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CHAPTER 9

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## Theraplay® for Classrooms

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THE PURPOSE of this paper is to introduce Theraplay® for use in classrooms by teachers or counselors. Theraplay® is an effective play therapy system developed by Ann Jernberg of the Chicago Theraplay® Institute and later adapted for group use. Theraplay® promotes healthy self-esteem and meaningful relationships in the classroom through playful, planned activities that require the adult to depart from the traditional adult roles. Theraplay® addresses children's needs for challenge, stimulation, structure, and nurturance and acknowledges the necessity of meeting those needs at the developmental, not chronological, age. Theraplay® provides classroom teachers a way of rethinking negative interaction patterns and provides children with positive models and new ways of being with others.

Eric turns and kicks Juan, who had accidentally tripped Eric as he came running into the room.

Latisha and Margaret complain to their teacher, "We don't want Shana to work with us. She's so mean!"

Crouched under a table, Joel shakes his fist in warning and yells at curious peers who venture too close, "Leave me alone!"

The music teacher announces, "These three boys disrupted the whole class!"

Curled up on a beanbag chair during silent reading, Norma twists a strand of hair, sucks her thumb, and stares into space.

Scenes similar to these occur in nearly all preschool and primary grade classrooms. Increasingly, teachers are faced with children whose behaviors

disrupt their own and their peers' ability to learn and reduces their own ability to function as successful members of a group (Garbarino, 1995). Throughout the school-age years, the classroom teacher and increasingly the child's peers play an important role in supporting the child's emerging sense of self (Greenberg, 1989).

Earliest social interaction patterns are learned from infancy as parents and other caregivers attend to their children. Personal realities of divorce, unemployment, homelessness, or physical difficulties such as fatigue, disabilities, or stress may make appropriate caregiving very difficult for some families. Parents whose own basic needs are unmet or who are experiencing traumas in their lives frequently have difficulty rallying the resources needed by their young children. Children who routinely fail to receive the support they need frequently grow to see themselves as unworthy and ineffective (Ainsworth, 1989). These beliefs underlie many of the destructive social patterns that children carry out in interactions with teachers and peers.

### THEORETICAL BASIS FOR THERAPLAY®

By acknowledging the necessity of meeting children's primary emotional needs, Theraplay® provides classroom teachers with a way of interrupting negative interaction patterns and provides children with the experience of positive models. Children who focus much of their attention on unsuccessful social negotiations have little energy left for academic challenges (Best, 1980). Compounding young children's difficulties in dealing with peers is their egocentrism or their limited developmental ability to assume the role or perspective of others. Children whose early experiences include models of prosocial behavior and whose basic wants and needs have been met are able to function successfully in social interactions. For those children whose families have been unable to support their social-emotional development, the school experience becomes a critical second chance.

According to an NEA report (Merina, 1991, p. 4), only one fourth of the states require elementary school counselors, and of those, a counselor may serve as many as 1,700 students. Says Nancy, a kindergarten teacher, "We are very fortunate to have a full-time counselor for 350 students. The counselor sees six of my children for 30 minutes a week." Meanwhile, these children contributed to the near chaos in Nancy's classroom as they demanded immediate and unconditional attention from their teacher. Though counseling was helpful, for these children it simply was not enough. These children had learned all too well the kind of behaviors

that demand attention. Still others had learned that passivity and refusing to participate seemed to be the safest path. Faced with what seemed like insurmountable needs of children and despite 30 years of successful teaching experience, Nancy questioned, "Could I be empowered to deal with these children within my own classroom?"

Phyllis Rubin, a special education teacher, asked this same question while studying at the Theraplay® Institute in Chicago in 1978. By experimenting with Theraplay® techniques in their own classrooms, Rubin and her colleague Jeanine Tregay collaborated in developing a group Theraplay® model for teachers to use in their own classrooms (Rubin & Tregay, 1989). Theraplay®, developed by Ann Jernberg (1979), is based on the theory and practice of Austin des Lauriers's play techniques of intrusiveness, body and eye contact, and a focus on an intimacy between the child and therapist. Theraplay® was further influenced by the work of Viola Brody (1993), whose therapeutic work with children emphasized active physical contact, physical control, singing, and meeting the child at his or her developmental, not chronological, level.

