

# Interplay Therapy: An Understanding of The Approach

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**Abstract:** In the following paper I intend to approach the conceptualisation of the therapeutic work methodology of Interplay Family Therapy. For this, I refer to the most recent research contributions that provide the scientific, interpersonal, and neurobiological foundation on the importance of relationships in every individual, usually during the first years of life and how these provide the neurological basis for the future emotional and cognitive development of the individual. I intend to explain how Interplay Family Therapy works towards healing, setting the focus on the child and primary caregiver through attachment as its foundation and making the integration of the psychological and biological aspects of the theory.

**Keywords:** Attachment theory, Interpersonal neurobiology, Childhood trauma, Humanistic psychology, Play therapy.

## **DEFINING INTERPLAY THERAPY**

Interplay Therapy is a non-directive approach that combines humanistic principles with attachment theory and interpersonal neurobiology (how the mind is shaped by relationship). In Interplay Therapy parents and caregivers become central to the child's therapeutic process. Our core belief is that therapists should see children within their family system for optimal growth and healing within their attachment relationships.

## **THE FUNDAMENTALS OF THE ATTACHMENT THEORY IN THE THERAPEUTIC PROCESS AND THE RELEVANCE OF THE ATTACHMENT FIGURE AS PART OF IT**

In Interplay Therapy we consider attachment to be a fundamental part of the healing process of the child, of the primary caregiver and of its relationship. Likewise, we understand that by working with the child's relationship with their primary caregiver, we are also generating an impact on the entire family system. The following section provides an understanding of the most important considerations that explain the implications of the relationship between the child and the primary caregiver and its impact through life.

Attachment has shown to be a particularly important matter regarding the child's development. It has been, for a very long time, a topic of huge interest to researchers focused on the emotional and physical development of children, starting from the pioneer researchers like John Bowlby, Rene Spitz, and Mary Ainsworth to the contemporary researchers like Allan Schore, Gabor Mate, Daniel J. Siegel and Jay B. Frankel. Thanks to the great advances in technology and research, they have been able to give a neuropsychological interpersonal explanation to this phenomenon and how it sets the foundations of the future development of the person, impacting in all areas of life, from conception to adulthood.

In the most basic meaning of the concept, attachment can be defined as a deep and enduring emotional bond between two people (mother-infant) in which each seeks closeness and feels

more secure when in the presence of the attachment figure. But it gets much more complex than that. “The evolutionary mechanism of attachment is critical to more than just the development of overt behaviours and cognitive mental functions but also to self-regulating emotional and social capacities that are essential for adaptive organismic functioning” (Schore, 2019, p. 31). It has such a long-lasting impact that Schore (1996) also adds that the whole self-organization of the developing brain happens in the context of the relationship with another self, with another brain.

Because of the profound impact that these early interactions and relationships have on the developing brain of a child, Schore (2019) refers to it as the modern attachment theory. This difference in the usage of terms, compared to the classic approach of the attachment theory developed initially by John Bowlby around 1958, only happens due to the great advances in scientific research and methodologies. Now we can understand that this relationship creates neurobiological changes in the brain structure creating the foundations for the future development. Because of this, the Modern Attachment Theory that Schore (2019) refers to, has a solid foundation in the research finding that when there is mother-child connection at the beginning of the child’s life, you can observe how the right hemisphere of the brain (the one in charge of the emotions, the nonverbal language, the unconscious information) gets activated in both of them. He strongly emphasizes on the importance of the right brain in shaping who we are as individuals and how we engage in our relationships. He states that this right brain-to-right brain interactions in infancy and childhood lead to the development of our sense of self, unconscious processes, attachment patterns and ability to regulate our emotions. It is in the first year of life that the brain doubles its size and creates around 40.000 neuronal connections per second.

In Schore's (2019) theory, interpersonal neurobiological models focusing on right brain-to-right brain co-regulation underlie attachment formation. The primary caregiver uses visual-facial, auditory-prosodic, and tactile-gestural affective communications to regulate the infant's internal states via the autonomic and central nervous system. In Schore's (2019) own words: “...two-person interpersonal neurobiological perspective to model right brain-to-right brain communications of affect synchrony and positively valenced states and interactive repair of negatively valenced states” (p.33). This evidences the importance and relevance of the role of interpersonal neurobiology in attachment and the significant impact on helping and shaping mother-infant relationship when there is a dysfunctional connection or attachment.

