice. In general I had found up to this point, that Josh had not warmed to my numerous overtures, some of them originating out of the therapist self I tried to offer him; and some of them out of the playful child place in which I was also sometimes situated. Even when I was aided by an in-role experience in which a costume, a disguise, a mask or some other piece of equipment added an expressive or pretend/fantasy theme to the therapy work, Josh did not readily respond.

I had taken, therefore, to metacommunicating about the activities, the energy, the amount of concentration and the style of execution that I saw being put forth by Josh individually and/or by any family member participating in a session with him. Over the course of the three to four filial therapy sessions in which both mother and son revealed aspects of their unique selves, I commented with frequency, applying a technique referred to by Kottman (1996) as “talking to the wall.” As I watched the interpersonal space between mother and son shift, with a growing awareness on each of their parts that the task in which each of them was engaged held some form of personal meaning, I attempted to speak aloud to our shared space rather than to any one individual. Since it appeared, as I observed the manner, the approach, the body positioning, all the characteristic evidence of each of their ways of playing, that there were areas of common appreciation, I elected to comment upon these parallels between son and mother. The mutual enjoyment they seemed to take in having a peaceful work space and the opportunity to work unimpeded by time or any other outside interference often appeared to be reflected in both of their nonverbal forms of communication. Further, I noticed certain parallels between the ways in which Josh and Joyce worked and handled the different tactile materials in the playroom. By utilizing this more generic monologue of observation, I was able to speculate about some of the interactions that I believed I was sensing, without putting undue pressure on the child-client, his family participants, or myself to have to respond directly. Examples of this mode of communication
included: “It appears, or it seems like I see, or I’m guessing that when there is an exercise or a job to be done that is interesting it gets done very carefully. If there is something like a construction project that might need slow, organized, and methodical work with your hands, and a lot of attention to detail, the people around here seem to really get into it. Sometimes it feels pretty important to work hard. I can see a lot of energy being directed to your activity. Everyone seems really interested, and is concentrating upon the work that they have selected. I am willing to bet that if I left the room my absence might not even be noticed; that is how involved everyone seems to be.”

Reflection on these Footsteps

It was a fragile period this second-stage, because in many ways I was beginning to unlock, see, and experience Josh within the boundaries of what he, as the client, would allow me to access. The gaining of insight into his very personal and vulnerable self meant that I was coming to understand not only his beliefs about himself, but also his total world view, how he thought everything worked in his world. It also meant that I had the responsibility to lay a groundwork that would support the task of helping Josh begin to re-integrate in some fashion, the knowledge that he had helped me to come to understand about him, as a unique person.

his own behaviour, he could begin to see and experience some of the purposes underlying his Because the stages of Adlerian play therapy are not distinct and self-contained, but rather expand in ever-widening arcs and loops of comprehension, the information-gathering process continues to broaden throughout the life of the child-client’s treatment program. There was the suggestion in Josh’s process, that even at this level, I needed to begin to introduce aspects of the third phase of the Adlerian therapy model. When he was able to begin to gain some insight into the goals of expressive repertoire. In terms of the cadence of this child’s process in therapy, the life-style investigation that was seen as the major task of phase two, began to meld into and
become a significant part of the re-examination phase that followed. My belief was that if Josh were able to internalize, though the use of the collaborative family lens, some personal understanding of his attitudes, his perceptions, his thoughts, feelings and actions out of the work he had done thus far, he was then in a position to be able to look at making some life-choices. To maintain the status quo, that of operating with the themes and patterns that were similar to those seen at the beginning of his treatment process, was always a potential choice for a child in therapy. The other path open to Josh was to decide to make some behavioural changes. This decision would become increasingly more apparent with the passage of time, as I continued to observe his energy, choice of activity, use of material, time and space, and the effort he put forth in his exploration within the clinical playroom.

Josh and I needed to find a way to strike a balance in our communication; develop a model which he would then be able to test in some of the other interactions in his life, for example, when he was engaged in a transaction with a member of his family. Together we needed to achieve homeostasis, where the amount of discourse would prove to be the right amount for a seven-year-old boy. It necessitated there being not so much that it would prove intrusive, not so little that the child would feel insufficiently heard. Instead it was necessary for there to be just the right mix of give and take for the child to feel capable of expressing his needs, and confident that it would be safe enough to do so (much like the process that Goldilocks went through in her efforts to select the right porridge, after generating her own hypothesis about food, and field testing it, prior to her final selection.) If direct verbal interaction- Josh with his family members, his teachers, the children in his neighbourhood had all served to create an emotional distance between him and them, then the question remained- how much was too little or too much to be purposeful for Josh. What was it, in the personal preferences, personality priorities and individual life-style of this child that might provide the clues, the larger insights, into the sources of discouragement and the
strengths that might lead Josh back to a sense of belonging and inclusion? Perhaps Bowlby’s
theory of the secure attachment (1982) might further illumine the meaning of the dynamics in
which I was both participating and witnessing. Another excerpt from a summary of the case notes
for sessions six through eight attempts to shed an even brighter light upon this observation:

What is significant here is that both mother and son appeared to be perfectly content and it is
possible to observe a certain degree of intimacy as communicated by their nonverbal signs.
Throughout the session Joyce continued to be attuned to her son’s needs, and did acknowledge
and honour her son’s feelings when Josh risked disclosing that he was feeling sad when he
remembered being picked on by the older boys in his neighbourhood.

By Josh and Joyce’s third session together both of them had moved to a place where they
were able to share a worktable and create clay sculptures. The level of their communication had
increased and there appeared to be moments in which there was considerable mutual sharing.
Joyce reflected to Josh that he seemed very involved in his creation and Josh responded by
nodding agreement and looking directly at his mother. Once he had completed his creative piece a
snowman with hair and a scarf which he explained was valuable to have anytime of the year
because it could “keep you cool just to look at it”, he demonstrated his curiosity around what his
mother was creating. My sense was that both Josh and his mother has achieved a comfort level,
had been able to establish personal space and were able to honour each other’s presence. There
was evidence of connection and valuing of each other. I was able to witness an increase in Josh
giving voice to both his own observations and feelings about what he saw. Through collaboration,
we were able to establish that Josh had made gains in the presence of his mother in the playroom
and that he could now consider whether he would like to invite another family member to
participate with him in weekly sessions. Josh elected to invite his father and our next appointment
was set. (Session notes)

The constant testing of the safety within the play therapy process, even when efforts to build
the core of the therapeutic relationship had been active and transparent, remained a theme that was
ongoing. Often it became a more visible exercise rising to the surface of the observed dynamics
with greater clarity in the moments when a small movement could be detected, and the slightest
quiver in the change process sensed.

Let the Battle Begin: Muddy Footsteps for a Time

The day had come when Josh decided to make active use of the soldiers that I had been
asked previously to hold in reserve. While earlier on there had been the remote suggestion that a
play battle might ensue, in the month of April through to the midway point in May the sandtray
battlefields became active, taking on an expanding life of their own. Repetitive enactments in
these trays communicated all manner and variation on the themes of war, aggression, might and power, the wounded and the annihilated, the good guys versus the bad ones, and total mass destruction as each session bolstered and elaborated upon the story that had been depicted the week before.

Sandtray work, a form of adjunctive therapy, has its roots in the pioneering efforts of Margaret Lowenfeld, who worked extensively with children during the early 1920's using a precursor to this sandplay technique known as the “World Technique” (cited in Jennings, 1993). She wrote at considerable length about the investment and reinvestment of the child-client's energy in the process of creating his (or her) world within the tray. This world reflected the unique aspects of the individual child, enhanced by the specific choices of material that were employed from the collection available within the clinical space. Lowenfeld observed as well, that the child frequently recreated his or her scenes with intensity and passion, thus suggesting the degree to which these enactments held great significance for the individual creator. She noted that in general, the events depicted made complete sense to the child, but were often not understandable to the therapist, despite the child's own accompanying description.

For Josh, the act of setting up his war zones, of filling in the landscape of these embattled fronts by drawing upon battalions of toy soldiers, their armament, and the transportation necessary for the act of waging war, were all perfectly within his ken. Regardless of who came and went from his therapy sessions, Josh continued to pursue this theme. Patterns of symbols began to recur as more and more figures representing authority images, artillery, war figures and the like, found their place in the sandtrays that he continued to build. There were other images and new meanings emerging and submerging as well. What had begun as a single tray process, enacted in a container that was dry and unmalleable, grew to become both dry and wet sandtray worlds with figurines succumbing to the wet forces of nature— the floods, the electrical storms, the hurricanes
and the like, and to the person-made terrors of landmines, barbed wire fencing, bombs and hand to hand combat weaponry. In time Josh added more and more human figures to the melange, but they were rendered less and less recognizable. Each became equipped with increasingly protective accoutrements—armour, then shields, face masks and bodysuits, scuba gear and oxygen tanks all designed to arm them to face the perils that lay ahead.

Josh played out the waging of his internal war through the use of role play, his own storytelling, his art, and increasingly the wet and dry sandtrays. What proved interesting was that while Josh demonstrated both purpose and surefootedness with each passing week, changes were also occurring on other levels in the playroom. A series of three sessions involving Josh with his father had been unfolding, and metaphorically speaking, a new set of colours had begun to find their way to Josh's living palette.

While observing the dynamics that began to be revealed between the members of this intimate dyad, I was struck by the distinctiveness and uniqueness of the relationship between Josh and his father. From their first session together, it seemed as though Josh experienced both ease and a natural sense of comfort sharing experiences with his father. It was as if he felt a special safety and containment with his father; fully received in this particular relationship. On Josh's part there appeared to be a general air of excitement stimulated by the presence of his father. Interestingly, by contrast, I sensed that Donald was exhibiting some hesitation or caution in the presence of his son in this therapeutic space. So a new piece of information had been revealed, still to be configured into a meaningful whole, a piece that would lend greater understanding to the dynamics that were operating for this child and family.

Since Josh had displayed at regular intervals, strong indications of his competence in areas involving drawing and painting as the medium of expression, I invited him to make a picture and encouraged his father to join him in this project. It had also come to my attention that regardless of
the energy with which Josh entered the clinical playroom, the act of sitting and focussing upon an 
art exercise seemed to ground him for much of the play-work that then came forward in each of 
his sessions. Allan (1978) spoke and wrote about the healing power and the movement or change 
in feelings toward self and others that was possible through the use of various drawing techniques, 
for example, “serial drawing”. He viewed this time, the one-to-one experience with the child as 
creator and the therapist as witness, as a period of re-attachment in “which the child begins to feel 
truly cared for, liked and respected (p.4). I had the belief that we could draw upon the natural 
attachment that seemed to exist between Josh and his father to create another level of safety for 
this child. In the presence of the collaboration that seemed to have formed between the family 
and myself, I speculated upon the possibility that Josh might slowly begin to internalize a sense of 
well-being for himself. With this deeper understanding of his inner self, he could then learn to 
achieve a healthier way of interacting with both children and other adults.

As the participant and the observer, I was interested in the qualitative differences that 
seemed to unfold almost immediately in the proposed joint activity between child and father. 
Whereas in the period of time that Josh and his mother engaged in a shared play experience there 
appeared to be the gradual development of mutual acceptance and sharing, Josh assumed a very 
different role with his father. Taking on a more directive stance, he announced that they could 
draw a house, and that he had the following plan- he would draw one portion of the house (the 
front) and his father would draw the back section, and that it was to be a drawing of his own 
home. Following this decision, Josh set about the task of choosing the paper, its size and quantity, 
and the materials to be applied, in this case certain distinct colours and paintbrushes were to be 
used. He then proceeded to execute his contribution, and then passed the “mantle of 
responsibility” on to his father. Through his own assessment of the importance of being clear, Josh 
spontaneously described what he had created, and then proceeded to the sandtrays to initiate
another raging battle. For the remainder of this session he continued to direct his father's efforts with confidence, exactness, and enthusiasm.

Following one of those naturally occurring interruptions in service to which I had alluded in the section entitled- "A Perspective to Guide the Work", Josh resumed his play therapy sessions with his father. Our break had resulted in some initial testing of the interpersonal boundaries between Josh and I, as well as between Josh and his father. While I was exposed to mild hesitancy, some shyness and an overall sense of awkwardness and discomfort; the boundary between Josh and his father appeared to be "too close and perhaps too "permeable" (Katherine, 1997). For this reason, I chose to choreograph, through co-planning with Josh's father, a somewhat later entry for Donald into his son's session. My belief was that Josh and I could benefit in terms of the client-therapist relationship, by having some protected time and space in which to reconnect. Further, I felt that there were indicators suggesting a need to realign the interpsychic space between this father and son dyad; and that some of the behaviours that Josh was expressing seemed to indicate this.

It became increasingly clear that Josh was working hard to gain a sense of control and that this included some active attention-seeking activity on his part. He did, for example, climb on to his father's lap, and attempt to verbally tease him by drawing upon a topic that was potentially sensitive to him. Additionally, Josh exhibited a generalized physical restlessness which he directed toward the physical space and the materials located in the playroom; and expressed in an inability to settle into any one specific task.