The interaction strategies of Theraplay® are modeled on a healthy caregiver-infant relationship. Jernberg maintains that the basic needs of nurturing, structure, intrusion, and challenge must be met before a child can progress further in development (Rubin & Tregay, 1989). Jernberg classified caregiver behaviors essential for healthy infant development into four categories:

1. Structuring: limits, defines, forbids, outlines, reassures, speaks firmly, labels, names, clarifies, confines, holds, and restrains.
2. Challenging: teases, dares, encourages, varies, chases, plays peek-a-boo, offers a cheek for grabbing, makes noises for imitating, and wiggles a finger for catching.
3. Intruding: tickles, bounces, swings, surprises, giggles, hops at and pounces at baby.
4. Nurturing: rocks, nurses, holds, nuzzles, feeds, cuddles, envelops, caresses, lies next to, and hugs the baby. (Jernberg, 1979, p. 62)

Ideally, all children would experience the above interactions in relationship with their parent(s) or other primary caregivers. Most children, however, grow up in circumstances that are less than ideal. The absence of nurturing, intrusion, challenge, and structure in parent-child interactions leads to behavior that is maladaptive (Jernberg, 1993). Without these experiences, children are likely to have difficulty forming secure attachments to others and frequently display aggressive, whiny, overly demanding, or withdrawn behavior (Sroufe & Fleeson, 1986).

Classroom teachers seldom have the luxury of focusing their attention solely on the withdrawn or the disruptive child and are often trapped into reacting to negative behaviors rather than proactively leading the child into positive experiences. The planned activities of the brief classroom play sessions (Theraplay®) reduce the negative effects of earlier unmet needs by offering direct and concrete opportunities for nurturance, intrusion, challenge, and structure in real time.

### THE PLAY SESSION

Sessions are planned so that all children are included, reinforcing the sense that everyone in the class is a valued and important member of the group. Noncompliant, boisterous, or aggressive children are often viewed by themselves and their peers as “different” or “bad” because of the negative reactions they elicit from teachers and children. In the play session, however, the adult explicitly and sincerely welcomes each child just as he or she is.

Sessions are balanced between the novel and the routine, making them inviting for children and usable for experienced teachers with a minimum amount of preparation. Four simple rules are followed to create a positive atmosphere and safe environment for the group (Rubin & Tregay, 1989):

1. “No hurts”: This rule serves to remind children that no one is to inflict injury on another, whether physical or emotional, intentional or unintentional. If an accident or injury should occur, it is immediately attended to by the adult and the participating child(ren). This rule provides for a safe zone where everyone works together to prevent injuries of any kind.
2. “Stick together”: Stick together is a way of illustrating the interdependence of group members. We need each other and we help each other out.
3. “Have fun”: This rule sanctions the importance of adults and children having fun together. Play, including physical contact, is a necessary activity for all children. In Theraplay®, the adult is encouraged to play with the children, not simply to watch over or guide them.
4. “The adult is in charge”: Children feel safe when someone older and wiser is in charge or is responsible. This is most significant in combating the inverse relationships many children experience when the adult family members relinquish authority inappropriately or fail to provide for the child’s basic needs, forcing premature independence.

The first three rules are shared with the children and are reviewed at the beginning of the session and as necessary throughout. The last rule is for the teacher and is made explicit to the children only through the teacher’s actions.

The group session consists of three parts: the opening, planned activities, and the closing. The beginning and closing rituals of the session provide children with the consistency of an undeviating beginning and clear ending—a predictability that is reassuring to children (Rubin & Tregay, 1989). Teachers also welcome the ritual because it provides a ready structure that simplifies planning. The simple and playful structure of the session provides needed relief for teachers and children from the typical school routine.

Ideally, Theraplay® sessions are conducted two to three times a week for about 20 to 30 minutes, depending on the group’s ability to sustain its collective focus. A helpful rule of thumb is to keep initial sessions brief and build the length gradually as children become accustomed to the format. Establishing a regular time and providing Theraplay® on a regular basis throughout the school year optimizes its benefits by heightening children’s anticipation of and expectations for the sessions. However, outside demands on classroom time and schedules are often unavoidable. Conducting Theraplay® sessions irregularly and infrequently is preferable to none at all and can have significant benefits for individuals as well as the group.

