Working with Aggression and Intensity in the Playroom

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Synergetic Play Therapy (2008) is a research-informed model of play therapy combining the therapeutic powers of play with nervous-system regulation, interpersonal neurobiology, physics, attachment, mindfulness and therapist authenticity. It's primary play therapy influences are Child-Centered, Experiential and Gestalt theories.

Although Synergetic Play Therapy is a model of play therapy, it's also referred to as a way of being in relationship with self and other. It's an all-encompassing paradigm that can be applied to any facet of life, and subsequently any model of play therapy can be applied to it or vice versa. Synergetic Play Therapy is both non-directive and directive in its application.

–Lisa Dion

Concerns about Aggression

- Will I reinforce the aggression?
- What if I get hurt?
- What if the child gets hurt?
- What will others think?

The Oxford Dictionary defines aggression as "hostile or violent behavior or attitudes towards another with a readiness to attack or confront."

It is a normal biological response that arises when our sense of safety or our ideas about who we think we are, who others are suppose to be and how we think the world is suppose to operate are compromised. Aggression can be expressed outwardly such as in hitting, biting, kicking, and yelling or it can be expressed inwardly resulting in self-harming behaviors. (Lisa Dion)

Understanding the Brain

4 Major Perceived Challenges

- Physical Safety
- Perceptions in the Unknown
- Incongruence in the Environment
- "Shoulds" and Unmet Expectations

- Lisa Dion

"I have to pay attention to what is going on inside of me. I have learned to trust and make use of my own feelings and body sensations when I work with adults. In working with children, this aspect of the work is even more important for children are sensitive and very observant. If I pretend to look interested when I am bored, I rarely fool a child… she needs to know that when she looks into my eyes that I am telling the truth"

–Violet Oaklander

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Nervous System Symptoms of Regulation and Dys-regulation

All symptoms of dys-regulation arise out of perceptions of the events in our lives. When we integrate our perceptions, we change the symptoms in our nervous system. It is wise to master the art of how to integrate our perceptions and how to regulate the symptoms that arise in our bodies to help return us to a more regulated/ventral state.

Sympathetic - Flight, Fight Hyper-arousal Symptoms	Parasympathetic/Ventral Vagal- Regulated Symptoms (Mindful/ "Attached to Self")	Parasympathetic/Dorsal Vagal- Collapse, Immobilization Hypo-arousal Symptoms
Perceptions of Threat/Challenge	*Neuroception of Safety*	*Perceptions of Threat/Challenge*
Hyper-alert	Think logically/clearly	Helplessness
Hyper-vigilant	Able to make conscious choices	Appear life-less
Increased heart rate	Able to make eye contact	Non-expressive
Defensive	Display a wide range of emotional expression	Numbing
"Pounding" sensation in the head	Feel "grounded" and "in the body"	Lack of motivation
Anxious	Able to notice breath	Lethargic/Tired
Excessive motoric activity	Poised	Dulled capacity to feel significant events
Overwhelmed, disorganized	Internal awareness of both mind and body	Emotional constriction
Highly irritable	Able to communicate in a clear manner	Depression
Uncontrollable bouts of rage		Isolation
Aggressive		Dissociation
Dissociation		

Regulated Nervous System

What is regulation?

We use regulation to move towards the uncomfortable feelings and body sensations, not to get away from them.

The child sets the toys and the therapist up to feel how he/she/they FEEL

The Set Up/Offering- Synergetic Play Therapy Tenet

"It turns out that as we observe others, our brains create a full simulation- even the motor components- of what we are observing. It is as if for a moment we imagine being the person we are observing. Our brain actually attempts to feel what the other person is experiencing and it treats what we observe as an experience shared with others. "Our mirror neurons fire when we see others expressing emotions, as if we were also making those facial and body expressions. By means of this firing, the neurons also send signals to the emotional brain centers in the limbic system to make us feel what other people feel (Iacoboni)."

– from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in the Playroom

Becoming the External Regulator

"As the challenging thoughts, emotions and body sensations arise in the session through the play, the child borrows the therapist's regulatory capacity as their own regulatory capacity develops."

"In order to help re-pattern a child's nervous system, the child first needs an external regulator to help integrate the dysregulated state in their nervous system. Integrating intensity must first start with the therapist."