Once again, the invitation to work through the art, and to take advantage of as many items and additional resources as he felt that he might require, served to anchor him and provide a sense of consistency and predictability for this child-client. My suggestion had been that Josh try to draw a tree, as I was mindful of the rich themes that could be developed from a projective
technique such as Buck's (1948, 1966) House-Tree-Person instrument. To my surprise he received this invitation with excitement and became readily engrossed in illustrating one. At the completion of this task, he informed me that he was not only satisfied with his efforts but that the "tree" represented an image of some importance to him because it was a "Douglas Fir"; it lived right along side of his own home; and was a view that he experienced each day when he looked out of his bedroom window.

It would seem then that the opportunity to experience and express a meaningful association for himself, and one that reflected some immediacy, in the presence of the child-therapist attachment (connection) had helped him release some tension. I also made note of the fact that when Josh seemed to be engaged in an activity in which he was able to demonstrate both his strengths and his independence in carrying out an exercise, he seemed to respond as though more empowered. Repeatedly, throughout the sessions with his father and in subsequent appointments with other family members, Josh continued to demonstrate his enjoyment of being witnessed and being viewed as someone who could demonstrate competence. With each passing session with his father, Josh communicated increased amounts of confidence in the playroom.

By April, Donald had received permission from Josh to witness the process of the sandplay wars but he needed to do so from across the playroom. He offered Josh both an affirming body language and a sustained eye gaze in his role as a key observer of his child. But in May, as seasonal changes occurred outside of the clinical playroom, important changes were occurring within the climate of the therapy space too. Josh beckoned his father closer and asked that he watch and listen to the story that he was telling. I sensed that there was a significant amount of risk-taking on this child's part in this simple request. The trust, it would seem, had shifted to a new level and Josh appeared to experience increasing amounts of validation for his presence and his achievements. The created sandtray pictures were now alive and exploding with energy. The
child’s voice was being released and so too, it would seem, was the father’s. Sounds of war were now being coupled with Donald’s own observations and discoveries. While the son worked intently, the father began to describe the ways in which his son’s process had activated his and his wife’s own thinking about their nuclear family, their extended families, and the patterns and life themes that seemed to be playing out.

These accumulated insights proved to be both timely and synchronistic for me as I tried to step lightly on the balance point of our communication- Josh’s, his family’s and my own. I had begun to have the sense that something was perhaps missing, something possibly overlooked as our time together seemed to rush by. But in the moment, as Josh’s father Donald attempted to voice his beliefs about his own family- “I knew that they were not normal, but that is the way that I like it”, the omission only vaguely nagged at me. Upon reflection however, when time allowed me to process Josh’s father’s words more fully, I was, at once, struck by the wisdom of this naturalistic occurrence. In the act of trying first to learn about and encourage the art of trusting in the process; and second, to continually assess what we as a collaborative group were doing here; and where we were going, the tumbler fell into place. In naming the perception of his family’s unusual dynamics Donald had brought home to me the value of bringing in the family perspective at this important juncture. I too wanted to experience the unusual dynamics of this unique child and family system both from my researcher’s and my therapist’s selves. A full family meeting was scheduled for the following week.

The Contribution of the Family Process Journal

Up to this point in time a family process journal had served as the primary collective voice for the family. The family had initially presented with a number of ongoing stressors which in turn seemed to be having varying degrees of impact upon the different members of the system. I felt that it might be of some value to provide a useful tool or aid for this family that they could
incorporate into their daily routine with relative ease. A process journal offered Josh’s parents a vehicle for communication that would be relatively flexible, unrestricted by time limitations, portable and safe. My sense was that this device might serve as a container for a range of individual and group feelings and would, to some degree, act as a transitional object between the security of home and the less familiar surroundings of the agency. Joyce took up the challenge and assumed, for the duration of the study, the role of family scribe. The remaining family members, children and adult alike, were represented within this journal as if they each had their own byline.

From its inception, the process journal arrived like clockwork for the start of each weekly session. It was an unusual circumstance when it did not appear. On any given week the substance of the journal’s content might range anywhere from observations, to running commentary about people and places, to reports of upcoming events, personal observations, personal achievements and personal challenges, all the way to individual worries and frustrations. From the observer’s seat, it looked as if, over time, the family was engaging in their own form of ritual, the act of stock-taking.

In the role of written spokesperson, Josh’s mother presented what seemed to be a type of voice-over, summarizing and offering up bits and pieces of general commentary similar to Edward R.Murrow’s week in review—“and that was the week that was, folks.” After a time her own narrative began to take on a familiar style—“We have been busy as usual,” frequently graced the starting paragraph of her weekly entries. This was then followed by a factual rundown of each of her family members, and how each was spending his time. Often her writing pointed to the fact that everyone in this household was highly committed to an extensive list of sports, clubs, and related social events. The schedule she described implied fairly packed days, tightly scheduled and regulated, leaving little room for a margin of error. In reflecting upon these entries from time
to time with Josh’s parents, I would wonder aloud what they thought might happen if they experienced any type of glitch or bump in the fabric of their carefully woven events tapestry. It was a question that would gradually resonate as a sub-theme throughout the length of the life of this journal.

An example of a challenge to the carefully orchestrated order of things was documented during the week of April 23rd through the 30th. While Joyce reported on the experience of having had her family accommodate to her desire to participate in a Sun Run: “I finished in good time and was very satisfied with my effort”; not all the family members had their individual schedules supported. Donald failed to make an audition for a film shoot due to family responsibilities—“I missed an audition by minutes” (gesturing with both thumb and index finger to demonstrate the narrow margin by which he had failed to successfully negotiate his time.) However, after a few minutes, he was able to reframe his experience in a more positive light. “But glad I missed it because I was able to spend time with Joyce. It was good.” Yet, even with this cognitive and emotional recovery at the individual level, the glitch of lateness had other repercussions. Having reported on the reward that he and his wife Joyce were able to reap, some precious time spent together, there were family consequences nevertheless. “Only got to see the boys for a few minutes” he admitted, cause “I had to go play trains”. (A significant portion of Donald’s time and livelihood has been tied to his work as a train engineer.)

In point of fact much of the family’s schedule did indeed revolve around Donald’s work. This family’s reality, everpresent in the ongoing journal entries, created a constant challenge to the resiliency of the constellation. It has also resulted in the evolution of a distinctive division of labour within the unique culture of this family. Joyce, in response to Donald’s shift work schedule, seemed to have adopted the role of orchestrating, managing and supporting every family member’s need to get to a particular destination. From my observer’s chair, this appeared to be a
highly responsible role, and one that required considerable organizational skills, attention to detail, and energy. Donald, on the other hand, assumed in his unscheduled time a role that would seem to counterbalance the less flexible one his wife had taken on. His lifestyle response was to operate more from a position of comfort and spontaneity. He offer frequently to take his sons to events such as "FinnFun" or "the cinema" or to the Flea market. These activities are generally perceived by the other family members as being enjoyable and fun, without any built-in requirements or sense of commitment.

The children, it would seem, tend to differentiate between the two kinds interactions that their parents offer them each week. This reality appears to add to existing levels of tension from time to time. During parental debriefings, telephone conferences and family meetings I had the sense that there is sometimes an edge to Joyce’s voice when I would choose to reflect upon the active lifestyle that her family seems to live. Kottman (p.124) suggests that many children arrive on the doorsteps of play therapists because they come from family atmospheres where the framework for parenting and daily functioning is erratic or in some way perceived as unpredictable. Children who are raised in this type of environment frequently demonstrate a sense of self-centeredness, may crave excitement, and may act-out as a result of the uncertainty that seems to surround them. When the parenting styles that are introjected are dramatically different within a given household, the child responds by seeking to have his own needs met, either through trying to control his (or her) environment or engaging in practices that will ensure a high degree of personal attention. A brief segment from an audiotape made in April, when Josh and his father were sharing the clinical playroom, may serve to illustrate some of the personality factors that have contributed to Josh’s developing self; and that may be hinted at in the family’s process journal.

(Josh has just left the session in order to use the washroom) Doug has turned to where I am seated, and spontaneously commented – “So, time with the kids is interesting...I have
Wednesdays off so...they get off work at 1:45...I mean they out of school at 1:45...so like yesterday we went to the show and today I called in to work...we went to the show again. And I bought this at the Flea Market...I was treating myself too...There’s nothing wrong with working and having fun too. (Session notes)

In some ways the journal entries, loyally maintained by Joyce, Josh’s mother, seem to act as a harbinger for events that then unfold more fully in the container of the therapeutic environment. An example of this can be seen in the May 11th entry that she has recorded. It is particularly interesting in light of the fact that it is the day after Mother’s Day, a time when the family has rallied around Joyce, presenting her with gifts of appreciation, a festive breakfast, and an afternoon all to herself. It has been, in her own words- “A VERY NICE DAY!” But from my own observation it would seem that children’s memories frequently are relatively short-term, and readily replaced by more current thoughts and wishes, ideas in the moment, concerned with immediacy. This entry may further support this thinking.

Donald told me this morning that Stu wants to know why they only do fun things with Dad and not with Mom and why is mom always mad at them? My feelings were hurt. I told Donald that it’s because I’m the one that is always making them do the things they don’t want to do— homework, showers, cleaning up, etc. (then a few lines later) ... I asked Donald to be more supportive about the chores so that I’m not always harping at the boys.

(As it happens this topic will resurface throughout the length of the therapeutic engagement period.)

This journal represented an opportunity for the family to share their perceptions, of their individual and collective lived experience. Josh was consistently invited to hear the entries in the journal read aloud, either at the beginning or in the closing minutes of the play therapy session. Sometimes he chose to listen and at other times he was busily engaged in an activity of his own choosing. At other times, the journal became the jumping off point for a telephone conference with either Josh’s mother, his father, or the school with whom I conferred from time to time. For much of the time, this process journal was my resource to examine, reflect upon, and ponder in the solitude of a post-session cup of coffee. How enthusiastically each person chose or remembered to
participate in this aspect of the overall process tended to vary with the rhythm of the day, the week, the pace and the degree to which each of the family members marched to his or her own personal drummer. Sometimes circumstances prevailed and the system’s full schedule overrode a mother’s request- “Excuse me, do you have anything you want me to write down for this week?” I am struck by the fact that with each contribution the study participants made, a part of themselves was contributed to the documentation of both individual and a shared life experiences. The words of the members of this family system, in many ways, represent their own original works of art as well. It takes both work and time to be able to dab even the smallest bit of personal paint on Josh’s canvass, and for that matter their own, and the family’s as a whole.

Now adding to the vibrancy of the family’s creation a new source of inspiration would follow. The promise of the family meeting venue was that now there might be a way to explore and take in multiple family transactions, a burst of learning condensed into a one and three-quarter hour time period. The groundwork for this undertaking required a strong infrastructure, and I worried about my ability to contain my child-client in a family atmosphere where I continued to read evidence of a set of family values that Josh on some level might understand and internalize, but not be able to fully execute for himself. I had the belief that within the family dynamic the following issues were present: some strong competition on a number of levels from bigger and more sophisticated brothers, different rearing and discipline practices between parents, an unspoken family value that prized independence, and a strong emphasis upon skill mastery. If a child does not view him or herself as being sufficiently “big enough” in the context of however that value is defined; and does not experience the sense that they deserve inclusion in their family of origin, then there is considerable pressure on this same child to behave in a way that will secure for him/her a place of permanence within the family structure. Even if it is in the role of the difficult, unmanageable and troubled family member, as in the case of the “identified” child, Josh,
there is a payoff of sorts. I felt that the task for me was to model the rules and the guidelines that would allow the family to participate safely and examine interpersonal conflict along with personal communication styles. Boundary issues would surface in their own time. I had to find a way to feel prepared or to trust the process.

Meeting as a Family Unit: An Applied Rationale

Since the onset of Josh’s therapeutic process, different members of his family of origin have attempted to support him by being involved in his therapy. I had, however, held off engaging the full family system in a family meeting until one of the following indicators appeared to surface:

a) There was a distinct need, perhaps even a “voiced” one from the child-client himself which was not being sufficiently satisfied through the more controlled and limited engagements of the various subsystems invited into the child’s play process up to this point in time.

b) I was able to sense, through a process of systematic observation, that the child’s behaviour had stabilized in terms of his various interactions with adults including myself in the role of primary therapist. With this in mind, it might now be possible for Josh to demonstrate some of the new skills and insights he had begun to internalize by trying them out in the shared venue of a family meeting.

c) A play pattern or theme emerged that suggested some confusion or miscommunication on the part of the child. As a result, the family as an active resource might clarify the child’s and my own understanding about the beliefs being expressed child’s and my own understanding about the beliefs being expressed. Within the context of a family-centered experience, the family lens might be a valuable aid in shedding some additional light upon such key factors as lifestyle- both the child’s individually and the family’s collectively.
d) A family member, for example a brother, might have initiated some evidence of curiosity regarding Josh's weekly visits and wondered if and when he might be getting involved as well.

e) The request to have a family meeting had come forward during a parental debriefing. An issue had arisen in the course of the family's daily or weekly activities and it was affecting all of the members of the system. The problem(s) was seen by the parents as being directly linked to the child-client.

f) As a result of some collaborative discussion between Josh, his parents, and myself it was decided that everyone, but most specifically Josh would benefit from an opportunity to engage in fuller family participation experiences.