### OPENING RITUAL

The opening ritual includes the singing of a song and “checkups.” The song, used consistently at each session, serves to mark the beginning of this time together when all of the children and teacher(s) come together in a circle on the floor. The session may take its name from words in the song (e.g., the Sunshine Group from “You are my sunshine”). The song selected should represent the idea of group togetherness or appreciation for others. Following the song, the rules are explained or reviewed as necessary. One teacher of young children adds a playful and literal context for demonstrating the “sticking together” rule by pretending to put glue between the children’s knees. Children quickly grasp the meaning of “no hurts” to include hurt feelings; likewise, the rule “have fun” needs little explanation.

The opening proceeds with “checkups.” This part of the opening ritual is perhaps the most crucial of all. Seldom are we invited to share with others any pain that we feel; society has trained even the youngest among us to quip “Fine” when another inquires “How are you?” For that reason,

each child is asked the question "Do you have any hurts?" Children who respond yes are asked to identify their hurts. Often, children will indicate a scrape or bruise on their skin, which the teacher then soothes by gently rubbing a small amount of baby lotion around the area of the hurt. Some children will describe hurt feelings, and still others will say that they have no hurts. The group applauds each child for not having hurts or for having had the hurts soothed. This is the time when each child has the supportive attention of the whole group. The group leader includes the other children by inviting their attention to the one whose turn it is. Eventually, children can take on this role by asking the child next to them if he or she has any hurts and so on around the circle. The nurturing that takes place in checkups builds trust and cohesiveness for the rest of the session.

#### PLANNED GAMES/STRUCTURED ACTIVITIES

This part of the session consists of planned activities that, as Jernberg states, "enhance self-esteem and increase trust in others through concrete, personal, positive experiences" (1979, p. 126). This portion of the session contains elements of surprise and is purposely structured with constantly changing and varied activities to pique the children's interest (Martin & Lahman, 1999). Because the activities are intended to be playful and active, the children may tend to get boisterous. Creating new variations and providing new games rather than repeating the same thing helps the teacher to stay in control, thus following the rule "The adult is in charge."

Activities are selected to meet the underlying needs of the children. Although a specific activity may be chosen with a particular child in mind, the activity will be fun and beneficial for all of the children. In most cases, each child should be directly involved and encouraged to actively participate; however, depending on the activity, the amount of time required, and the level of adult supervision and participation demanded, adjustments may need to be made. For example, the group may be involved in coaching and guiding a blindfolded child through a maze of obstacles. Different roles might be assigned according to what each child needs to experience, so that all are participants, but not necessarily all children, will repeat the same roles. Anticipating children's desire to be included and their demand for equity, leaders may announce at the start that additional opportunities will be available in another session. Activities requiring this much time and attention and the need for postponement are best avoided.

Most activities meet more than one need and thus can be tailored to individual needs during the session. It is important to remember that the

focus is on meeting children's real needs, which may represent unmet needs from a much earlier time. Thus, children of a wide range of ages can benefit from activities that on the surface may seem more suitable for younger children. To keep sessions manageable for young children, most will involve only one activity per session; however, depending on the simplicity of the activity and time needed, two or three different activities may be presented in one session.

Examples of activities that can be used to meet children's specific needs are described below.

#### *Nurturing*

Theraplay® session begins with the nurturing in the opening song and continues through checkups. Nurturing benefits all children, but it is critical for children who appear to be "angry at the world," such as the child who is aggressive or noncompliant. Aggressive and bullying children generally believe that no one likes them, and thus their negative interactions become a self-fulfilling prophecy. These children are especially in need of nurturing. Nurturing may take the form of simply noting, "How beautiful your two big brown eyes are!" A simple nurturing activity involves gently rocking a child suspended in a blanket by the rest of the group. The children might even sing a simple lullaby or love song to the child being rocked. In this lullaby, however, neither the cradle nor the "baby" will fall down; as always, the group is reminded to look out for each others' safety. The nurturing that takes place facilitates the group feeling of being at home, that is, in the best sense, a place where one is appreciated unconditionally (Sinclair, 1994).