Essentially, using affective communication, a mother's right brain unconscious communicates with an infant's emerging right brain unconscious. Their attunement or misattunement results in experiences of emotional synchrony, hyperarousal or hypoarousal states. These early experiences can shape our autonomic and central nervous system, and thus our ability to self-regulate.

Furthermore, we now know the importance of the primary relationship between the not-even born baby and mother: “Over the past decade it has... become abundantly clear that... the in utero and immediate postnatal and the dyadic relations between child and caregivers within the first years of life can have direct and enduring effects on the child's brain development and behaviour” (Schore, 2019).

He added that:

The enduring impact of early maternal care and the role of epigenetic

modifications of the genome during critical periods in early brain development in health and disease is likely to be one of the most important discoveries in all of science that have major implications for our field (Schoore, 2002, p. 435).

Nowadays, there is no doubt of the importance and the long-term effects that the connection between infant and primary caregiver has on brain development and disease. The child is provided, at nonverbal levels beneath conscious awareness, with self-object experiences that affect in a direct way the vitalization and structural cohesion of the self (Schoore, 2002).

Developmental researchers Feldman, Greenbaum, and Yirmiya (1999) do the following observation: Face-to-face interactions that appear at approximately 2 months of age, are highly arousing, affect-laden, short interpersonal events that expose infants to extremely high levels of social and cognitive information. To regulate the high positive arousal, infants and mothers synchronize the intensity of their affective behaviour within seconds.

These dyadic experiences of “affect synchrony” or mirroring occur in the first expression of positively charged social play, what Trevarthen (1993) terms ‘primary intersubjectivity’, and at this time they are patterned by and infant-leads-mother-follows sequence. In this communicational matrix, both match psychobiological state and then simultaneously adjust their social attention, stimulation, and accelerating arousal to each other’s responses. In such synchronized contexts of “mutually attuned selective cueing”, the infant learns to send specific social cues to which the mother has responded, thereby reflecting ‘an anticipatory sense of response of the other to the self, concomitant with an accommodation of the self to the other’ (Bergman, 1999, p. 96 from Schoore, 2002, p. 441).

This attunement, synchronisation, and way of communicating, create the foundations for brain development.

Synchrony develops because of mother and infant learning the rhythmic structure of the other and modifying his or her behaviour to fit that same structure (Lester, Hoffman, Brazelton, 1985). To enter this communication, the mother needs to be psychobiologically attuned to the reflections of the rhythms of his internal state.

The more the psychobiologically attuned mother is in her activity level to the infant during periods of social engagement, the more she allows him to recover quietly in periods of disengagement, and the more she attends to the child's reinitiating cues for re engagement, the more synchronised their interaction. These mutually attuned synchronised interactions are fundamental to the healthy affective development of the infant. The dual regulatory processes of affect synchrony are the fundamental building blocks of attachment and its associated emotions such as empathy (Schoore, 2002, p. 441).

## **THE PRESENCE OF EARLY TRAUMA IN THE PRIMARY CAREGIVER-INFANT RELATIONSHIP**

When relational trauma is present in the primary caregiver-infant relationship, the child

cannot interiorise the emotional needs and the sense of safety required for a healthy development. Consequently, the right brain-to-right brain attunement and synchrony is not present, the primary caregiver is not being able to safely regulate the child's internal nervous system. The attachment is not secure. This could be the mother's intent of communicating and connecting to the child, it could be the mother still having her own relational or developmental trauma, it could be a number of varied reasons that stand between the mother and the infant and the possibility of developing a secure attachment.

To understand this, we need to have a clear understanding of what trauma is. Gabor Mate (2021) in the movie "The Wisdom of Trauma" refers to it as "what happens inside of you, of what happened to you". And things can happen inside you for which you do not need overly dramatic events. Trauma, essentially, is a restriction of your capacity. It is a limitation; it is a constriction in the body. It is a constriction in your mental capacity to respond in the present moment from your authentic self. Trauma is a restriction of your authentic self in the present moment. Trauma does not need a dramatic external event to happen, trauma could be created by a misattunement and misconnection between mother and infant.