In mid-May, our first full family session was initiated. It proved to be extremely fruitful and provided a wealth of insights into the patterns exhibited through the family's interaction style. As well, feelings that had been simmering had an opportunity to come to the surface, be expressed through shared psychodynamically-oriented play experiences, and then processed over the course of subsequent meetings.

Three family play appointments occurred between mid-May and Josh's closing session, which was held at the beginning of July. In due course, a number of concerns raised by one of the children or either parent were successfully diffused; while other issues continued to have a life of their own. The subtle shifts demonstrated, and the interplay between the different subsystems within this family were powerful indications of the intensified atmosphere that was possible when the "as-if" perspective of family play therapy became the system's primary reality and a more flexible, forgiving boundary.

Keith and Whitaker (1981) have likened this play process to the creation of a pretend playground, a form of experimental laboratory, where the parent-child relationship becomes open
to a range of multiple manipulations. I share their belief that a special and unique microcosm becomes co-created from aspects of the child's and the family's outside world. It has both formal and informal components within its existing structure operating simultaneously. In my role as therapist, I formally create the outer boundary- the more formal structure in which the therapy will operate. The informal portion emerges out of the experiences activated during Josh and his family's collective efforts at work and at play. Brief excerpts from each of the three family meetings follow, in order to illustrate the ways in which the external and the internal boundaries juxtapose and illuminate the themes seen in Josh's play as his process has progressed. My impression is that each of these sessions represent an expanding platform on which Josh has increasingly been able to discover his own balance point. From these new heights he has the possibility of achieving a panoramic view of himself and others. The brush he applies to the palette of his lived experience has added a rainbow of new tints and hues.

May 14th - I pre-arranged the room adjacent to the clinical playroom and tried to anticipate some of the concerns that might surface when the group tried to function within this unusual structure. The goal of this first family session was to begin to explore, as a collaborative group, the dynamics of being together in a shared space and the habitual practices that each family member engaged in, around and during the process of trying to communicate with each other. Before long, I became aware that butterflies were busily thudding around on my insides causing such a din that I worried whether I would be able to fully hear, see and experience the behaviours that each family member would present over the next one and one-half hours. My own senses were particularly heightened by the knowledge that communication within any given system occurs on multiple levels. This notion had already begun to surface following introductions, a brief explanation for why we had gathered together in this therapy space, and a plan of action for the time we would spend in group. Josh, I discovered, had successfully selected a location within
the circle of chairs that effectively enabled him to withdraw from the group at will. This observed
behaviour, coupled with my own lived experience with gestural and other forms of nonverbal
communication, suggested that something as small as a glance exchanged between a parent and a
child, might contain more unarticulated language than the entire audiotape I had chosen to use to
record the complete session. It was not long before this truth would play out two and three times
over.

While trying to process the unfolding events around me, I found myself scanning the room
to examine the personal space that each family member had established for themselves. Wes, the
younger of Josh’s two twin brothers, appeared to be having some difficulty managing
socialization behaviours as evidenced by his physical restlessness, his inclination to interrupt the
speaking time of other family members, and his giggling. Wes’ mother was seated to my left and
in the first few minutes of the meeting, I became aware of this strong energy pull in her direction.
I realized that her son’s high activity level appeared to be triggering her. The rest of the group
were engaged to varying degrees in a group art task at the time, and Josh who enjoyed
concentrating his energies on art-related exercises, had fully turned his back to the group and was
busily creating with enthusiasm. I decided to concentrate my attention upon the drama unfolding
before me. Despite my having verbalized some very minimal group norms which included the
statement that we were all responsible for our own behaviour, I became aware that Joyce’s role as
family participant was slowly beginning to shift. The change seemed highly visible and dramatic.
Before my eyes she began to assume the more familiar role of responsible parent. She then went
on to announce- “I am not comfortable, Wes, when you act foolish like that. I do not know what
has gotten into you.” Then, as if in counterpoint to Joyce’s effort to voice her experience in the
moment, Donald, slowly seemed to glance up and away from the art task with which he had been
engrossed. He had been softly humming and playing with the art implements at the time, and
appeared to need a bit of time to take in the situation. His response was to attempt some humour about “kids” in general. This communication reminded me of the game of broken telephone in which messages sent are not received. I was struck by the absence of any acknowledgement of any of the family members’ expressed behaviours.

The net result of this interaction was a pall that seemed to settle over the group as a whole. Each of the family participants appeared to be blocked and stuck. I noticed that the energy of the group had dissipated and reflected upon this aloud. If one examines the work of therapy in light of metaphorical understanding, it is interesting to speculate upon the observation that Josh, the child-client, had removed himself from the body of the group at its onset. In a sense, he was physically articulating the sense of isolation that the rest of his family gradually came to discover for themselves.

May 28th. The second in a series of three family meetings brought some preliminary agenda items to the collective processing table. From an earlier debriefing session with Josh’s parents, several recommendations came forward. Joyce and Donald felt that it would be both helpful and advisable to revisit group norms in order to build additional safety into the group. A format was established which encouraged each participant to offer their own feedback to the group about the activities in which they had taken part in the last meeting. For such play activities as the family puppet drama, and the art project, the children were invited to express their feelings about a particular event through the use of a physical rating scale, for example, using the span of their hands to show how much they liked or disliked a specific event. Group members were also asked, as part of the Adlerian model, about any recollections they could recall from a time when they were younger. I modelled a memory of my own that had left a lasting impression upon me in my own life in order to be as transparent as possible with the work of therapy. This specific task was selected “because it was my sense that Josh was displaying in both his individual and shared play
therapy sessions some of the family system’s own anxiety, sadness, and possible anger”. (Session notes)

There had to be a rationale, a reason that made sense in the context of the themes that Josh had been playing out for several weeks. My overall impression is that parental personality styles within this family reflect distinct differences, and that Josh has to some degree, been impacted by both his mother’s need for order and control, and his father’s more casual comfort-oriented priorities, each of which seems to be displayed in the emerging styles of Josh’s older twin brothers. As the youngest and most powerless member of the system, Josh’s drive appears to be towards expressing his own assertiveness and efforts at control. (Session notes)

Early on in the session, I inquired of the group, “what had people noticed from last week? Was there anything they felt that they would like to mention to the group as a whole?” Having practiced this phrase in the parental debriefing session the week before, Joyce was able to speak about her observation and discomfort regarding Wes’ perceived behaviour in the meeting room. She referred to his being “so different” and “so all over the place” that she had not recognized this display in him. Later, I reflected aloud to the group, in a fashion similar to the “talking to the wall” technique mentioned in an earlier discussion in this study, that a sense of anxiety when caught by any single member of a family system, could be seen as being much like a contagious disease. Once it is identified as being in the field, everyone becomes susceptible to catching it. This seemed to open the group up a bit wider and Donald volunteered that “we had all felt anxious, that he had, Joyce had, the boys had.” Then he observed that even I, in my role as therapist, had been anxious as well.

Having expressed my appreciation for the insights that had been so generously shared, we began a game with the goal of getting to know ourselves and each other. Stuffed animals, puppets and figurines were again made available for any family member who opted to communicate their play in this fashion. Midway through this exercise I was struck with the realization that the underlying messages of the first part of this session, and much of our first session had been devoted to similar efforts. Previously, we had all inadvertently collaborated upon a process of
disrupting and avoiding the true intent of the therapeutic process. Together we had successfully avoided the work of creating safety and containment in the therapy space. Interestingly, Josh’s themes in his play behaviour had successively pointed to this core need from the beginning. Perhaps we had all gained a new insight. For me, there was an increased sense of consciousness. I became aware of the fact that “safety” was not always so easy to establish. Furthermore, once observed as being in place, there was no guarantee that this core understanding would remain. It began to seem as if the work ahead of each of us, on Josh’s behalf, would involve some reflexive activity. The established “container” would require, at intervals, patching and resealing, some form of continual reinforcement.

How interesting then that Josh the “identified” child-client, would continue to draw houses in his weekly sessions, whether he was directed to or not. He would often go to great lengths to express and specify the details that made his structures distinctive. It is my sense that this child was working to reinforce the sides of his own container, perhaps to reframe these houses until they really felt like home. From a person-centred perspective, the client was taking the lead, and we would eventually find a way to follow. From any theoretical position, if the therapist is doing too much leading, then the client does not have the permission-giving and the power to do so. Through the process of play and art, Josh seemed to be taking himself, and by association us, closer and closer to home.

July 3rd- A final meeting was held for Josh and his family so that some form of closure could be achieved. It was an opportunity to acknowledge each of the family participants for the contribution they had made toward developing a fuller understanding and appreciation of Josh, and of themselves. It was also a chance to experience playing together- to test out how it was done; how it felt; and what could be learned from these shared moments. I was interested in stimulating as many of the senses as possible in each of the interactions.
Over the course of this last session, we engaged, first, in a silly circle game, where the primary goal was to have fun together. This was followed by a drama tableau in which each family member was invited to offer the group a scene from an experience out of their past. The challenge was that they needed to try and produce and direct the event themselves. Josh chose to lead this exercise. I was mindful of the fact that this child had expended considerable energy during the first family meeting, looking for a way to retreat, away from the container of his family system. I was intrigued by Josh’s decision to come forward and lead this exercise, as well as his attempt to lead the act of designing a collective family art poster, towards the end of our time together. “When I observed aloud that Josh seemed to appreciate having a structure for performing various activities, he suggested that his family needed rules to be able to do this exercise. This in turn lead to a spontaneous discussion about suggested rules each family member felt was important to have, which included Stu’s own observation that it should be possible to not engage in a family activity and still be part of the group.” (Session notes)

Once again I had to hearken back to the image of Josh slowly pedalling his chair backwards toward the corner desk located at the back of our meeting room, intent on physically distancing himself from the family grouping. This could suggest that an important corner may have been turned, at least for the moment. In asking the collective whether it were possible for its members to, in a sense, be different, for example non-participatory, Stu was setting the stage for a reframed view of how one could function within his family unit. By voicing his own understanding, his own belief system, he was beginning to recognize that a family is capable of expanding to, and containing both individual expression and collective lived experience.

Our Work Continues- The Exploration Deepens

Children who are encouraged to explore from a secure base of acceptance, trust, and open communication become self-accepting and validating adults who are in touch with their own
feelings. They are able to make and maintain connection with others. In contrast, children who
develop in an atmosphere of non-acceptance lack of trust and distorted communication, become
vulnerable to repeated involvement in anxious attachments and to the primal fear of not surviving
(Bradshaw, 1988; Firestone, 1985; Forward, 1986; Norwood, 1985; in Judith A. Hopkins’
Master’s Paper).

With each new session the process of play therapy as the primary intervention strategy
seemed to be increasingly validated. Because play allows the defenses to be lowered, it elicits and
unlocks a deeper level of interaction in each and all of the relationships that are part of the therapy
experience. Within this framework fantasy, metaphor, and symbolization have an opportunity to
merge. From observing the ongoing process of family play sessions and in those moments when
the participants are feeling fully engaged in family play and connected to one another, there is a
sense of disinhibition and shared enjoyment.

The 13th session with the family was designated a parental debriefing. It came about through
the mutual request of Josh’s parents and myself. Together we examined the dynamics of the last
family session in terms of what each of us felt had been successful interactions, and where Joyce
and Donald felt from their perspective, different family members had begun to struggle, either in
terms of the group tasks or in some way with each other. An important piece of learning to
emerge from this exchange was the concept of honouring the individuality of each member of the
family and the unique contribution that each of them was able to make to the family as a whole.
This shared insight allowed Joyce and Donald the opportunity to ground themselves in the
experience of the group time; and to begin to understand that it offered each of them the safety to
practice helpful and empathetic ways to interact with one another.

In a related context, the debriefing session enabled each of us to risk being more transparent
by processing together those moments when our own feelings of anxiousness or inadequacy had
surfaced in the group experience. We were then able to look at the impact that these feelings had had upon each of our abilities to stay fully present to the events occurring in the family meeting. Joyce, for example disclosed that she felt “very nervous when her son Wes began to behave in an unfamiliar way” such as when he giggled. This incident, she indicated, took over her capacity to feel engaged in the play exercises, because she felt more occupied with a sense of ownership, the feeling that she was responsible for her son’s behaviour. In talking through some of this material we came to the collective awareness that performing our life tasks in a way that felt successful was important to each of us. Joyce identified parenting as being one of the most important of these life tasks, and observed that there were a multitude of expectations attached to this role. By exploring several instances in which we all felt that we had been challenged in our role as a parent, each of us reaffirmed the need to feel that we performed this and our many roles—friend, partner, boss, employee, sibling, daughter or son, student, neighbour, and so on, successfully. Furthermore, Josh’s parents also identified that receiving positive feedback from significant others was an integral part of the process of feeling successful.

Our discussions proved fruitful on a number of levels. Both of Josh’s parents were beginning to increase their awareness about the impact of certain kinds of interactions, for example those experienced in the therapy environment. They were beginning to generalize this learning to the broader arena of day to day life.