#### *Structuring*

Structured activities are especially significant for children who operate with little or no internal sense of structure. Such children may run wildly in the room or regularly test their teacher's limits. Structured activities are very specific, with explicit rules and the expectation that the directions will be followed. To avoid getting into verbal explanations or using the confrontational no, teachers anticipate attempts of manipulation and ward them off with paradoxical statements or challenges and confidently proceed with the activity as planned. For example, a child who is making a face might be challenged to make an even more scary face; in so doing the teacher incorporates the behavior rather than banishes it.

An example of a structured activity is one using colors that the children are wearing. The leader announces the color and either one by one around the circle or all at one time children are told "Touch the color blue." Additional challenges can be imposed by naming a particular body part required to make the contact, for example, "Touch red with your

head." Because of the physical nature of the activity, this is a good time to remind children to be gentle and to ask each other, "Are you okay?" Third-graders noted another kind of hurt when several children refused to touch a peer even though she was the one closest to them wearing the stated color. This prompted a later discussion about exclusion and what it means to be rejected, a hurt with which most children can identify. This incident also suggested to the adult that the rejected child could benefit from additional opportunities for being nurtured.

### *Intrusion*

Children who are rigid or withdrawn may benefit from intrusion activities such as face painting. To keep the focus on the children, supplies are kept to a minimum. In this case, a cotton ball becomes the "paintbrush" and the imaginary paint is any color that the leader or children can imagine. Applying the "paint," the leader may model for the others, "I'm going to take some of this sparkling aqua and very softly make a flower on each of your cheeks. Does that tickle? Oh, and I think that this lovely lemon yellow will be just right for your perfectly round chin." Each child then gets to paint another child or the children can be paired and paint each other. At the end, a mirror is passed around so that the children can see their own beautiful smiles and their beautifully "painted" faces.

### *Challenge*

Children who are timid and fail to initiate interactions with others may be supported in a blindfold lead, a trust-building activity. A handkerchief or scarf is placed over the child's eyes. The group then leads the child around the room. Children are encouraged to give directions, to ask how the child feels, and to reassure him or her that they will prevent any hurts. Another challenge activity is the partner stand. A pair of children sit back to back with their arms interlocked. The challenge is to cooperatively stand up without unlocking the arms. Depending on the group, all children might be doing this simultaneously. Doing one pair at a time allows the group leader to focus attention on each pair, but it has the disadvantage of taking longer. Once a pair has completed the activity, they can assist and coach their peers to success.

A simple group activity that nurtures, challenges, and intrudes is the tower of hands. In small groups, a tower is made by taking turns adding a hand to the stack. When the last child's hand is added to the top, the bottom hand is pulled out and placed on top. The lotioning of everyone's hands before the game adds to its appeal and is, for most children, a soothing and pleasant experience. The lotion can be applied individually or can be done in pairs, each child taking a turn at lotioning another. Care

must be taken to avoid lotions that may cause allergic reactions, such as highly perfumed or colored lotions.

### CLOSING RITUALS

After the structured activities, it is time to bring the session to a close. A calming, quieting activity is planned, such as sticking knees together again or passing gentle cotton-ball tickles around the circle. The closing rituals restore the group calm and provide a transition to the rest of the daily routine. The final activity of the closing ritual is the food share. A small cracker or other bite-size snack is placed into each child's mouth, symbolizing the care and intimacy of being nurtured with food. For children who resist this intimacy, the teacher may take the child's hand in his or her own to place the cracker in the child's mouth. In later sessions, the teacher may place a cracker in each child's hand, and one by one, going around the circle, each child will feed his or her neighbor. To address the issue of hygiene, a moisturized wipe may be included as part of this ritual to allow children to clean their hands prior to the food sharing. The food exchange is not intended to replace snacks.

The final activity is the singing of the closing song, which may be the same or different from the opening song. Songs that involve words of appreciation for each other are especially appropriate. Children often respond to the closing song by spontaneously putting their arms around each other or holding hands as they sway to the music. The session is now officially over, but, as Nancy noted, "The effects of the session flow over into the entire day." During a class discussion about the responsibilities of a family, a kindergarten child noted, "Just like we're a family!" confirming that the children were becoming aware of the cohesiveness that was supported by the Theraplay® sessions in their classroom.

