



**COMMENTS BY
CLINICAL EDITOR:**

Phyllis Booth's
involvement with
the beginnings
of Theraplay®.

Phyllis Booth and Theraplay®,

Part 1: The Early Years

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Phyllis Booth worked with Ann Jernberg, the founder of Theraplay®, from its early beginnings in the late 1960s. The non-profit Theraplay® Institute was established in the 1990s. She was the first honoree of the Ann M. Jernberg Memorial Award in 2003 for her outstanding contribution to Theraplay®, and was honored with the 2017 Association for Play Therapy's (APT) Lifetime Achievement Award. At 92 years young this March, she remains an inspiration to play therapists the world over. This is the first of a two-part series about how her early life experiences and education underpinned her work.

Phyllis considered herself "very fortunate to grow up in a close and loving family that provided a strong sense of connection, of safety, and support. On special rainy days, my mother would have

hot chocolate ready for us [after school] and we would play games together on the front room floor." She described how attuned her mother was to her. "She could sense when I wasn't feeling well just by looking at me. I remember her cool hand on my hot forehead, her concerned, 'Oh you have a fever.' Then, quick as a flash, she put me to bed in fresh, cool sheets and I knew that all would be well."

Her father, whom Phyllis described as less nurturing, "made up for it by being very playful. The kind of interactive, physical play that is such an essential part of Theraplay® comes directly out of my play with him. He would lie on the floor, take me on his knees and chant, 'One for the money, two for the show, three to get ready and' – pause as the excitement level rose – FOUR TO GO!' Down I would slide into his welcoming bear hug." Her work ethic also stemmed from some pressure to achieve "from my father, his exacting expectations. To please him I got all A's in high school!"

That work ethic also developed out of the “well-ordered, well-structured life that was important to both my parents.” This structure was not necessarily mundane.

We children were expected to do our chores, to make the beds, do the dishes. But even the chores could be fun. I can see my five-year-old self rushing ahead and climbing into the unmade bed before my mother got there. She pretended to smooth the sheets saying, 'There's a lump in this bed.' I would giggle. She would say, 'It makes a noise!' She would touch my hair, 'It must be a mop!' Unable to wait any longer, I peeped out, and with a big grin, a big hug, she cried with delight, 'Oh no! It's Phyllis.' Then we made the bed neatly and moved on to the next task."

According to Phyllis, “these early years were not accompanied by any ‘awareness’ of the importance of attachment and the parent-child relationship. They simply embodied many principles that I now know are so important. But very early on I began to be interested in working with children professionally and that led to thinking about attachment issues.” Although her first professional aspiration was to become a school music teacher, she changed her mind after working in a Wartime Day Nursery during the summers between her first two college years. With surprise and pleasure, she remembered thinking, “They are paying me to do something I really like to do.”

Phyllis married in 1946 at the age of 20, after her junior year of college. Her husband had just returned from the war. They both enrolled at the University of Chicago where he pursued studies in English and she entered the committee on Human Development to become a nursery school teacher. Phyllis learned a great deal, working half time in the U of C nursery school while taking classes. Her views on child development burgeoned and changed under the influence of Helen Ross, who had studied at the Anna Freud Center in London. As Phyllis explained:

“ *I pictured my task as a therapist was to clear away the road blocks so that the child could fulfill his or her full potential.* ”

To understand children's needs, we presented case studies. I got a strong sense of the importance of the mother-child relationship, which I had not focused on consciously before. The child needed the nurturing care of a loving mother before he could be expected to move forward on his own. This contrasted with the attitude that I gradually became aware of in myself at that time: I focused more on encouraging children to grow up. I wanted to talk straight to them, treat them as more grown up. I remember thinking that I didn't want to “talk down” to them with the high pitched, baby talk

that I often heard adults use toward children. We call this “parentese” now, and value it as something properly attuned to connect with the needs of very young children. Only gradually did I come to see how important it is to respond to children's inner, often younger, needs first before focusing on helping them grow up.

Phyllis's experience at the U of C Nursery school had another highly significant effect on her life trajectory. In 1949, she became Head Teacher, and Ann Jernberg became her assistant. Ann was 22 and Phyllis was 23. Phyllis credits Ann, “whose creative ideas and initiative led to the development of Theraplay®,” and further added that, “my collaboration with Ann over the years set my life on the path that I have followed since. And this has made all the difference.”

Phyllis also underscored Carl Rogers's influence as a faculty member of U of C while she was there. He was popular with the graduate students and she was impressed by “his ability to conduct a meaningful discussion with a large group of 125 students. The concepts of ‘unconditional positive regard’ and the ‘self-actualizing principle’ were very important to me. I pictured that my task as a therapist was to clear away the road blocks so that the child could fulfill his or her full potential. Unconditional positive regard as well as trust in children's amazing resilience are basic principles to our Theraplay® work.”