These discoveries were, in turn, paving the way for a discussion regarding some of my impressions of Josh’s play behaviours, and the themes to emerge out of his work to this point in time. My perspective in describing their son, was to characterize Josh as a young child who often seemed to view himself as being unsuccessful in his world. I suggested that this personal perception was perhaps being reinforced, inadvertently, in his larger child-culture for example, the school, his neighbourhood, the scout pack, to name but a few. I drew upon the family process
journal, an interview with Josh’s classroom teacher Ms. Lark, ongoing telephone discussions with Josh parents, his spontaneous and directed art products, and the toys he chose to use as his communication tools to inform this thinking. Finally, I suggested to Joyce and Donald that Josh appeared to present as a well-organized and competent young individual, in many respects hard-working, and intellectually capable as a problem-solver and as an original thinker. He was also however, capable of demonstrating somewhat chaotic physical energy, of becoming discouraged easily in unfamiliar situations, of exhibiting social immaturity when compared to the groups in which he sought membership and acceptance, and of producing noticeable anxiety and resistance when he did not feel a certain measure of self-control and power.

As the youngest and potentially the most powerless member of his family system, Josh displayed a strong inclination toward goals of assertiveness and efforts at control. His work in the clinical playroom during the period of time between mid-March and the end of May clearly reflected Josh’s efforts to build a safe and dependable world for himself, a place where he could fantasize about being the person in charge, the one who made all the important decisions. Repeatedly he played out scenes of aggression in which he consistently determined who would win the battles, the strategies that needed to be applied, and how the hero (Josh himself) would handle his victories. When he occasionally opted to leave the sandtrays, the miniatures, and the dress-up clothes which he sometimes used to accompany his work in the trays, he sought interactions where predictable outcomes were possible. Selecting a board game with which he was already familiar, or one that he had recently learned in his therapy sessions, for example, the Feelings Game, he chose to challenge the adults that he perceived as “safe” in his world. Often Josh’s father or myself were selected to participate; but this generally meant that we had to abide by his creative modification of the rules and the pace that he chose to set. He seemed to expend considerable energy in the process of shoring up his protective mechanisms, choosing to avoid any
situations in which he could be perceived by others as being vulnerable. Risk-taking became the yardstick by which I was able to assess the degree of comfort or discomfort that Josh was experiencing at any given time in the clinical play space. This personality priority was directly tied to his belief structures, and in revisiting the concept of Lew and Bettner's "Crucial C's" it was valuable throughout Josh's process, to continue to compare the nature of the activities he designed for himself, against the degree to which he was willing to risk-take in any area of his existing play themes.

At the time of his therapy engagement, Josh was operating at a key period of change in his overall march towards developmental acquisition and growth. The tasks that comprise this stage include a striving for autonomy and industriousness. Within a family structure where roles and boundaries remain somewhat unclear, Josh's resulting behaviour pattern tended to communicate his own inner struggle to be seen and give voice as himself. This was occurring against the backdrop of his own natural inclination to resist any experience where the momentum felt too fast and personal control was at risk of being sacrificed. With his striving to be seen as being capable, as being "big enough", as being able to compete in the world of young active male children, and to be included and "count" in this larger context, he was also expressing the need for his family to serve as a fully secure container. His efforts to fully satisfy this need for and within himself, reflected a drive that was strongly skewed toward the goal of safety. Nevertheless, the opportunities to risk-take were also slowly coming forward through his play exploration, and he did begin to embrace them cautiously.

Termination Phase: A Giant Step Lies Ahead

June and the early part of July represented the final phase of the play therapy process. It was the period in time when Josh began to take some of the levels of awareness that he had been acquiring over the course of his treatment, and tried to apply them, supported by the trust
relationship that he and I had worked to establish. It drew upon the more recent history of his personal successes in the therapeutic space. As well, it was bolstered by his perception and recollection of the interactions that he had had with the different members of his family, and with me. Each of these transactions had been carefully sculpted to communicate a sense of permission-giving, positive regard, and respect for Josh as a person.

Stu and Wes were invited to join their younger brother in a triad in the clinical playroom for the first time. I had waited to see if and when Josh would make the request himself. It was a decision that had the blessings of both Josh’s parents. Joyce had actually indicated in an earlier telephone discussion that both Stu and Wes had inquired as to what Josh did when he came to see me; and when, each one demanded, were they going to get a turn? We decided as well that following the actual session, Joyce and I would meet for a short time to debrief. This arrangement entailed an additional source of support- the front line secretarial staff located in the reception area of the agency. I conferred with the office manager and determined that it was agreeable to the women sitting with a view of the front waiting area, to keep a casual eye on the three brothers, and to alert us if they observed any signs of restlessness beginning to set in amongst any of the boys.

The dynamics that unfolded in the presence of this triad proved to be both fruitful and informative, and I felt privileged to be witness to this experience. An excerpt from this early June session provided new texture and depth to the complexity of this child’s and his family’s narrative.

It was interesting to observe and I was struck by the following similarities among the three brothers: a loping gait, a tendency to physically fill all the available work and play space, a disinclination to employ their verbal skills with each other while occupied, and an expressed preference for gestural communication unless boundary issues arose. It was also my impression that Josh, initially, seemed to align himself with me, asking for permission-granting for activities that had been routine in earlier sessions. Consistent with the preferences he had demonstrated earlier on, Josh asked for the wet sandtray and then, for the first time, requested the collection of human-like figures/dolls for the purpose of employing them in his unfolding stories. However, unlike his work in previous sessions, Josh appeared to position himself with his back to me, and to his brothers as well. This communicated to
me the suggestion of guardedness and a need for personal privacy and for space. Additionally, Josh walked over to investigate the tape recorder. Each session he had gone through a similar ritual in which he first expressed an interest in this particular piece of equipment, and then a concern regarding the practice of audiotaping some of his sessions. He did not, however, appear to exhibit much interest in the presence of his brothers, despite some of his brother Stu’s efforts, at brief intervals, to engage me and attempt to connect around the structures he was building and/or the game he had invented for his own amusement.

What I saw before me seemed to strike a chord. It was as though I was witnessing a strange and silent tableau. I was struck by the sense of isolation that was being communicated by all three of these children. They were certainly sharing a common space and yet, all three of them appeared to exist on their own separate island, either unwilling or unable to communicate effectively with each other. In some ways the play behaviour I was observing seemed egocentric and asocial, but on another level I felt less sure as to what I was truly seeing play out. I became aware as well, that I was experiencing some sadness as I sat in witness for these three family members. I reflected upon all the families that I had known. In addition, I thought about all the times within those families, when the simple act of reaching out to each other in a language that everyone clearly could understand and in turn reciprocate, had proved so elusive.

Over in the sandtray area, a parallel process seemed to be occurring for Josh. On inspection, I noted that his wet sandtray was completely flooded. The content suggested that nature had taken a significant toll on all that was depicted as natural (the animal and plant miniatures) and all that was person-made as well (the buildings that Josh had erected, the boats and the towers) all either capsized or levelled. Josh himself gave the physical impression that he too had collapsed into the physical chaos of the world that he had created. Gradually slouching deeper and deeper into his chair, Josh too, seemed to have sunk. No longer afloat, his face now rested heavily upon one arm which in turn rested uneasily upon the lip of the wet sandtray itself. The miniature people gone, had sunk as well, below the surface of the tray’s rising water.
Virginia Axline (1969) has long maintained that children are imbued with great wisdom, particularly about themselves. Furthermore, she believed that if we as adults could learn to trust this belief and follow the child, we would eventually come to see this child lead himself/herself and us, to whatever was required to meet that outstanding need(s). At the completion of this session Josh turned to me, on his way down the hall to meet his mother, with his older brothers, tagging along behind. He leaned into me and suggested that he thought it would be a good idea if his “dad” were present for his next scheduled appointment.

Quickening the Pace: Home Stretch

Since the latter part of May, I had been introducing the concept of closure for Josh, his family and for myself as well. We had begun to discuss the summer holidays, the close of school for the academic year, the activities in which Josh hoped to be involved, those that I would take on once I left the agency, visits from extended family members, and so on. I had attempted to model some feelings around the termination of our time together, speaking about how much I had enjoyed playing with Josh and sharing the playroom with him. Over time we spoke about some of the stories he had told through his art, his play, and his sandtray work; and how much I felt he had taught both me and himself about who he was as a person.

All of this, in a way, served as a form of preamble for Josh and his father’s last formal play therapy appointment together. This time I noticed, was unlike Josh’s earlier sessions in which he had led one or more of his family members down the corridors toward the clinical playroom, playing a childlike version of the Pied Piper. Often he would stop just inside the door to interact with the animal masks and the puppets, both familiar and active choices, however, this time he went straight to the art table and sat down. His father followed soon after and I suggested that the two of them draw something together. When it became apparent that neither Josh or his father were certain about what to draw, I made several suggestions. The decision was finally arrived at
to draw the family with every family member performing a typical or habitual act. This procedure has often been referred to, in the literature, as the Kinetic Family Drawing developed by Burns & Kaufman (1972). It is used as an art intervention for children so that they “can express ideas, feelings and perceptions through family drawings more easily than through words.” (Malchiodi, 1998, p.163) I set the tone by inviting Josh and Donald to pretend that they each were human cameras going everywhere the people in their family went, constantly recording the things they did. But the process to which I bore witness was indeed somewhat out of the ordinary, different than the behavioural pattern that had developed over a number of months of interaction in the playroom.

It was interesting to observe that despite the fact that no limitations were placed on this activity in terms of who would draw; how it would be executed; whether they would choose to complete a shared drawing or individual ones, neither family member made a move to join the other. Neither father or son spoke aloud to each other. There was no visible engagement either gesturally or verbally.

I had pre-arranged with Donald that I might, if I sensed a need for father and son to have a private and intimate exchange, choose to leave the room and return after a five or ten minute absence. Upon returning to the playroom, Donald informed me that he had completed his own drawing. Glancing over at Josh I discerned a child who appeared to be both sweaty and flushed. It seemed as if he had been waging a personal war with this art activity, a battle not unlike the ones he has played out in the clinical playroom week after week. The similarity between these two aspects of the same process intrigued me. At last he finished, having “battled” the images he tried to create on the “battlefield” of his paper. My sense was that he had worked until he felt he had attained a certain measure of control, and had also resolved whatever he perceived to be the existing conflict connected to this exercise.
In the sharing portion of the session that followed immediately, Josh expressed that the family members he had illustrated were all engaged in a family activity—"getting their pictures taken". Josh’s father, in sharp contrast to his son, had drawn a picture in which each person in the family system was busy following individual pursuits, for example, Joyce sat and worked at her computer and one of Josh’s twin brothers built a free-standing structure out of the Lego blocks.

What was interesting about these two unique and varied approaches to the same task, was that both Josh and his father Donald, seemed able to receive each other’s view of the family unit with full respect and honouring. It seemed as though their shared space expanded to contain each of their personal truths side by side. This was a significant shift from the events of earlier sessions. Josh, made no effort to try and modify or direct his father’s process. He did not comment on the way any of the illustrations were represented and seemed content to simply take in the information his father was offering. At the close of this session both the son's and the father’s body language suggested that each felt more relaxed, more present and perhaps more connected to each other. There was a sense that some empathic shift had occurred and that room had been made for both of these individuals to voice their experience.

Towards Independence- Full Strides

Joyce, Donald, and I arranged to participate in a final debriefing, following the last family meeting session. They reported that the children's behaviour at home in general had shown some improvement. There appeared to be, from their perspective, to be less fighting and somewhat more awareness of and respect for personal space. The school, in turn, communicated that there had not been any significant difficulties involving Josh for some time and Joyce noted that her youngest son was beginning to meet some success in his neighbourhood interactions as well. The following excerpt from ongoing session or case notes, maintained over the course of Josh’s treatment program, provide a flavour of the articulated family atmosphere as we moved towards termination.
With an increased awareness of Josh’s own path and timing towards independence and strengthened ego development, both Joyce and Donald were quick to point out situations in which, with a little extra attention, Josh was able to function successfully and conflicts did not seem to arise. Both parents spoke about the value of a regular family meeting time in their own home, and how it was helpful to articulate a worry or a source of anxiety through this vehicle or through this use of the family process journal. Learning how to hear each other seemed to be a key theme in this debriefing session. (Session notes, mid-June.)

**A Source of Pride**

“I picked him up and told him that Barbara had shown me, with his permission, his sandplay picture. He was very proud of it. I asked him if he were in his picture, and he said of course, he was the one that was safely in the tower watching the battle and cheering for the winners. It was, he said, a war between Canada and the United States. Canada won and Josh was not killed.” (Family Process Journal, late June entry)

Josh chose to participate once again in a play therapy session with his twin brothers, and one final individual closing session with me. It was an opportunity to further explore the systemic triad of the three brothers. From its onset, the tone and the rhythm of this session was marked by some dramatic shifts. This time, I observed a number of instances in which Josh worked to reach out and engage his older brothers. Josh seemed to demonstrate a high level of energy which he sustained throughout this shared time.