### SPECIAL CONSIDERATIONS

The decision to begin Theraplay® sessions in the classroom must be carefully and thoughtfully considered. The teacher should determine how confident and comfortable he or she is entering into play activities that deviate from the traditional role of teacher. During the Theraplay® session, the teacher, although still very much in charge, is also a participant in the play activities.

The sessions are intended to provide teacher and children with ample opportunities to maximize physical contact; however, children who have been known to have been or are suspected of having been sexually or physically abused need to be treated with sensitivity and in consultation

with the school counselor. The physicality of the games is a way to help children experience positive touch. Children who have experienced positive touch are better able to recognize touching that is inappropriate. Games involving lots of physical contact may be questioned by parents and other professionals as inappropriate for the classroom. To reduce confusion and potential conflict, parents should be informed of the benefits of Theraplay® and invited to participate. The support and assistance of the school counselors can be invaluable during the session as well as by providing follow-up with individual students. Whenever possible, two adults should participate in the Theraplay® session (Martin, 2000). Jernberg claims that one person would find it very difficult "to observe, manage, interact, initiate, and still remain cheerful throughout the entire session" (1979, p. 130). The skills of the teacher, the needs of the children, and the availability of support will determine whether and how often a teacher will attempt Theraplay® in his or her classroom.

How often the session should be scheduled and which activities are included in each session are a matter of the teacher's professional judgment. Generally, Theraplay® is more effective if sessions are scheduled several times a week. However, there is no magic formula nor is there a prescription for matching particular activities with children's particular behaviors. Tobin reminds teachers, "Your ability to accurately perceive a child's inner needs is the source for the most effective interventions available to you" (1991, p. 42). Teachers must rely on their own and their colleagues' expertise to discern the underlying needs expressed through children's maladaptive behavior and through careful observation determine which activities can best help meet those needs (Martin & Lahman, 1999). Apart from the specific need a particular activity may fill, general criteria include playfulness, active involvement, noncompetitive interactions, simplicity, and novelty (Rubin & Tregay, 1989). Games or activities are chosen because they tap into affective and social aspects of behavior, not isolated academic skills (Fluegelman, 1981; Kami, 1980; Rubin & Tregay, 1989).

## CONCLUSION

Good teachers have always known that they need to provide children with more than academic instruction (Sinclair, 1994). However, despite the recognized importance of children's emotional and social development, teachers are seldom expected to plan for and include activities in the curriculum that intervene in affective growth. One teacher just beginning to use Theraplay® strategies concluded, "I have finally realized that no matter how hard I try to reach these children academically, little of

what I intend can be learned until the needs for nurture, structure, intrusion, and challenge have been satisfied." The strategies of group Theraplay® sessions require a departure from the traditional role of the teacher and from the usual activities of the classroom, a departure that is necessary so that teachers can teach and all children can learn.

Although many children do come to school with social and emotional development that is more than adequate to function effectively with their teachers and peers, many do not. The children whose relationship skills and accompanying sense of self have not developed to where they are "at home" in the classroom stand to gain immensely from participating in Theraplay® sessions, but they are not the only ones. All children benefit from having an attentive and available adult with them during the many hours spent in school. Our society is in great need of individuals who can help mediate and resolve conflicts and who care for and nurture others. The process of offering nurturing in a group context such as a classroom where children and adults spend significant time together can mean the difference between having children who develop a group identity and a sense of belonging and having children who grow up seeing themselves as isolated and disconnected. Theraplay® is a way of acknowledging the importance of affect in the lives of children, something that good teachers know intuitively. "Teaching with love" is the unconditional regard deserved by every child as we conduct a Theraplay® session. Lisa Goldstein writes, "It [teaching with love] has the potential to transform the field of early childhood education, giving authority to the emotional, interpersonal work that is at the heart of teaching young children" (1997, p. 168). The demands of the school curriculum are significant, but perhaps none so critical as helping children to become healthy, caring, and cared for members of a community.

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