Fascinated by hearing about the rudiments of Theraplay®, I asked Phyllis about how the didactic work began. She admitted loving to tell this story, and recounted that in 1967 Ann Jernberg accepted the task of providing psychological services to all the Head Start programs in Chicago. Ann recruited people she knew had training and experience working with children. “I had been away for many years, but was happy to hear from her and to join her team.”

Our mandate was to go into Head Start classrooms and identify children who needed help. We consulted with the teachers and observed the children and found over 200 who needed help the very first summer. Even in a big city like Chicago, it was impossible to find therapeutic treatment for so many kids. There were very few agencies prepared to treat young children, and no money to pay for it, even if it had been available. So, Ann created a program of her own that we could take directly to the children in their Head Start Centers.

She based the plan in part on her experience working with Austen Des Lauriers and Viola Brody at the Michael Reese Hospital in Chicago, an inpatient unit for the treatment of children with psychosomatic illnesses. Des Lauriers's strong emphasis on creating a real, here-and-now connection with withdrawn patients, along with Brody's use of touch, were crucial influences on Ann's ideas about what we could do with Head Start children.

Viola described her own work at the time: “I was asked to treat children who were not doing well under child analysis. I used touch as the main avenue for reaching these children. By touch, I mean I carried them, held them, bathed them, sang to them and allowed

them to touch me” (Brody, 1997, p. xiii). Phyllis further recalled how crucial Ernestine Thomas was in this early work as a secretary on the unit:

People were in awe of Ernestine’s ability to connect with the children. In a staff meeting someone said, “That child doesn’t talk.” A more observant person responded, “He talks to Ernestine!” Ernestine’s magical powers with children were very important to our ideas of how to work with them in the Head Start program. She was the first mental health practitioner to work with Head Start children and was the “star” of the first film that Ann made documenting the Theraplay® approach: *Here I Am*. The name “Theraplay®” was suggested by the filmmaker to differentiate this new approach from other play therapies.

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Phyllis described that they were advocating an approach based on natural patterns of parenting and interactive play. “We felt that young people with a natural gift for connecting with children would be able to carry it out if we gave them good training and good supervision. So, we recruited lively young people, college students, high school students,” even her daughter as a high school senior, and her husband, a professor at the University of Chicago, who worked with three little boys at a public school near the university. These early recruits took individual children 2-3 times a week out of the classroom to any quiet space available: under the stairs, between the school’s inner and outer doors, or in empty classrooms.

We asked the mental health workers to interact with each child in the same way parents interact with their young children: sensitively, spontaneously, face-to-face, with no need for toys, simply inviting the child to join them in joyful, interactive play. In weekly supervisory sessions, we helped these young workers reflect on their own and the child’s experience to be more attuned to each child’s needs. Together we developed new activities that we could use to engage and delight the children, as well as to calm and comfort them. AND IT WORKED! Sad, withdrawn children become livelier and more outgoing. Angry, aggressive, acting-out children calmed down and engaged with others in a friendly, cooperative way.

She recounted that in 1969-1970, the year that Theraplay® was initiated, they “got a lot of flak from traditionally-trained social workers and from other professionals who learned about our work. To convince them of its value, Ann made a film showing good outcomes.” Phyllis had spent that year at the Tavistock Center in London, England, attending weekly lectures by John Bowlby, watching the Robertson films documenting the devastating effects of separation and loss on young children, and attending case conferences in Donald Winnicott’s home. In Phyllis’s words, “It was a wonderful introduction to attachment theory and to Winnicott’s sensitive work with his strong focus on the importance of the mother-baby relationship.”

Upon her return, Ann showed her the film, and Phyllis remembered saying to Ann, “We are changing the child’s view of herself in the way that Bowlby talks about. We are providing Winnicott’s holding environment.” Phyllis was enthusiastic about the connections she was making, “excited to begin using my new ideas to understand why our work was being so effective.” Three years later, Ann located the two children from the first film and added a post script: “The children were thriving with no signs of the difficult behavior of their early days.” According to Phyllis:

This was the beginning of my life-long quest for learning about attachment. The development and refinement of our Theraplay® approach has been strongly influenced by the ongoing research stimulated by attachment theory: what kind of parenting leads to secure attachment, what makes it possible for parents to provide that kind of parenting, the importance of co-regulation, and the great expansion of knowledge about the neurobiology of social emotional development currently unfolding. What an exciting path we all travel on as we learn more and more about the impact of relationships!

Exciting, indeed! In Part 2 of this interview, I explore the four dimensions of Theraplay® with Phyllis, and her mentors and inspirations in this work. I also asked her to detail the similarities and differences between Theraplay® and Viola Brady’s developmental play therapy, which are often compared. Stay tuned, too, for her hopes and dreams for the future of Theraplay®! 🧡

ABOUT THE AUTHOR



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