Early on in this session, Josh raced over to the costumes and masks and selected several representing feral-like creatures- wolf, coyote, and wildcat. He elected to don the wolf headpiece, and then proceeded to emit a loud growling sound. Then he turned to his brothers and offered them the other masks. Stu, the twin brother with whom Josh had traditionally had a somewhat conflicted relationship, seemed to connect with Josh’s energy and selected a warrior’s garb for himself. The boys then began to whoop and cry out, and a spontaneous scene involving a ceremonial slaying of the ferocious wolf unfolded. Wes, Josh’s other twin brother chose to
assume the neutral stance of the peacekeeper and to act as a barrier between these two battling characters. At the completion of this role play, all three boys seemed to be actively engaged and committed to the story. They requested that I take a snapshot of them re-enacting the slaying of the wolf-like creature, and Josh directed the composition in the form of a tableau.

While observing their story, I had the sense that the boys were playing out a strong and powerful metaphor. Brooks (in Kottman, 1995, p.158) sees the metaphor arising in therapy “not simply as indirect, less threatening ways of communicating emotionally charged information…metaphors also serve as potent conveyers of information through which the patient(s) reveal (sic) questions, fears, hopes, struggles, and styles of coping that pertain to their lives, to their therapy, and to their therapist.” Systemically, it seemed as though Josh was attempting to recreate, with the help of his brothers, his vision of the power imbalance that he believed existed within his own family world. In some ways it seemed as though he had, at an unconscious level, orchestrated a simulation so that he could explore his feelings, as well as his personal beliefs about power, control, and his own competence. Josh was summoning up his perception of the forces of good and evil. Now he could attempt to put them to the test. These images, the ones that represented fear and a possible loss of control, now had to be conquered. Among the major themes in Josh’s work was the striving for an individual sense of balance and containment. Reframed, the dark side of Josh’s self had emerged to aid in the process of learning how to assert oneself; and to discover as well, how to achieve greater mastery of his worlds.

As a developmental priority Josh was moving closer towards ego strength and independence. The forces of evil, as illustrated in the sand-pictures he created each week had to be destroyed or in some way tamed and controlled, as in the case of the ferocious creatures the boys were fantasizing. Both mastering and mastery had to occur, so that the new order could begin. The process of socialization and connection, also part of Josh’s developmental priorities had to be
freed up, in a sense released, so that there could be forward momentum. Through the use of the wolf persona, Josh was able to safely reveal this more primitive component of his own personality. In enlisting the support of his brothers to help him create a container, he was seeking, to some extent, a way to control these “wild” behaviours so that he could begin to take his rightful place and join the collective. Through this metaphor, using the context of child-in-family work, Josh successfully found a way to join-with the significant members of his world. At the story’s conclusion, and as his therapy wound towards its own conclusion, Josh’s sense of self was validated and he was able to effectively problem-solve ways to “voice” his belief system. With his brothers co-operation, there was also the suggestion that Josh’s approach and way of functioning in the world were being supported.

The Last Word

I have the belief that the period of time known as “closure”, for a child who had been involved in intensive therapy, requires a delicate balance. If I were to design a recipe to that effect I would say that it contains the following: one part logic, 2 parts emotional strength, 2 equal parts of physical strength, a fistful of commitment, add an extra handful of determination, 1 and ½ parts creative problem-solving, a pinch of art, an additional pinch of artful dodgery, and a generous scoop of humour. In fact, I would strongly suggest revising this recipe to include several more generous scoops of humour. All of this should then be gently stirred and allowed to set until firm. This new concoction should be allowed to take as much time as it needs to solidify; but not all of that time should be spent under the watchful eye of the chef. Sometimes the most successful creations occur in an environment where all the conditions are right, but where the cook has determined that his/her direct involvement is no longer needed.

Termination and closure often serve to signal to the child his/her coming of age in therapy. It is a period of time marked by observable changes in the child’s goals of behaviour. As well it is
a stage in which there is a sense of movement away from the more negative and ineffective goals associated with previous presenting behaviours- the Adlerian goals of misbehaviour: revenge, power, proving a sense of inadequacy and, in Josh’s case, the more destructive aspects of negative attention-seeking. The therapist, who has gathered information regarding the child’s thoughts, feelings, and actions throughout the length of the treatment program, now works with the child and the child’s family to consolidate the skills and learning that have been acquired in order to mirror them back for the child. They are the child’s evidence of his/her increased social interest, new awarenesses around self, and more constructive ways of interacting with others in the world. My experience is that this last phase has the potential to be both momentous and, at the same time, a period of great flux and turmoil. Generally there are no set formulas for the length of time this process should take; nor are there any official rules to guide the content of the sessions, the strategies that must be employed, or the rituals that should be attempted. Kottman reports that she often begins the process of saying goodbye approximately four sessions prior to the last scheduled session (p.190). From my perspective, the strength of the trust relationship, coupled with the nature of the child’s therapeutic journey, and any external parameters that would have a bearing upon the child’s ability to work through his process in a full and satisfying way, all dictate the length of the closure process.

Our last session was held at the beginning of July, just prior to the annual family retreat for the male members of Josh’s family of origin. This time was reserved specifically for Josh to reflect upon the previous session that he had with his brothers- “it was fun” he commented, “really cool” he acknowledged. It was also a chance for me to explore with him ways to hold and keep these recollections safe, and to think together about the range of experiences he and I have shared together over the course of our six-month therapeutic engagement. Because art seemed to represent such an anchoring presence for Josh in his weekly work in the clinical playroom, we
took a few minutes to speak about the creations he had executed, and to look at the different pictures and clay sculptures that had emerged over the weeks and months we had been together.

Then, following a pattern that had become established fairly early on in Josh’s play therapy process, Josh took a few minutes to walk around the clinical playroom. He inspected each shelf, the tape recorder, the masks, the swords, the puppets, and the miniatures, as though performing a final check. He seemed to need to assure himself that everything was still in its own familiar place. When this was accomplished, Josh joined me at the art table. Much time had elapsed since Josh had first come to participate in play therapy work with me. He now exhibited both a sense of comfort and familiarity with the supplies that were available. Choosing a mound of clay, he began to sculpt one last image, a carefully dressed and decorated snow-person. For a while he worked silently and intently upon this art piece and I observed, one last time, his energy, his demeanor, the way his concentration seemed to play across his face. When he finally glanced up at me I commented to him about the similarity between this particular clay person and the one he had produced during an earlier session with his mother, back in the first two weeks of March. I sensed that he was pleased that I had made the connection because he smiled at me and spontaneously reported that this one’s name was “Snowy”. I inquired as to whether he saw any differences between this snow-person and the original one. He nodded his head vigorously and proceeded to point out the details he had added: the hat, the scarf, the muscles that this particular snow-person had grown, and the sleigh that he had created for him. I used this opening to metacommunicate about the fact that now I could see that he had created a way for his special person to always have transportation and to never feel stuck. The extra equipment also enabled him to have safe places for his special items, and to be better able to take care of the things that mattered to him. I observed as well how he seemed to have learned a lot of new ways to protect his Snowy and to house the things that were important to Snowy’s world. “Because the play, itself, is the child’s
metaphoric way of communicating, whatever the child does in the play represents some part of the child's world or world view.” (Kottman, p.159)

With the time that Josh had remaining in his final session he decided to try to complete one last sand world. As I witnessed his process, Josh silently put together one last battle, a sand-picture that included: the military, the police, artillery, numerous bases of operation, people figurines to represent civilians, and transportation equipment, including helping vehicles such as ambulances, helicopters, police vans, tow trucks and the like. As I witnessed Josh working on his latest sandtray effort, I was struck by the evolution of this sand world, in the same way that I had perceived the changes in the sculpted snow person. For the first and only time since Josh had initiated his first sandplay picture, he elected to include toys of repair, instruments of healing in his play theme. The quality of this picture would, I was sure, prove to be quite different. This world did not depict unrelenting and irreparable mass destruction.

When it came time to tell the story of the sand world he had produced, Josh explained that there had been a big fight and that many people had died but that some of these people had found shelter; some of them had only been wounded; and many of them were going to be rescued as well. He went on to explain further that there would need to be guards from now on and people to protect the base even if there were no battles going on. (Session notes from early July)

It was now my turn, as Josh's counsellor, to tell/retell my own version of Josh's powerful story, so that he would be able to leave with the gift of personal insight to add to his expanding understanding of himself as an individual.

Having thanked Josh for telling me this one last story, I ventured to speculate aloud upon the many messages his special sand picture was voicing on his own behalf. I wondered whether it were possible that the soldiers in this particular tray were a bit like him. It seemed to me that sometimes, in the past, these soldiers were able to do their work, get along with one another and not have to worry about big, frightening battles with fighting and killing. But at other times it felt like things had to change completely; or that things were completely out of control; or that a
particular life situation needed to be very different than it was. At times, it must have seemed that whatever being was in charge, had to be moved out, challenged, thereby altering the place where the power rested. The battles happened when it was necessary to be strong, tough, mighty and all-powerful, thereby doing whatever needed to be done. It was tricky trying to learn when to fight the battles, figure out how to do this, and decide when to choose another course of action. This, I explained, was the path that Josh had beginning to travel on himself. It was my belief that Josh had given me the presents of his openness and his full participation each week and that I, in turn, would provide him with a fuller understanding of his vision of himself and how he fit in his world.

I sensed that Josh’s canvass was now nearly full. His final brushstroke, filled almost to overflowing with all the varied colours of his recent lived experiences—his own and those his family had enhanced, has been applied. At least for right now, this work of art needs space, a place where it can be displayed, and time for it to be reflected upon. I heard the sound of a small voice.
JOSH'S ART

11th June 1998

Today, I am going over to Gordon's house with a friend, George. We're going to play with paper, and we are going to have lots of fun.

12th June 1998

On Monday, I am going by a lozenge.
CHAPTER V: DISCUSSIONS/ CONCLUSIONS/ REFLECTIONS

“Knowledge of the case faces hazardous passage from writer to reader. The writer needs ways of safeguarding the trip.” (Stake, 1992, p.241)

Overview

This chapter is concerned with a process of historical reflection as it pertains to the case of Josh, a young “identified” male child and the members of his family of origin. The child, labelled as “troubled” within the multilayered cultures in which he functioned, was referred to a large urban community mental health centre where I was doing a counselling internship. Through my eyes, as the internal observer within this project, I have endeavored to make meaning of the experiences of this young child and the family members who participated with him in a family play therapy process, by evaluating their collective experiences as well as my own, in terms of the major findings identified. Documented evidence of recurrent features within this project- the themes, patterns, and values are discussed here in depth, in order to support the credibility of the case study findings. As a piece of process-oriented research, the discoveries to arise out of this 20-session therapeutic engagement are evaluated and described in terms of the multiple levels of understanding and collaboration that were part of the original research design and the study in its entirety.

While therapeutically tracking the child-client and his family’s ongoing family transactions, additional limitations were generated, and have been examined and incorporated into the current discussion so that the phenomenon investigated, could continue to be viewed as particularized. (Stake, 1988) The implications for future research and practice, founded on the assumption of an
inclusionary model for service delivery, are detailed here to increase the worth of this qualitative project.

As a research design that incorporated a qualitative research approach, the analysis provided here required both a reflective and reflexive stance. As such, the researcher functioning within the body of the study as a participant, has had to move beyond the limitations created by personal background in order to make meaning of the lived experiences and to fully hear the voice of the child who was observed and interpreted. To know where the true experiences of voice exist, and in what ways these voices come to be revealed, they have had to be viewed from a broader contextual base. To flesh out and discover the actions and the "assertions" (Dillon et al., 1990, p. 362) of "voice", as the child’s central struggle for psychic survival, the construct needed to be understood as being more than simply conceptual, and simultaneously, more than simply pure experience as well.

Enhancing the Research: Reflexivity and Triangulation

"Reflexivity refers to assessment of the influence of the investigator’s own background, (his or her) perceptions, and specific interests on the qualitative research process.” (Ruby, 1980, as cited in Krefting, 1991, p.218) When a researcher assumes dual roles in a specific research enterprise, it is sometimes assumed that their presence will have no direct bearing upon the research process or the study’s outcome. However, the literature also suggests that it is possible to juggle dual perspectives and both enhance and enrich the contextual framework of the study. By maintaining some form of documentation in which the personal behaviours and lived experience of the researcher are formally and systematically acknowledged and analyzed, for example in a field journal, a dynamic and multiple perspective becomes possible. This in turn assists the researcher in making greater sense of the events that have been part of the research experience. It also leads to a greater appreciation of the framework from which the researcher will organize,
study, and analyze the research findings. (p.219) Aamodt best encapsulates this thinking by noting that the “qualitative research approach is reflexive in that the researcher is a part of the research, not separate from it” (p.218).

Some researchers believe that a study’s credibility relies upon the closeness of the relationship between the investigator and the participants, which can develop over the length of time the research is in progress. However, as Krefting has pointed out, this relationship has proven to be paradoxical. The prolonged contact needed to establish and explore such variables as consistency, specific occurrences of the issues under investigation, more personalized kinds of interactions between the participant-observer and the study participants and so on, might also operate as a data-driven slippery slope. Danger lies in the potential enmeshment that could develop between the researcher, the child, and the family sharing the study experience. Since there do not appear to be any rules to govern the length of time that the researcher should be involved in data collection, it becomes a discretionary factor for each individual investigator.