When the mother is not able to attune with her child, when the mother has its own trauma to deal with, it is more difficult for her to be attuned to the child's physical and emotional needs.

Interplay facilitates this communication by supporting and sharing the experience of connection between mother and child. By helping sustain and attune both nervous systems into the same experience, by repairing the broken relationship, by healing relationship trauma, by reconnecting mother and infant.

## **UNDERSTANDING THE IMPORTANCE OF PLAY AS OUR MEANS TOWARDS HEALING**

It is now well known the importance and significance of play in working in a therapeutic relationship with children and their attachment figures. Toys are their words and play, their language.

According to the Association for Play Therapy, treatment involves the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.

The Centre on the Developing Child of Harvard University (2021) establishes that play in early childhood is the main way of supporting the three core principles needed in their development: supporting responsive relationships, strengthening core life skills, and reducing sources of stress.

The essential processes of therapy are fully present in child play therapy. Jay B. Frankel (1998) suggests two interrelated processes as the essential ones in all analytic therapy. The first one is play: It includes the emergence and integration of dissociated self-states, symbolization, and recognition. The second one is the renegotiation of self-other relationships through action. This renegotiation is what helps patients become able to play in therapy when they have difficulty doing so.

Play is a bridge from the perceptual to the imaginary: In pretending, we

both equate and differentiate the inner and outer worlds. It is a way of approaching a problematic part of ourselves, something in ourselves that we do not yet fully accept, and of trying to find a place for it in our lives. Through play, we integrate it into our experience of ourselves and into our interpersonal relationships. Playing gives us a sense of control over the problematic part of ourselves... Play lets us get to a disavowed piece of ourselves in our own way and at a pace we can control, hence with a greater feeling of safety (Jay B. Frankel, 1998, p. 152).

Winnicott (from Jay B. Frankel) states that we can either take something from our inner world and make it part of our play, or we can take objects from the external world and bring them into our play.

Jay B. Frankel (1998) says that therapy is designed for play. The patient does not need to worry about the real-world consequences of telling a therapist. This, consequently, frees the patient from external goals and pressures, an essential prerequisite for play. The therapist mediates as a real person for the patient, but it is someone the patient can use towards healing. For a child to play, the relationship with the therapist must feel safe, it requires total freedom from coercion, threat, or pressure.

Play is a fundamental expression of the attachment regulatory dynamic; it is also the interactive amplification of positive effects. Play calms and soothes infants, it modulates their stressful states of negative arousal, it replaces stress with joy and excitement. The regulatory processes of affect synchrony present in play states are the fundamental building blocks of attachment and its associated emotions that promote resilience and security (Schore, 2019, p. 226). Interplay Therapy facilitates this dynamic between mother-infants allowing for profound healing.

Mother-infant play serves an essential adaptive function- it progressively increases the infant's tolerance for higher levels of arousal that sustains more complex emotional, cognitive, and behavioural emergent functions (Schore, 2019, p. 227). Mother-infant play promotes human brain development. In Interplay Family Therapy, by working with the child and the attachment figure, we are creating the space and supporting them for the adaptive function of regulation to arise.

The role of the therapist is to co-create play contexts that can form an attachment, a bond of emotional communication and interactive regulation. Play therapy also serves as a context for rupture and repair, which enables a child to cope with an array of negative effects and to generate novel solutions to interpersonal problems. Mother-infant attachment can be repaired by allowing those two systems to re-engage with one another. Neuroplasticity gives that special and significant bond another chance.

The co-created therapeutic relationship thus allows children to tolerate and regulate not only negative emotions but also positive emotions, and it facilitates a more secure implicit, positive sense of self and emotional well-being (Schore, 2019, p. 241). The therapeutic relationship between the mother and child induces neuroplastic changes in the brain, especially in the emotion-processing right limbic system. These induced changes facilitated by therapy allow the transformation of an insecure attachment into an "earned secure " attachment that encodes more efficient strategies of affect regulation. In addition to promoting cognitive changes, therapy can boost emotional resilience, a central marker of

mental health, which we consider an individual's ability to use in coping flexibility with the surprises and stresses inherent in human interactions (Schoore, 2019, p. 242).