–Lisa Dion

If we aren't willing to experience our own bodily, emotional, and cognitive states while working toward modulating these inner experiences, we'll move away from these states (Schore, 1994), potentially leaving our client feeling unsafe and unseen (Siegel, 2010).

Using mindfulness to open up to internal feelings and sensations and not defend against them in some way, the therapist begins to modulate the intensity using authentic dialogue describing cognitive, emotional and sensorimotor states, as well as bodily sensations through breath and movement... the child begins to learn that is safe to move towards the intensity (Ogden et al., 2006; Siegel, 2010)

Ogden, P., Minton, K., & Pain. C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York: Norton.
Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration.* New York: W.W.Norton & Company, Inc

"For "full" emotional communication, one person needs to allows his state of mind to be influenced by that of the other." "Integration is not the same as blending. Integration requires that we maintain elements of our differentiated selves while also promoting our linkage. Becoming a part of a "we: does not mean losing a "me."

–Dan Siegel

Siegel, D. J. (2010). The mindful therapist: A clinician's guide to mindsight and neural integration. New York: W.W.Norton & Company, Inc.

Boundaries and Limits

Boundaries and Limits

- Boundaries are set to help the therapist stay present and be "the external regulator"
- Acknowledge and re-direct instead of saying "no"
- Repair is important after ruptures

As you set boundaries, the following are important:

- Take a breath to ground yourself
- Get present so that the child can energetically feel you
- Use a non-threatening, yet serious voice
- Make eye contact when possible, but don't force it
- Acknowledge before redirecting
- Keep your feelings out of it!

Redirect with Action

- Gesture where you want the energy to go
- Bring in containment to keep it moving
- Pretending

Redirect with Words

- Acknowledge and "Show me another way"
- Acknowledge and "I don't need to hurt to understand"

What to do with aggressive play?

You have to regulate!

- If the therapist does not regulate during intense play, the therapist risks increasing the intensity in the play (in a dysregulated way)
- If the therapist does not regulate during intense play, the therapist risks experiencing "vicarious trauma" and "compassion fatigue"

You have to regulate!

- The therapist's ability to stay present is the "container" when intense play arises
- If the therapist is not present/grounded/authentic, the child will increase the intensity until the therapist has no choice but to "show up!"

Regulating through Hyper-arousal

- Breathe! (especially in between hits, shots, swings, etc.)
- Be vocal! This is not the time to be quiet.
- Ground the energy
- Match the intensity- how would you really respond if this were really happening to you?

Regulating through Hypo-Arousal

- Breathe, breathe, breathe!
- Wiggle your toes
- Bilateral input
- Imagine filling the room with your energy- get as big as the room (don't let yourself disappear energetically)
- Contemplative practices- your mind will wander, you will get sleepy, you will want to check out

Dying in the Playroom

- Stay Dead
- Dead people can't talk
- Talking exception: If the child is young and a lot of time goes by, you can remind them that they are in charge and can make you come alive when they want you to
- Talking exception: The therapist still tracks time

Dying in the Playroom

- Fall facing the room in fetal position
- Cover your head
- Don't fully close your eyes (if possible). Find a way to peek

The therapist must work at the edge of the window of tolerance and the regulatory boundary of the dysregulated states in order to expand those boundaries. This working space needs to be right on the border of uncomfortable. -Synergetic Play Therapy

With repeated observation of the therapist's willingness to stay authentic and present, a disruption of the old neural firing can occur bringing the potential for a new experience, giving the child permission to also move towards challenging internal states.

Badenoch, B. (2008). Being a brain-wise therapist: A practical guide to interpersonal neurobiology. New York, NY: Norton.

Schore, A. N. (1994). Affect regulation and the origin of the self: The neurobiology of emotional development. New York, NY: Erlbaum.

Siegel, D. J. (1999). The developing mind: How relationships and the brain interact to shape who we are. New York, NY: Guilford Press.

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- Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity in Play Therapy book
- Online 1-3 hour courses at learn.synergeticplaytherapy.com
- Online and In-Person Introduction to Synergetic Play Therapy Training program
- Synergetic Play Therapy Certification Program

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