To ensure the accuracy of my observations as well as acknowledge the reality of my own behaviour and experiences within the context of the research and the therapy, I engaged in a reflexive process that entailed maintaining between each session, a process or field journal. The contents of this document, along with the contents of the family’s process journal were shared at family meetings, parental debriefings, in individual play therapy sessions, at the midpoint juncture in the limited engagement process, and as part of the closure process for the child and his family. In order to create a limited engagement/lived experience that was safe, I drew upon the contents to express my curiosity, my confusion, my frustration, questions, ideas, thoughts, and feelings, all of which arose for me during the course of working collaboratively. This transparent way of working facilitated my levels of awareness regarding my own biases and preconceived notions.

In conducting this case study, I became aware of the theme of multiple voices, which took
root early on in the process of unfolding the stories that I have told. This theme also suggested the presence of the concept of multiple perspectives. These were woven into and through the child’s process and the bridging of the communication bond between the child and his family of origin. As a parallel, this concept of a multiple perspective occurs within the context of performing credible qualitative research as well. Based upon the notion that the convergence of a number of different sources confirming the data results reduces the possibility of the findings being distorted by the researcher, the strategy known as “triangulation” provided a number of different views or lenses through which the research findings can be construed.

Knafl and Breitmayer (1989, as cited in Krefting, p. 220) identified four different types of triangulation for assessing qualitative research, and for learning to recognize the researcher’s own experiences in the data that has been gathered. Of the four distinct categories, the “triangulation of data methods” and the “triangulation of data sources” have both appeared to demonstrate, by definition, their applicability to the study findings I have described here. From the standpoint of data methods, the currently described research employed formal, structured intake interviews by an agency caseworker, the department head for the Child and Family Team at this same agency, and by me as the therapist-researcher. Additional indicators of triangulated data methods were: ongoing participant-observer observation methodology, data collection based upon life history information which was gathered through the vehicles of a family-constructed genogram and an Adlerian family questionnaire, and a variety of ongoing expressive efforts from the “identified” child which included both sand worlds and art pictures.

In terms of “triangulated data sources”, the troubled child and his family were seen for a total of 20 distinct sessions at different times of the day. It should be noted, however, that there were stretches of time in which the decision to provide a more naturalistic context- such as a late afternoon appointment to coincide with extracurricular activities, as opposed to restricting the
child's access to his school day, was given top priority. In addition to conducting the therapy process in the clinical playroom located at the agency where all the initial contact had occurred, a second room was also employed for structuring larger group interactions, individual and parent conference contacts. This provided the opportunity to shift the focus from the "identified" child, to different combinations of family members in different circumstances. As well, meetings and telephone contacts with school personnel enhanced the likelihood that the study results would have credibility as they represented a perspective that spanned a period of time which incorporated the brief life history of the child, up to and including the duration of the therapy and the corresponding research period.

Other strategies that served to enhance the credibility and hence the trustworthiness of the data overall, concern what tend to be known as best practice models. The process of interviewing and interacting with clients/study participants provides a clear example. When I employed counselling skills that emphasized the reframing of questions, mirrored and repeated the text for these areas of inquiry, and/or when I attempted to expand upon the different questions that I posed at various points along the therapy journey, I was engaging in steps to ensure the credibleness of my research findings.

From my own multiple perspectives, in my roles as author, researcher, therapist, I have come to understand that I have a place in the interpretation of what I view as the multiple realities of my study participants. All of this I have reflected upon in the written aspects of the study that I unpack here, because like Lincoln and Denzin (1994) I assume that my writing will and does bear witness to the traces of myself as its creator, an assumption borne out by my own articulated acknowledgement. I share their belief that all texts are personal statements (p.578). By engaging in an ongoing dialogue with the individuals that I studied, the young child and the different members of his family system, I have tried to become a part of the research text in an open and
transparent fashion. My goal throughout this study has been to try and avoid the pitfall of representing my own voice in such a loud and visible way that the work of my case study participants was dominated and, as a result diminished. As a researcher, I am reminded of the importance of voice at every turn. (Desrochers, 1991, p. 96)

Roots and Point of Origin- A Discussion

The present study was undertaken to explore the lived experience of a young “identified” child within the context of a family system treatment process, and to examine his (or her) efforts to give “voice” to this experience. The corollary to this inquiry was the question of vehicle, the means by which a child became enabled in the process of trying to voice his/her needs, beliefs and hopes in the world. How, I wondered, did the application of therapeutic intervention strategies such as play, art, and drama impact and facilitate the communication between this young child, and the different members of his family system? Six specific research questions directed the discovery process through which I explored and conceptualized this unique case phenomenon. With their guidance, I examined the role of the child-client in therapy, his family’s individual and collective roles, the contribution certain family interactional patterns made to the young child’s overall development, and my own lived experience as the child and family’s therapist. I have sought meaning in each of the various transactions that have occurred over the life of the therapy program itself. It is anticipated that the results of this study will provide some indication of personal learning, what Stake refers to as “opportunities for vicarious experience” where readers can extend their memories of the study happenings, as if they had experienced an aspect themselves. (p.240)

Point of Origin- The Original Research Questions

1) How does a child negotiate an active and meaningful presence in family-centered therapy?

2) In what ways does the young child signal a desire to be participatory within the context of
family interactions?

3) What are the mechanisms by which a family tries to engage their young child family-member for the purpose of participation in systemic therapeutic activities, for example the interview process?

4) a) In what ways do specific patterns or themes reveal the presence of a young child’s sense of self, within the context of family systems treatment interactions?

4) b) Collaterally, in what ways is it possible to predict the “identified” child’s behaviours over the course of a treatment-based program?

5) In what ways does the inclusion of the family in an “identified” child’s therapy process activate interpersonal communication between family members and effect the change process?

6) Is there a discernible pattern of behaviours on the part of the therapist, in the course of individual and family systems therapy; and in what ways might the concept of a pattern effect ongoing treatment interactions?

Each of these research questions posed at the onset of this study and now again reflected upon, create a foundation for a deeper understanding of the case as a “functioning specific” system (Stake, 1988, p.236). The implications derived from this observation have been considerable. To gain a greater understanding of the complexity of this phenomenon, I had to be able to recognize and comment upon the various features that existed as part of this system, and those that were external to it as well. In framing the conceptual structures of this case in this way, my intention has been to communicate its own intrinsic value.

Multidimensional Hypotheses- Implications for a Child’s Voice

Based upon the events, conversations, meetings and unfolding experiences that were part of the treatment program for Josh, several therapeutic hypotheses were formulated and reflected upon during the length of the project. Through detailed description of the work that was done
with Josh and with his family of origin, they are re-examined here in order to frame the discussion of the findings for my study, and as well to gain a deeper understanding of the issues underlying this troubled child’s concerns and conflicts.

These hypotheses were informed by the primary therapeutic dimensions of a psychodynamic, systemic, and cognitive-behavioural orientation, and will therefore be discussed retrospectively from this multiple perspective. The guiding principle behind both this work and the consideration of the research’s multiple outcomes was the researcher’s continued belief, as supported by this study’s findings, that children’s difficulties are, as previously stated, “multidetermined” (Wachtel, p.233). As a result, the issues described were addressed by working across the three broad categories simultaneously and extensively.

1) Josh seemed to be uncomfortable with his position within his family of origin. He seemed to dislike and therefore rebel against his own dependency needs. His “severe” acting-out behaviours, including a need for attention, could be seen as his way of expressing his own strong desire to gain greater control of his life.

2) Many of Josh’s behaviours seemed to suggest his extreme frustration with his inability to do certain things because of his own social and developmental capabilities. His rejection of his dependency towards both his parents and toward his older brothers contributed to his inability to use “voice” to obtain the attention and the nurturance that he needed.

3) In engaging in behaviours that were extreme, frequently socially unacceptable and often perceived by others as counterproductive, it appeared as if Josh were attempting to articulate through his behaviour, what he was unable to communicate through spoken language. By presenting this unique self, his darker side, Josh was attempting to ask- “Can you still love me and appreciate me, despite all the bad and inappropriate things that I do?”

4) While Josh, the youngest family member, gave the appearance of being competent across a
number of domains—cognitive, physical, and social/emotional, there seemed to be an additional need for him to feel babied from time to time. This need was most in evidence in moments of vulnerability, for example, at bedtime.

The Change Process—A Psychodynamic Perspective

From a psychodynamic perspective, Josh, as a seven-year old child, entered therapy with a number of misconceived notions. One of the pieces of faulty logic that presented early on his process was the belief that at all costs he did not wish to be seen as a "wimp". He worried that others would view him as weaker and less able-bodied. A large boy for his age, Josh tended to disregard, according to his classroom teacher Ms. Lark, the children who were part of his own classroom environment. Instead he would favour the children with whom his older brothers generally associated. Josh appeared to struggle to find a way to be seen in the world, and to be perceived by others as being capable. He longed to be viewed as being on a par with the older children, who were part of his brothers' social system. It was frequently a circuitous path that he trod upon, and one where he seemed to be the sole traveller. Josh's need to achieve a sense of belonging (Adler, cited in Kottman, 1994, p.13) presented frequently and dramatically, both in individual session time, and particularly, in play therapy sessions with his two brothers. In their presence, this child became highly activated. He engaged in numerous efforts to gain his brothers' attention and, in turn, their admiration. When however, he was unable to connect with them through the process of trying to impress them with the clinical playroom materials, his efforts to perform and role-play for their benefit, or his promises of elaborate and enticing snacks in the playroom, Josh retreated.

Continually painting a landscape of challenge and battle, Josh seemed to believe that the world was a place of struggle where one continually had to prove oneself in a number of arenas, or risk being swallowed up by opposing social forces. At times, he displayed acts of active
resistance. At home, at school, in his neighbourhood and at pre-arranged clubs and sports activities, Josh would suddenly and unpredictably appear to grind to a halt. At those times, his behaviours resembled the sudden braking of a car in busy traffic, with similar consequences for those around him. People would respond instantly, having been prompted to take action, and some form of interaction would ensue. On some level, Josh was getting his needs met. The consequences however, were that generally these transactions were negative, and for Josh, they often resulted in criticism and punitive consequences. Woven throughout his play were the themes of power, attention-seeking, and a need to find some measure of personal control in his worlds. The projective material that he continually produced in his art, in his full-costumed dramatizations, and his sandplay work, were all characterized by his depiction of enacted battles and mass destruction. In these play experiences, Josh was able to show his strong need to be tough, to be powerful and most importantly, to be the decision-maker, the person in charge, the one who called all the shots.

From a psychodynamic orientation, Josh the “baby” of the family, no longer wished to hold that birth order position and the characteristics that he had come to associate with it. He tried to gauge his status by the feedback that he received from those around him. Frequently teased by older brothers, rejected by their social circle, lacking a true social network of his own, Josh felt angry, frustrated and at times out of control. When he did battle at school with some of the teachers, I had the sense that he was playing out some of the confrontations that he had participated in with his own mother. These same battles were expressed and powerfully played out through the metaphors that unfolded in his sandplay worlds. At times confused, Josh did not have a clear sense, because of his own unique logic, of who he was meant to be, how he could achieve his own goals, and what he needed in order to develop a sense of belonging.

Following the completion of his treatment program, I felt that Josh had made observable
gains in terms of his ability to participate more successfully with others, and to function from a more encouraged and empowered position. Evidence of this was marked by an increase in: the amount of spontaneous spoken language Josh volunteered, more help-seeking kinds of behaviours, a greater willingness to expand his exploration of the playroom over time, and to a more substantial degree, demonstrate his ability to engage in risk-taking behaviour that was more age appropriate and socially acceptable. Feedback from members of his family system, and Josh’s school as well, suggested that he was beginning to participate more actively with his own age peers. They reported that his attempts to initiate contact with the children in his classroom and on the playground were accomplished in a less attention-seeking fashion. In beginning to achieve more positive results through the changes in his behaviour at school, Josh began to demonstrate less anxiety overall in terms of his social capabilities. This piece of social learning encouraged Josh to work on becoming more flexible in his approach to new situations.

**The Change Process- A Systemic Perspective**

From the first family meeting through to the closing session in which I participated with Josh and the members of his family, I was struck by the distinctive and varied “voices” that each family member seemed to express. An initial meeting revealed an unusual family dynamic, one that in some ways seemed to resemble a carnival “shell game”. At first, during the sessions one, two, and three in the introductory period, I observed that it was almost impossible to see and experience young Josh, the “identified” child-client. Then suddenly, he would appear without any preamble, insert his own brief observations, perceptions, and corrections into the ongoing discussion, and then attempt to disappear again, as if he had invented his own special hiding place within the clinical playroom. This early evidence of his pattern-visibility/invisibility became more pronounced throughout the family intake process, and well into the first stage of Josh’s play therapy work, where the building of the therapeutic relationship became the primary goal. Since
this involved the creation of a foundation of trust, it required a container of safety. “The family
grouping or household in which a young child is reared is the most crucial mediator of
civilization, and therefore the most crucial mediator of bio-psychosocial forces in the child’s life.”
(Combrinck-Graham, 1989, p.323) Given that the family unit represents the origin of safety for
the developing child, it was important for me to explore this system in greater depth.

By observing some of the dynamics that were playing out in Josh and his family’s
interactions, an important key theme emerged. The setting of boundaries for Josh’s mother and
for his father appeared to be quite different processes. As a result, establishing consensus and a
common ground for family system boundaries proved to be somewhat difficult. Each parent
revealed distinct differences in the way they approached decision-making, managed day to day
tasks, dealt with recreational pursuits, communicated caregiving messages, handled stress, and
dealt with the dynamics of their own families of origin.