“Intimate, spontaneous, intersubjective mother-infant play presents an important expression of mutual love” (Schoore, p.255).

## **INTERPLAY THERAPY AS OUR APPROACH TOWARDS HEALING**

Having seen all this evidence-based research about the importance of the relationship between the infant and the primary caregiver, there is little place for doubt as for how significant this is in helping that dyadic relationship, and therefore, mother-infant healing, not just generating an impact in the relationship, but healing in the child as a long lasting effect in the future emotional and cognitive development. It is healing for life. The reasons why Interplay Therapy is so effective in creating profound healing corresponds to the scientific foundations on why we work with the dyad in the same therapeutic room, why we focus on supporting and facilitating the reconnection of mother-infant’s nervous system, right brain-to-right brain attunement. Reconnecting to the fundamental needs that any individual has.

Relationship’s shape who we are. “Neurons that fire together, wire together”, meaning that our life experiences and relationships wire (and rewire) the brain. Every single brain on earth is different because we all have different experiences. As reviewed above, one of the most important influences in our lives is the way our parents or primary caregivers respond to us when we are children. Relationships directly affect our mind and brain, the way we understand, imitate, learn from, communicate and how we see and relate to ourselves and others. The challenge for many, is that past memories of the way in which we relate to others are not positive. We may experience all sorts of emotions such as feeling anxious, avoidant, or disorganised when in relation with another, this relates to the way we attached-or did not-in early childhood. Neuroplasticity gives us the opportunity to learn how to securely relate to the world and others, giving those with negative experiences an enormous opportunity to re-wire and achieve secure attachment leading to secure relationships and healing. That is what we do in Interplay Family Therapy.

By working with the child and the attachment figure, we are facilitating and supporting the process of deep healing. We are supporting and enabling right brain-to-right brain connection, attunement, mirroring, and synchrony. We are connecting and attuning two nervous systems under the same frequency. We are giving the child and the primary caregiver the significance of the shared experience, we are supporting two systems that are re-connecting to each other in affection, we are repairing and re-wiring. We are changing physiology, emotions, affection, and the most significant bond, both for the primary caregiver and the child, creating deep and long-lasting healing. There is always time to re-connect, to re-wire, to come together, to experience healing.

Interplay gives the mother and the infant the possibility to repair that attachment, to reconnect through play with a therapist that supports both systems in connection, with a therapist that provides a safe enough space for that re-connection to happen. Interplay Family Therapy provides families with the possibility to repair the significant attachment with all the future implications that a secure attachment brings, not only to the mother and infant as individuals but to the whole family system, helping in the regulation, synchrony, attachment, and attunement of all of them.

We do what Bessel Von Der Kok (2014) puts in precise words: “The critical issue is reciprocity. Being truly heard and seen by the people around us. Feeling that we are held in someone else’s heart and mind.” During Interplay Therapy processes, we put all our energy into being truly present and reciprocal, we thrive to genuinely hear and see the human beings we are sharing the experience with, we hold them in our hearts and minds. Above everything, we respect through a humanistic approach, the times, needs and individual processes of each persona in the dyad we are in presence with.

## CONCLUSIONS

In conclusion and after the careful consideration of all the research findings mentioned above, we can confidently state that through the mechanism of the dyadic regulation of emotion, the baby becomes attached to the regulation of the caregiver who expands opportunities for positive and minimises negative affective states, creating the foundation of future interactions and therefore for brain development. The lasting legacy of an early secure attachment with a psychobiologically attuned good-enough mother, means a right brain that can efficiently cope with the novelty and stress that is part of all human interaction, and that the infant gets a positive source of stress regulation as well as a sense of safety (Schoore, 2002).

It has become abundantly clear that the in utero and immediate post-natal environments and the dyadic relations between child and caregivers within the first years of life can have direct and enduring effects on the child’s brain development and behaviour. The enduring impact of early maternal care and the role of epigenetic modifications of the genome during critical periods in early brain development in health and disease is likely to be one of the most important discoveries in all of science that have major implications for our fields (Journal of Child Psychology and Psychiatry from Schoore, 2002, p. 155).

Mother nature and mother nurture combine to shape human nature.

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