Josh’s mother, on the one hand, expressed both a seriousness of purpose and the importance
of being task-oriented and consistent in one’s commitment to people and events. She devoted a
lot of her energy to maintaining and administering the active schedule that she and her family
participated in. Her strong involvement with her family and the additional responsibilities
attached to being physically more available than her husband, suggested that she operated at the
expense of some of her own personal needs, and at the expense of time for simply having fun. My
sense was that Joyce felt considerable pressure to be perfect, and to act as the glue that held her
family together as one.

Donald, Josh’s father, appeared to convey a very different complex of messages to his three
sons. He had revealed during the administration of the Adlerian parent questionnaire, that he saw
himself as part of an intergenerational legacy. During a discussion that had centred upon the
parents’ completed genogram, Donald described what he felt had characterized and distinguished
his own family's personality- "we're aggressive, domineering, us Drummonds take control!"

(Progress notes and audiotaped recording from the first phase of the play therapy process) Josh's father also communicated his belief that when he worked hard, he was entitled to play equally hard. Having had to struggle to find himself and to feel a sense of security and accomplishment in his world, he felt a sense of empathy for his youngest son. While he tried to resist taking the boy's side when conflict arose with his two older sons, the school, or the neighbours, Donald experienced a good deal of pride when Josh was able to hold his own against his twin brothers, or the older children without adult support. Because Donald worked long hours and was frequently unavailable during the more traditional family-oriented periods of time, the systemic pattern looked somewhat like a core family with an appendage. In some ways this father's interactions with his boys occurred from outside this nucleus. Generally shielded from the daily challenges of family functioning, Donald came to assume the role of peacekeeper within the family constellation. When family disputes reached a high level of intensity, Donald was frequently called upon to step in, so that Joyce could reclaim her space as well as her composure.

In tracking the events of this study from a retrospective view, another family pattern came into sharp focus regarding Josh's parents as a functional subsystem within the larger family structure. Continually struggling with the ongoing question of family relatedness and how to facilitate it; having analyzed and summarized the nature of each individual parent's process, a glimmer of understanding emerged for me regarding Joyce and Donald's impact as a couple upon their youngest son's overall development. Tapping into the messages underlying each of our interactions across the length of the child-in-family context process, an embedded family practice was revealed. The disagreements and the conflictual relationship that the children seemed to play out appeared to be in direct contrast to the relationship of the parental dyad. Though there were notable differences in their expressed personality profiles, Josh's parents seemed to enjoy a
relatively amicable relationship. This was confirmed by their own admission, my ongoing observations, Josh’s behaviours, those of his twin brothers and the family process journal. Despite all the reported turmoil that had originally brought Josh and his family into therapy, the partnership between these parents suggested that power struggles were neither visible nor were they, on the basis of the way the family structured itself, acknowledged. This factor had significant consequences for Josh, as can be seen from the summary of systemic themes described below.

Using the family dynamic as the lens through which a better understanding of Josh and his difficulties were achieved, the following patterns came into sharper focus and informed the work that was done over the months of therapeutic engagement.

a) Fighting to gain parental contact- It seemed possible that Josh, as the youngest family member, represented the truth-teller or the true speaker of the real family issues. (Whitaker, 1967, 1981, as cited in Kaduson, 1997, p.259) As such, he was the most likely to express the unspoken unhappiness that existed in his household. Because his older brothers had already identified their own roles within the family unit, they may have selected Josh for the purpose of projecting on to him, their feelings of frustration, longing, and the need to have more contact with their father.

b) Fighting on behalf of the mother- To some degree the unhappiness that Josh’s older brothers felt could have had its roots in the unarticulated material of the children’s mother. Perhaps Josh, in his role as a battler, gave voice on behalf of the family’s need for more attention. By participating in this family pattern, Josh’s behaviour became his mother’s voice in addition to his own. In a role that had come to be associated, both personally and in the current culture, with being restrictive and lacking in status, Joyce may have acquired the belief that she had become undervalued and over-burdened. With her multiple roles of- mother, cook, chauffeur, disciplinarian, volunteer, bookkeeper, family scribe, and so on, her own frustration may have
begun to permeate her interactions with the family system. “Why is mom always mad at them? I told Donald that it’s because I’m the one that is always making them do the things that they don’t want to do—homework, showers, cleaning up, etc.” (Family Process Journal entry from early May) At an unconscious level, Josh’s behaviours—his fighting, his lying, his acts of troubling behaviour may have served to fill a family void. His mother’s unspoken communication could be expressed through Josh’s ability to get in touch with his own aggressive side. Fighting enabled Josh to express a hostility that had considerable energy of its own. This, in turn, allowed the family to focus their attention upon him. By engaging the family system in that way, the conflict was redirected away from the parents and the twin brothers. Through turning the heat up on himself, Josh helped to preserve the safety of the parental dyad by expressing and maintaining what had come to be an established family pattern and the current status quo—worrying about Josh, the young, troubled family member.

c) **Father to the rescue**—Donald functioned, to some extent, on the periphery of the daily operation of his family. It was important to him that his boys be able to get along effectively in the world; that they listen and obey their mother; and that they enjoy and have positive achievements. He was however, less available than his partner, and therefore relied heavily on her decision-making and judgement in the rearing of their sons. When Joyce was unable to control the boys, particularly Josh, Donald was able to carry out the traditional role of rescuer and “wait till your father gets home.” The balance of power within the family dynamic shifted back to a patriarchy in which Donald was able to achieve his own sense of belonging. Feelings of personal competence in the role of father were also reinforced.

d) **Wild child**—To some degree Josh served, through his birth order position a number of unifying functions within his family system. When the older children took on the roles of “good” and responsible family members, it became necessary for Josh to find a sense of place for himself
within the family structure. By assuming the role of the wilder, less responsible, more difficult offspring, he may have taken on a role that gave his brothers some vicarious pleasure. Able to differentiate themselves from their youngest sibling, they could observe the antics of their brother and feel both entertained, and also relieved to see that someone else was receiving the bulk of the negative attention. Within this systemic perspective, there continued to be evidence to suggest that Josh was indeed expressing his own unique voice.

For Joyce and Donald a sense of relief, and a reduction in the amount of overall tension were the primary indicators for them of the changes and the growth that had occurred over the course of the therapy process. They reported fewer instances of overt aggression between Josh and his older brothers. With fewer instances of attention-seeking behaviour on Josh’s part, the family’s mealtimes, outings, and social interactions seemed to run more smoothly. An additional benefit from their perspective was the improvement they saw in Josh’s sleep pattern, his increased capacity to remain in his own bed, fewer complaints on his part regarding nightmares, and less evidence of an expressed need to be “babied”. Having become more visible through both his words and his actions in family meetings, in filial therapy contacts, dyadic play therapy sessions, and his individual session experiences, Josh appeared to achieve some sense of overall safety and personal empowerment for himself. This in turn led to a landscape which suggested a more peaceful scene, one reflecting the possibility of more emotional stability for Josh within the context of his own lived experience within his family.

The Change Process- A Cognitive-Behavioural Perspective

Josh had received a lot of reinforcement for being a sometimes explosive, frustrated, impulsive, and actively attention-seeking child. In his home, his school and in his neighbourhood he had received a fair amount of criticism, and increasing evidence of social rejection as well. Josh’s brothers felt and expressed their sense of annoyance with Josh through their disagreements
with him and the occasional slap. From their view, he seemed to extract a considerable amount of their own and their parents’ attention. They also conveyed the feeling that too much of the family’s energy was tied up in servicing the demands of their difficult sibling. At school, Josh’s current teacher expressed her interest in Josh. She also indicated that she appreciated the possibility that the school staff had perhaps inadvertently perpetuated certain negative beliefs about him. She was, however, also concerned that he be seen as someone capable of functioning “appropriately” in her program.

Oftentimes Josh was perceived across his different environments as being a powder keg, unpredictable and waiting to explode. By labelling him in this manner, Josh, through his behaviours, began to communicate a personal belief that he was only seen when he engaged in acts that were actively destructive. By breaking the rules of tact and convention, trying to shock people around him and disrupt the formal order, Josh gained increased interactions with others, and on some level the perception that he mattered in the world. However, for children like Josh, “when they stop being the centre of attention, their anxiety escalates and soon they resume the behaviour that they typically use to gain the attention.” (Kottman, p.110)

From this behavioural and cognitive perspective I concluded that Josh housed feelings of both low self-esteem and vulnerability. Regardless of his overt attempts to be seen and heard by others, Josh was operating increasingly from the theme of “underdog.” Stories that he disclosed over time in filial sessions, the sand-pictures he created, the brief contributions that he volunteered to have documented in the family process journal, and the equally brief anecdotes that he dotted his interactions with in our individual time together, all suggested that he felt wronged and that others had treated him “meanly”. Upon returning from a family weekend trip, the following journal entry gives some credence to Josh’s perceptions and personal truths.

Back to normal. Just another day. Stu and Wes went swimming with Randy et al. Josh was left at home by himself. He was quite sad. I reminded Stu and Wes what it feels like to be left out
of things.” (Family Process Journal entry for the middle of May)

Josh’s theme of invisibility tended to recur through most of the first and second phases of his play therapy process. During the first stage of the therapy relationship while attempting to build in safety and trust, Josh would often direct me to participate in short stories and vignettes in which he hid, and I had to try and find him. Often he would allow himself to be found only to disappear all over again. This theme continued throughout Josh’s sandplay process as well. We moved from attempts on his part to hide aspects of himself—his fingers, his arm, strands of his hair, etc. until he was able to shift his focus to objects that represented his world. Sometimes he hid these items for the purpose of safe-keeping and containment. At other times, I was directed by him to play hide and seek. My responsibility was to try and locate the precious objects, and to rescue them. These themes of protection and rescue grew more elaborate.

Gradually, as Josh’s therapy progressed, the content of his stories, primarily conflicts that had to be settled in dramatic and life-changing ways, became reframed. I reflected upon these changes and shared with Josh, during the third phase of his play therapy treatment program, my own insights about his goals of behaviour and his personal convictions. In the process I provided this young child with some insights into the lifestyle that he had developed for himself. Helping him to begin to understand the nature of his interactions with others continued to be accomplished through the trust relationship, my verbalizations, and the continual application of play-based activity.

To support the process of re-examination and new learning about his self, Josh participated in a series of interactive sessions with different members of his family, within the safety of the clinical playroom. These sessions, a combination of directive and nondirective activity, enabled Josh to receive interpersonal feedback regarding the pattern of some of his habitual behaviours. As well, the playroom was able to serve as his experimental laboratory. With this predictable
container, Josh tested out different ways to respond to the play situations that were generated by his participation in shared art activities, role-plays and enactments, stories and games, both commercial and invented.

By practicing the process of inventing rules, directing the activities that were possible in each session, playing out themes, problem-solving, and participating actively Josh began to internalise a more differentiated self. He began to trust and work on developing his own strategies for demonstrating self-control. In a sense, Josh continued to take the lead, which affirmed the earlier identified theme - young child as family spokesperson. Each of the members of Josh’s family were prompted to examine the clarity and the consistency of their own personal boundaries. Joyce and Donald explored the differences in their own beliefs, and attitudes that were reflected in their parenting styles, and demonstrated throughout this project, their willingness to work on doing things differently for the benefit of Josh and his brothers.

A major goal in this dimension was to encourage Josh to explore, risk-take and begin to learn more about himself and his effect upon others. Josh, according to his parents, began to show marked changes in his mood and his behaviour. While there were still reports of social disruptions from time to time, incidents at school, sibling dissension in the home, the occasional child-parent conflict, there was still an overall sense that Josh was generally more confident.

There were other indicators that gains had been made. In session, Josh was putting out his talking voice with greater frequency, in the similar fashion to the process that Josh had invented to bring his body more fully into the clinical playroom. Joyce reported that in general Josh appeared to be happier, and was beginning to make friends of his own. One year after the completion of this study, I took the opportunity to have an informal follow-up visit with Josh and his parents. The two older brothers were not available at the time of my visit. Joyce reported that despite the usual run of family-related crises, “Josh was holding his own.” She also indicated that he had had
a very good school year following the completion of his therapy process. Donald suggested that the therapy intervention had had a strong personal impact upon him and that he learned a great deal about himself, and how families seem to function. He said that he and Joyce had never regretted their participation and that had become more confident as parents. They both agreed that the process of being and raising a family was extremely challenging and that they felt they had to stay attuned to their children all the time because there were “always surprises”.

Scope of the Study

This research has represented an exploration of a single unique case, within an exploratory and descriptive case study methodology. In the process of unfolding this investigation, it has examined and presented the story of a single child's voice within the context of the multiple voices of a family system. It has identified a number of pertinent issues relevant to both the research and the practice aspects of therapy intervention for children and for their families. By examining some of the characteristics inherent in each form of psychotherapeutic practice, this case study has provided data to suggest some similar points of entry for play therapy and for family therapy practices. Through the process of describing and interpreting the efforts of a young child engaged in an intensive child-in-family context experience, this study has considered the question of indications and contraindications for play therapy application with a child within the framework of the family unit.

The components and the experience of voice, as it has been illuminated by this study, may have varied in intensity, significance, and priority throughout this exploration. While there have a number of reasons for this phenomenon, the primary ones from the researcher's view, were as follows:

1) the complexity of defining and continually redefining the problem in terms of achieving a workable balance between two components: the child's autonomy and the family's sense of
togetherness,

2) maintaining a continual focus upon the psychological and emotional essence of the child,

3) an awareness of the somewhat limited cognitive and perceptual capabilities of a young child which restricted the child’s ability to self-express,

4) the concept of individuality as it was construed and actualized within the context of the family system,

5) efforts as a researcher, to meld the quality of the psychotherapy itself with descriptions of psychotherapy theory in order to clearly delineate the patterns to emerge in the conceptualization process.

Limitations and Implications- Where do we go from here?

The findings resulting from this research have by no means been unequivocal. Research situations, like the therapeutic interventions themselves need to be seen as dynamic (Krefting, 1991, p. 218). The mission of the therapeutic process, as Keith (1986) suggests, frequently changes over time (p.3), and the goal of the analysis has had to remain flexible in order to be congruent with its intent- to generate rich descriptions of the phenomena under investigation, not to support hypotheses or existing theoretical positions.

Through my work with a child and his family members, as the basis for this exploratory descriptive case study, I have been exposed to a more naturalistic, wider and more powerful telescopic family lens. This lens, in turn, has provided me with insights that have extended my ken across the generations, from early childhood to adult status. This discovery has been somewhat revelatory for me because it has suggested that, despite the absence of definitive theoretical axioms, the construction and execution of a research project in which a child and his family fully participated, has made a contribution to those research goals that are concerned with the process of achieving meaning-making within the context of lived experience.
In the traditional sense, the research findings described here, the story of a child’s process of growth and change, within the framework of his family’s active participation, cannot be generalized. However, with the same expressed cautions that frame Krefting’s discussion regarding the power of triangulation as a strategy for enhancing the quality of what the research teaches; and collaterally what the researcher can learn, there is a case to be made for examining young child’s participation in a family-centered process. The challenge in interpreting the data provided here has been much like trying to assess the results of an old test of perceptual abilities, first one has to discriminate which is the figure and then one has to determine the ground. Framed another way, do the results of this study confirm the importance of investigating key components of the communication that exists between a young child-family member and the other members of his family? Or has the true value of this study been extracted and understood only when the whole story has been told and can be appreciated in all of its completeness, the phenomenon as a whole?

There is a considerable amount of extensive and well-developed literature on the applied use of intervention strategies like play therapy within the context of individual child psychotherapy (Axline, 1969; Gil, 1991; Kottman, 1993, 1994, 1995; Landreth, 1991; Moustakas, 1953, 1959, 1997; Schaefer et al., 1993). A few very fine resources have also been published on the use of play in family therapy (Combrinck-Graham, 1986; Gil, 1994; Jernberg, 1993; Minuchin, 1981; Moradi, 1994; Van Fleet, 1992, 1993; Wachtel, 1994). However, insufficient attention has been paid, from a research perspective, to examining in-depth the paradigms that inform and steer the courses of child psychotherapy and family systems work in terms of their degree of overlap.

Keith and Whitaker, in their examination of play therapy as a working model for inclusive practices with distressed families, found that as both practitioners and as researchers they were always prepared to consider the theoretical relevance, or the practical application of play, for use with children and their families. Furthermore, they noted that in their opinion, “there were no
absolute contraindications, it was really a matter of dosage.” (Keith et al., 1981, p.252)

What the child and the child’s family who were all part of this study seemed to voice, through talk and through the more subtle language of their own behavioural patterns, were evidence to support the use of action-oriented techniques, which are clearly the domain of both play therapy and of family therapy as well. While there were reported differences in the degree to which play-based techniques engaged Josh, the young “identified” child, and the different members of his family unit, there was continued evidence that at different times, and in different circumstances, there was both connection and involvement.

In a study conducted by Stith and her colleagues (1996), which explored the voices of “preadolescent” children in family therapy, the nature of the inclusion process was examined from the children’s own perspective. Feedback from these study participants suggested the following:

(a) children and their families are more comfortable with therapy when they have a clear sense of what is going on,
(b) children do seem to appreciate what the goals of therapy are intended to be;
(c) that play did serve to facilitate their participation in the therapy,
(d) that children participate differently in therapy than do adults, and
(e) that the personal characteristics of the therapist, how she or he interacts with the child and with the other family members cannot be ignored. (p.84)

Cederborg (1997) in her examination of young children’s participation in family therapy talk also discovered that, from the young child’s perspective, the status that they were accorded was essentially that of a marginalized individual, objectified, and lacking in presence, a “nonperson”. Her findings were clear, and all the more significant in light of the acknowledged dearth of serious research findings available regarding children’s participation in family therapy in general; fewer instances still of research directing its efforts to explore the experiences of young children in
family-related therapy, and the most spartan evidence of all when one seeks to address the needs of symptomatic young children using a child-in-family approach.

I believe that my own research has been a small call to arms. Its purpose has been to stimulate an interest in working in a dynamic and somewhat less predictable way with a population whose collective voice has proven to be relatively small, quiet, and under-illuminated. The study's implications for practice are quite clear. Clinicians, from both the fields of child-based work, and family therapy practitioners need to revisit, redefine, and begin to reconsider the ways in which the needs of troubled young children have been addressed, both in theory and in practice. Learning to distinguish between the most appropriate, and the most meaningful ways for therapists to work with this population, may necessitate a fuller exploration of more inclusive approaches. Remembering that practical solutions and practiceable solutions may not necessarily be one in the same processes, may be a key to developing a deeper understanding of this complex dynamic.

I have learned through this study that there are no quick solutions to providing effective services for children and their families. The concerns that underlie the complexity of developing effective therapy practices are themselves steeped in layers of uncertain epistemology, varying personal philosophies, habitual practices, a lack of congruence between theory and practice, a wide range of different training backgrounds, and political orientations that may seen as being more or less influential and empowering. Further research on the theme of children's presence in therapy, and the recurrent themes that have been raised throughout this case study are certainly needed. But there is a need for a caution as well. There appears to be a din operating in the background when we speak about serving children and families. To hear the voices of the children, the voice of even one distressed child, their mode of communication has to find a vehicle for self-expression. Historically, we have invited the child to enter the world of the adult. Perhaps
it is now time to accept the child’s invitation to enter their world.

Reflection - Tapestry-My Researcher as Participant View

I began to travel the paved highways, the downtown thoroughfares and the dirt roads of lived experience long before I ever had the privilege of meeting Josh and his family in a dynamic, urban-centred, community mental health setting. My focus in this journeying was to learn as much as I possibly could about giving “voice” to one's experience; and in so doing, learn how to facilitate this process for another, and another, and so on.

I had the sense, from the time that I was quite small, that if I cracked the code of this special secret- how a person really learned to express a genuine self (voice), then I could teach others how to unlock this same mystery for themselves. This knowledge, it seemed to me, was extremely potent. From my vantage point, personal beliefs and their clear expression had the power to begin and end wars; affect the ongoing discourse between friends and neighbours; create and diminish the existence of those who would rule and those who would follow; and stimulate either the destruction of the family system or unify it. If people could just learn how to be clear, I believed, and find a way to express their inner experience; they would then come to appreciate the basic tenets, values, and meanings inherent in the relationships that were part of their respective worlds. Opportunities to “give voice” would then serve as a bridge that connected intrapsychic and interpersonal understanding for each one of us. By being joined one to the other, no one would need to feel a sense of isolation. The outcome that I envisioned was that we would all learn how to participate in a shared process, the act and the art of meaning-making.

No longer a child myself, perhaps less certain that the vision of expressing one’s authentic self is so readily attainable for everyone; I have succeeded in narrowing my focus while not losing sight of my hope. Over time my professional and personal life course revealed to me a universal truth about children. Freedom of expression is likely best observed when one enters their world.
This epiphany has led me to discover for myself, some of the same gifts that Clark Moustakas (1997) described, when he provided a history of the development of “relationship play therapy” (p. 6). The challenges that children have capably presented to me in my different roles as therapist and as teacher, their ways of relating, their interests, their wishes, their hopes and their dreams, have all provided me with a multitude of rich and wondrous lessons about life.

Children have taught me about the power of their communication, their words—the language of toys and of play. They have also revealed to me the value and the importance of safe and nurturing relationships. I have received instruction from them in so many ways, and on so many levels. Like adults, children have continually been affected by their own life experiences. Sometimes these lived experiences were fueled by aspects of their imagination, and at other times, the children's ideas, beliefs, hopes and dreams were grounded by their own individual perceptions of reality.

I have wondered about each child's unique belief system, and have tried to reflect upon, and begin to comprehend my own. By tapping into the core of my personal understanding I have acquired some insights regarding the nature of my being, the goals for what I do, and the life-parts that I have assumed and played out. In relationship with others I have come increasingly to appreciate the significance of the individual and collective contributions they make to my being.

The present study has helped me to understand that each moment with another human being represents an opportunity for discovery and for birth, and/or for the experience of confusion and destruction. Theoretically, when an infant is born, he (or she) instantly assumes membership, as part of a “relational context.” Here the term “relational” refers to the facts and circumstances that the individual child inherits. For example, by being born a particular gender, taking membership in a specific ethnic group, becoming the first, middle, last or only child in the ranking of birth order, a child acquires through birth, a family with all of its own inherent resources and
limitations. As a separate being, the child is then joined to the collective body of the family, his (or her) first experience of community. This in turn leads to more externalized experiences of community, for example participation in a daycare. The sequence of exposing the developing child to ever-widening circles of experience continues to expand the child’s horizons. The linkage of the child to his world, through the vehicle of the family, appears to occur along both horizontal and vertical planes. Connection to one’s family, in the larger picture, suggests the inclusion of—"what is unique to each of us and as well, what we have in common with our familial, ethnic, cultural, and religious rootedness." (Hibbs, 1988, cited in Combrinck-Graham, 1989, p.29)

This relational context, the core source of the child’s life, also signifies the meaning at the root of the child’s life. It will lay the foundation for all future forms and expressions of relating. As present experience gradually unfolds, and a balancing act occurs in which the continual expression of the relationship between the individual’s past and this same individual’s future experiences are shaped.

My study has been based upon the premise that the family is essentially the child’s primary resource system. Within this system the child grows and learns fundamental world views that are co-constructed by the child with him/herself, with each individual family member and with the family system as a whole. While the social aspect of the learning that the child acquires has been acknowledged as important, my premise throughout this project has been the belief that this knowledge is actually secondary to the information gathering that occurs for each child within the family structure. From my research view and from the findings of this investigation, the nature of the family unit predetermines and continually guides the child’s process of trying to make sense of the world. If the young child feels protected within the therapy space; if, as the case study demonstrates, he feels he has received fair and caring treatment and has internalized a sense of respect for his own process, he is then able to communicate through his behaviour patterns, and
his words, a similar feeling of respectfulness for others. The literature suggests, and my findings seem to imply, that the experience of participating in child-in-family context therapy expands the ego. Furthermore, the child’s drive towards self-expression provides a constructive and healing path for the other family members to tread. (Ackerman, 1982, p. 283)

(Sufi)- “Speak to the wall, so the door might hear”; (Myself as therapist/researcher)- “Speak to the child, so that all the family might see and hear.”
22nd June 1998

On July 5th I am going to Thunderday with Dad and we are going to stay there for a month.
REFERENCES


Bantam Books.


APPENDIX A
Dear

You are being asked by a mutual contact to participate in my master's level study. This research is being conducted to explore the ways in which a young child in a family system attempts to interact with other members of the family, and how this learning contributes to the development of a style of communication the child employs in other contexts.

Participation will involve approximately 10-15 therapy sessions structured to include the child you have referred to the child and family team at the Greater Vancouver Mental Health Service Society, and different members of the child's family-of-origin. Each family meeting will take between one hour and one and one-half hours each week including a summary family meeting. You will be asked to participate in a combination of collaborative unstructured interviews, play therapy, family art, and drama activities. In addition, you will also be asked to maintain a weekly family process journal in which each of your family members are asked to contribute ongoing anecdotes of events that occur. Interviews will be recorded on audiotape, transcribed and coded to ensure confidentiality. Ongoing efforts will be made to share observations, clarify personal understandings, achieve accuracy for specific quotes and to debrief material that you, as family members, experience on a weekly basis. Upon completion of the study, the audiotapes will be erased and written process notes will be destroyed.

The purpose of this study is to examine the role of the young child within a family context, and to better understand the ways in which this child attempts to communicate and express personal needs, wants, and hopes for the future. In addition to impacting upon you from a family perspective in terms of deepening your understanding of the various roles and contributions each of you make to the family as a whole, your participation can also enhance the theory of counselling for children and families. The models that guide the training and practices of counsellors are expanded when a child and the child's family are able to provide feedback about the nature of their experiences within a family-centered framework.

Your involvement in this study is entirely voluntary and separate from any decision that you may make regarding your family's willingness to engage in a therapeutic process at Greater Vancouver Mental Health Service Society. You may, at any point in time,